Deliverable 10.3:
Refined Presentation of Prevention Findings, Analysis, & Recommendations

November 26, 2025

Agenda

01 Journey Mapping Overview (5 mins)

02 Research Approach (5 mins)

03 Activity: Interactive Gallery Walk – Personas and Journey Maps (20 mins)

04 Key Findings and Recommendations (15 min)

05 Share Out and Discussion (15 mins)

Journey Mapping Overview

Purpose

> The purpose of the work is to **map, document,** and **analyze** LA County's prevention and promotion service delivery system for **identified service areas and populations**, and **inform** the development of a comprehensive, equitable, and responsive service model, in collaboration with the PPSGC and the PPCIT.

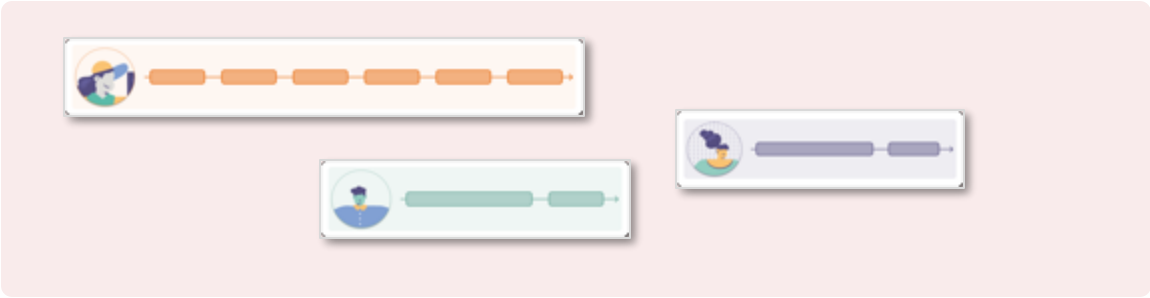
Persona and User Journey Mapping Overview

Personas (Who)

Personas are realistic user representations that foster team alignment and empathy for a human-centered approach to design and decision-making.

Benefits

- Helps teams understand user needs, motivations, and behaviors, leading to more **tailored services**.
- Provides a **shared consensus** and understanding of who our users are.



Journey Maps (How)

Journey Maps visualize in a timeline how users complete tasks and goals with call outs to pain points, opportunities, and emotions with each step.

Benefits

- Identifies **where and how pain points appear**.
- Aligns and educates teams on processes and establishes a **shared model** of how services are delivered.

Persona Overview

Personas are fictional characters **based on understood values, behaviors, beliefs, attitudes, motivations, and demographics of real users** that a researcher experiences in the field.

PERSONAS ARE

- ✓ Representations of real people based on real data
- ✓ Tools to provide context and motivations on goals, behaviors, and beliefs
- ✓ Vehicles to bring customer data to life

PERSONAS ARE NOT

- × Representations of every possible user
- × Personal perceptions and unproven stereotypes
- × Unrealistic fantasies or difficult to relate to

WHY PERSONAS?

- Create shared understanding
- Build empathy
- Reduce design bias
- Identify & prioritize features by user type

PERSONA EXAMPLES

Journey Map Overview

Journey mapping is a **visual tool that outlines the experiences of individuals engaging with services**, emphasizing their needs and emotions to improve service delivery and user satisfaction.

JOURNEY MAPS ARE

- ✓ Framework to put yourself in the shoes of the user
- ✓ Methodology to better understand the user's perception

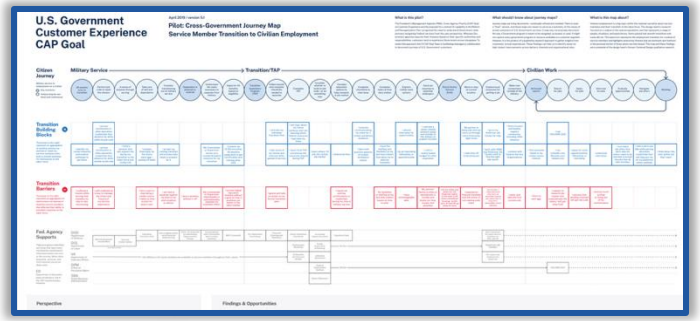
JOURNEY MAPS ARE NOT

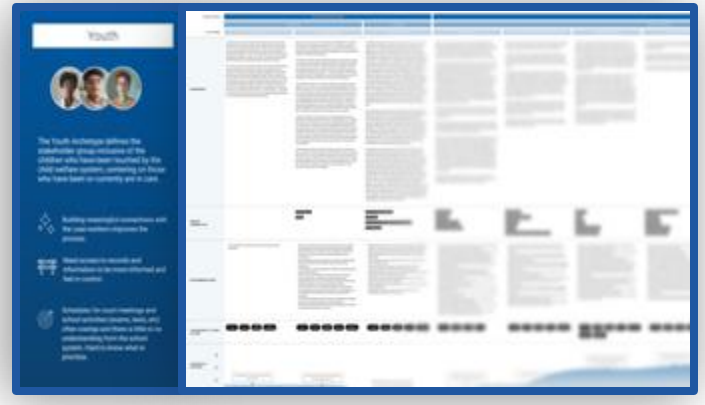
- × County-centric view of the user's experience
- × All encompassing that capture all potential journeys that persona has
- × Business process maps or service delivery maps

WHY JOURNEY MAPS?

- Create shared understanding
- Represents true experiences
- Illustrates challenges, pain points, relationships

JOURNEY MAP EXAMPLES





Board-Identified Domains and PPSGC Proposed Populations

Behavioral Health

Disconnected Youth (ages 16-26)

Homelessness and Housing

Systems-Impacted TAY (ages 18-26) and Older Adults (ages 60+)

Child Welfare and Family Well-Being

Women with Young Children (ages 0-5)

Journey Scopes

Based on secondary research and inputs from ongoing conversations with Department Heads and Coordinating Bodies, the following scopes were identified to **serve as a journey map starting point.**

Domain	Behavioral Health	Homelessness & Housing	Child Welfare & Family Well-Being
Population	Opportunity Youth	Transition Age Youth (TAY)	Women with Young Children (0-5)
Journey Scope	Understand the **when, why, and how a youth becomes disconnected***, the barriers and challenges to reconnection, and the **resources that would be most helpful to achieve positive life outcomes**. *Youth between the ages of 18-26 who are not in school/working and not seeking school/work.	Understand the **experience of a TAY* who has exited foster care or juvenile justice** and what housing supports were effective, why their plan may have failed, and what additional resources would be helpful to achieve stable housing. *Youth between the ages of 18-26.	Understand the experience of a **woman with young children (0–5) who is living at or below 250% of the FPL and not currently involved with the child welfare system and her ability to access comprehensive healthcare and social services*** to improve the overall wellbeing of the family unit. *This may include: physical/mental health, food, perinatal and inter-conception care, childcare, education, parenting, and housing stability supports.

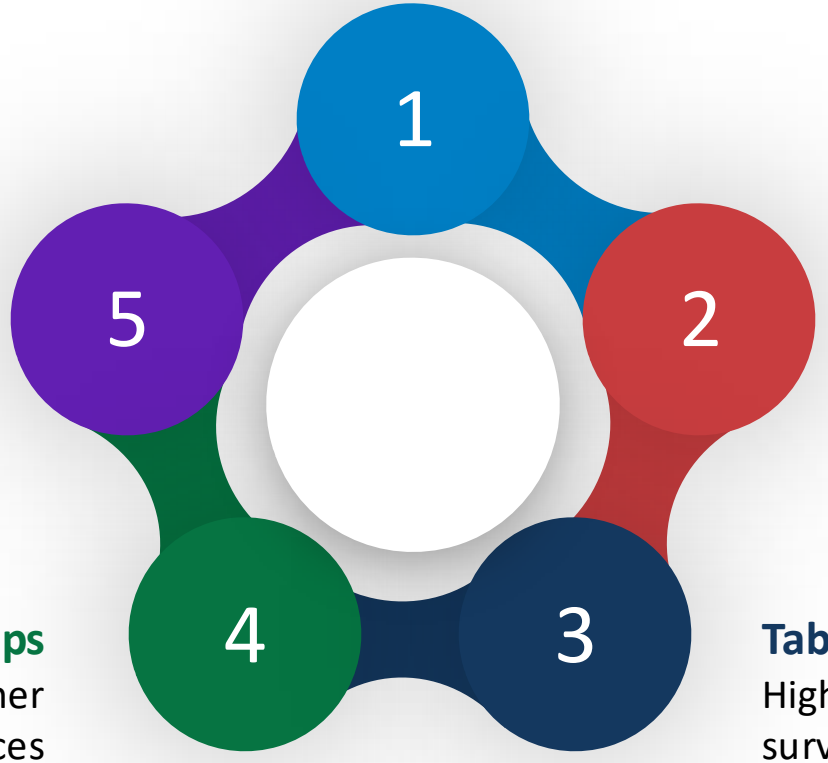
Research Approach

Research Types

During September, our team conducted **a survey and four different types of research sessions** that engaged County staff, CBO staff and individuals with lived experience.

Survey

10-15-minute anonymous surveys to capture experiences of clients and staff



Interviews

1x1 interviews with to capture detailed insights about service interactions

Field Visits

Service sites and CBOs to observe service delivery in real time, engage staff, and speak directly with clients about their experiences

Focus Groups

Structured group discussions to gather perspectives on service experiences

Tabling

High-traffic service locations to distribute surveys and conduct informal interviews

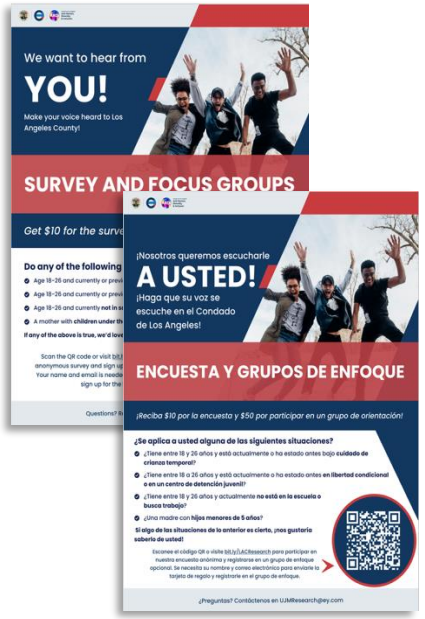
Research Recruitment

Recruitment strategies targeted both clients and staff through multiple channels and **CBOs played a key role in promoting research activities to clients** via flyers, email outreach, and direct engagement.

Clients
(Promoted through CBOs)

Flyers (in 7 languages) were distributed via email and posted. This also included:

- **Email Solicitation**: Flyers were emailed to individuals.
- **Field Visits**: Conducted to engage with individuals directly and perform ad hoc interviews.
- **Direct Opt-In**: Ability to opt-in to research activities by sharing their contact information in the survey.



County and CBO Staff

Information was distributed via email and presentations at department or staff meetings. Our target staff populations included:

- **Staff from LA County Departments**
- **Staff from CBOs**
- **Staff with Lived Experience**

Research Overview

Through collaboration with stakeholders, in-depth research sessions, and multilingual surveys, we gathered diverse perspectives to inform journey maps, personas, findings, and recommendations.

Stakeholder Engagement

- **36** CBOs across all 8 SPAs
- **14** County Departments
- **3** Coordinating Bodies

Research Sessions

- **229** research participants
- **51** interviews
- **41** focus groups
- **5** field visits
- **1** tabling event

Survey Participation

- **1,667** survey respondents
- **1** client survey in **7** languages
- **1** staff survey

County and CBO Engagement

36 CBOs across multiple SPAs, representatives from 14 County departments, and 3 Coordinating Bodies were engaged to capture diverse perspectives.

CBOs

Recognizing LA County's geographic diversity, we engaged **36 CBOs** across all 8 SPAs:

- **SPA 1**: All for Kids (Children's Bureau), Antelope Valley Partners for Health, Child Care Resource Center, El Nido Family Services, Sanctuary of Hope, Valley Oasis
- **SPA 2**: Child Care Resource Center, El Nido Family Services, The Village Family Services
- **SPA 3**: Journey House, Sycamores
- **SPA 4**: Children's Institute, Los Angeles LGBT Center, My Friend's Place, St. Anne's
- **SPA 5**: Allies for Every Child, Safe Place for Youth
- **SPA 6**: Black Women for Wellness, Community Coalition, El Nido Family Services, RightWay Foundation, Sanctuary of Hope, SHIELDS for Families, St. Anne's, The Whole Child, Youth for Justice
- **SPA 7**: Jovenes
- **SPA 8**: Sanctuary of Hope
- **Countywide**: Anti Recidivism Coalition, Association of Community Health Service Agencies, California Youth Connection, CASA LA, Casey Family Programs, Educating Coordinating Council, First 5 LA, Homeless Youth Forum of LA, John Burton Advocates for Youth, Opportunity Youth Collaborative, RAND, Stepping Forward LA, UniteLA, Youth Commission

County

To capture insights that reflected the full scope of the County's systems and services, we engaged staff across **14 departments**, **3 Coordinating Bodies** comprised of County departments and CBOs, and **Department Head-level leadership:**

- **PPSGC**
- **PPCIT**
- **Coordinating Bodies**: Community Pathways, One Roof, TAY Table
- **County Departments**: ARDI - FUSE: Black People Experiencing Homelessness, ARDI - FUSE: LatinX Homeless Initiative, City of LA Workforce Development Board, DCFS, DEO, DHS, DMH, DPH, DYD, JCOD, LACOE, LAHSA, OCP, Probation

Interactive Gallery Walk

Prevention Services Journey Maps

This collection of user journeys illustrates the **lived experiences of both clients and frontline staff** involved in the County's efforts to address prevention and promotion efforts.

Client Personas

Opportunity Youth

- **Alexa Garcia** – Youth disconnected from school and work
- **Javier Morales** – Youth disconnected from work
- **Jamal Williams** – Youth disconnected from school and work

Transition Age Youth

- **Em Rodriguez** – Youth exiting foster care
- **Jordan Smith** – Youth exiting foster care with failed housing plan
- **Darius Johnson** – Youth exiting juvenile justice
- **Aaron Rivera** – Youth exiting juvenile justice with failed housing plan

Women with Young Children

- **Lucia Torres** – Pregnant woman seeking services
- **Jasmine Carter** – Woman with children under 2
- **Monique Harris** – Woman with 2+ children under 5

Staff Personas

Opportunity Youth

- **Jordan Alvarez** – GED Program Coordinator (CBO)
- **Jake Thompson** – Career Coach (DEO)

Transition Age Youth

- **Marisol Ortega** – Youth Engagement Section Social Worker (DCFS)
- **David Rodriguez** –Eligibility Worker (DPSS)
- **Marcus Jones** – Life Coach (CBO)
- **Maria Sanchez** – Drop-In Center Staff (CBO)

Women with Young Children

- **Dr. Amina Patel** – Obstetrician (DHS)
- **Rosa Jimenez** – Family Support Advocate (CBO)
- **Denise Carter** – Eligibility Worker III (DPSS)

Interactive Gallery Walk – Personas and Journey Maps

The goal of this interactive activity is to discuss the journey maps and personas. This activity aims to:

1. Show how the maps were created and how the information came together.
2. Identify pain points and explore: What could be done to better address these challenges?

Instructions:

1. **Break into Groups**: PPSGC Members have been preassigned to breakout groups (see below).

PPSGC Member	Station
Dr. Contreras	TAY – Foster Care
Dr. Ferrer	Women with Young Children
David Carroll	TAY – Juvenile Justice
Maral Karaccusian	Opportunity Youth
Karla Pleitéz Howell	Women with Young Children
Cheri Todoroff	TAY – Foster Care
Dr. Scorza	TAY – Juvenile Justice
Dr. Wong	Opportunity Youth

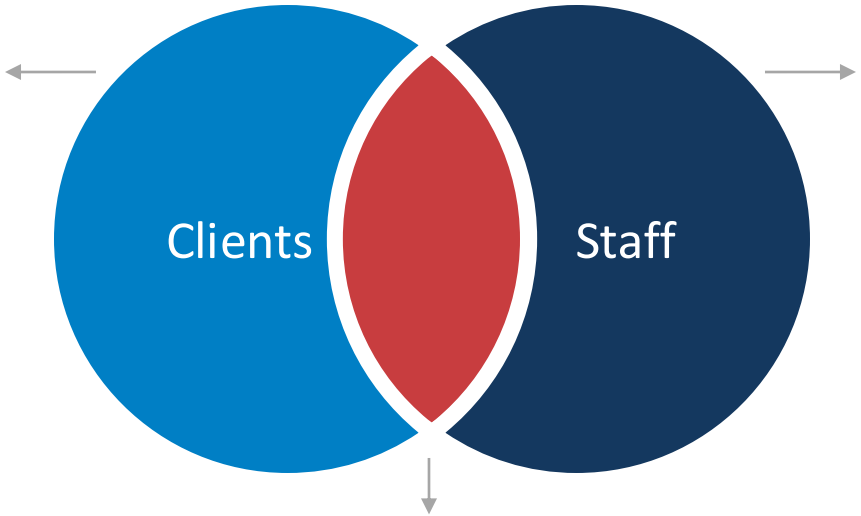
2. **Engage in Discussion:** Review the maps at your station and share your thoughts on pain points and opportunities highlighted in the maps.
3. **Use Sticky Notes**: Write down observations, questions, or ideas and leave them at each station.
4. **If Time Allows**: Visit another group to review their maps and add any additional observations or ideas.
5. **Reconvene as a Group**: After 20 minutes, we'll come back together to review key findings and discuss as a group.

Key Findings and Recommendations

Summary of Commonly Heard Challenges

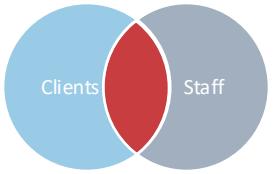
Both clients and staff describe a system that **is difficult to navigate, overly rigid, and often out of sync with real-world needs**. Although the list below does not capture every finding, it **highlights commonly heard challenges across clients and staff**.

- **Eligibility rules are rigid** and misaligned with real life
- **Stigma and fear** block access
- **Rigid systems** feel unsafe
- **Informal networks** fill system gaps



- **Burnout and emotional fatigue** are widespread
- **Training is inconsistent** and reactive
- **Roles are unclear** and overly broad
- **Manual workarounds** are the norm

- Everyone struggles to navigate **fragmented systems**
- Services are **hard to find and understand**
- **Co-location** is a shared bright spot
- **Continuity of care** is missing



Summary of Commonly Heard Challenges: Clients and Staff

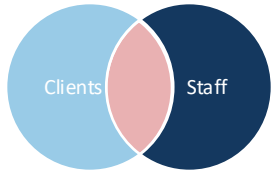
Clients and staff alike encounter a system that's **difficult to navigate with unclear pathways, disconnected services, and limited follow-up**. The findings below highlight where alignment exists and where targeted improvements can benefit both groups.

Findings

- **Everyone struggles to navigate fragmented systems**: both clients and staff face confusion, delays, and missed opportunities while trying to navigate systems.
- **Services are hard to find and understand**: staff and youth report challenges understanding eligibility for different services and identifying updated resources.
- **Co-location is a shared bright spot**: when services are physically or operationally integrated, both groups report better access, trust, and follow-through.
- **Continuity of care is missing**: once clients exit a system, there's often no structure for follow-up – staff lose visibility and policy discourages outreach, and youth feel abandoned.

Recommendations

- **Integrate and coordinate systems**: develop centralized platforms and shared protocols to reduce fragmentation and make navigation easier for both clients and staff.
- **Simplify and clarify service access**: create clear, user-friendly resource guides and eligibility tools so services are easier to find, understand, and apply for.
- **Expand and formalize co-location**: increase physical and operational integration of services through co-located sites and cross-trained staff to improve access.
- **Improve continuity of care**: establish structured follow-up practices and supportive policies so clients remain connected after system exit, and staff can maintain appropriate outreach.



Summary of Commonly Heard Challenges: Staff

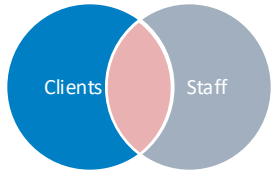
Staff consistently described a system that asks too much and supports too little. From high caseloads and emotional strain to unclear roles and outdated tools, these challenges make it harder to show up for clients. The recommendations below reflect **what staff say would help them do their jobs more confidently and effectively**.

Findings

- **Burnout and emotional fatigue are widespread**: staff report compassion fatigue, high caseloads, and limited support for their own mental health.
- **Training is inconsistent and reactive**: many staff learn key processes through trial and error, with limited onboarding or trauma-informed training.
- **Roles are unclear and overly broad**: staff often feel like "everyone is doing everything," leading to confusion, inefficiency, and diluted accountability.
- **Manual workarounds are the norm**: without centralized tools or shared infrastructure, staff rely on personal folders, email chains, and informal networks to coordinate care.

Recommendations

- **Support staff well-being**: invest in mental health resources, manageable caseloads, and regular opportunities for staff reflection and peer support.
- **Standardize and deepen training**: provide consistent, proactive onboarding/training and ongoing trauma-informed training to equip staff for their roles.
- **Clarify and align roles**: define responsibilities and workflows to reduce confusion, improve efficiency, reduce duplicative efforts, and strengthen accountability.
- **Modernize tools and infrastructure**: implement centralized, user-friendly systems for information sharing and coordination to replace manual workarounds.



Summary of Commonly Heard Challenges: Clients

Clients described systems that feel rigid, unsafe, and out of touch with their lived realities. Many individuals avoid services not because they don't need them, but because the process feels inaccessible or harmful. Their feedback points to the **need for more flexible, affirming, and community-rooted approaches**.

Findings

- **Eligibility rules are rigid and misaligned with real life**: clients are often denied services unless they meet narrow definitions (e.g., visibly homeless, in crisis)
- **Stigma and fear block access**: clients often avoid services due to fear of being judged, surveilled, and reported.
- **Rigid systems feel unsafe**: zero-tolerance school policies, punitive program rules, and inflexible eligibility criteria push youth out rather than pull them in.
- **Informal networks fill system gaps**: clients often learn about services through friends, mentors, or community, not formal outreach.

Recommendations

- **Align eligibility with real-life needs**: update eligibility criteria to reflect caregiving responsibilities, cost of living, and diverse pathways to stability.
- **Reduce stigma and build trust**: foster welcoming, nonjudgmental, safe environments and use culturally responsive outreach to encourage service access.
- **Promote safety and flexibility in systems**: replace punitive and rigid policies with trauma-informed, restorative, and human-centered approaches.
- **Leverage and strengthen peer and community networks**: Recognize and support informal networks as vital partners in outreach, navigation, and support.

Share Out and Discussion

Share Out and Discussion

1. System Navigation & Coordination
   - What would it take to move from fragmented systems to an integrated infrastructure where clients and staff can navigate services without relying on informal workarounds?

2. Eligibility & Access
   - How can the County redesign eligibility criteria to reflect real-life circumstances like caregiving, housing instability, and informal employment without compromising accountability?

3. Staff Support & Role Clarity
   - What structural changes are needed to reduce burnout and clarify staff roles so they can focus on relational, trauma-informed care rather than just compliance?

4. Continuity of Care
   - What would a Countywide model for continuity of care look like especially for youth and families transitioning between systems, exiting services, or changing providers?

User Journey Mapping Project Placemat

LOS ANGELES COUNTY

User Journey Mapping Project

EXECUTIVE SUMMARY

In partnership with the PPSGC and PPCIT, the User Journey Mapping project mapped real user experiences to analyze prevention services for Opportunity Youth, Systems-Involved Transition Age Youth, and Women with Young Children. Findings showed fragmented systems and barriers to access, leading to recommendations for integrated, trauma-informed, user-centered services.

JOURNEY MAP SCOPES

The following scopes, informed by research and PPSGC input, served as starting points for the journey maps.

Opportunity Youth (OY)

Domain: Behavioral Health

Understand the **when, why, and how a youth becomes disconnected***, the barriers and challenges to reconnection, and the **resources that would be most helpful to achieve positive life outcomes**.

Transition Age Youth (TAY)

Domain: Homelessness & Housing

Understand the **experience of a TAY* who has exited foster care or juvenile justice** and what housing supports were effective, why their plan may have failed, and what additional resources would be helpful to achieve stable housing.

Women with Young Children (0-5)

Domain: Child Welfare & Family Well-Being

Understand the experience of a **woman with young children (0–5) who is living at or below 250% of the FPL and not currently involved with the child welfare system and her ability to access comprehensive healthcare and social services*** to improve the overall wellbeing of the family unit.

PROJECT PARTICIPATION

This project recruited from all 8 LA County Service Planning Areas by partnering with CBO's and County departments and deploying a survey in 7 different languages.

We engaged…

36	Community Based Organizations (CBOs)
14	County Departments

We recruited…

110	Clients in Interviews and Focus Groups
1510	Clients in an Online Survey
119	Staff in Interviews and Focus Groups
157	Staff in an Online Survey

Most Common Challenges

Client & Staff Challenges

- Everyone struggles to navigate **fragmented systems**
- Services are **hard to find and understand**
- **Co-location** is a shared bright spot
- **Continuity of care** is missing

Client Challenges

- **Eligibility rules are rigid** and misaligned with real life
- **Stigma and fear** block access
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- **Informal networks** fill system gaps

Staff Challenges

- **Burnout and emotional fatigue** are widespread
- **Training is inconsistent** and reactive
- **Roles are unclear** and overly broad
- **Manual workarounds** are the norm

Considerations

Considerations

Key considerations for future prioritization by the County were identified during the 11/19 PPSGC meeting by participants and individuals with lived experience.

UJM Scope Expansion

- Conduct additional journey mapping for expanded scopes including DV/IPV (Women with Young Children) and CSEC (TAY).

Map Out County Steps in Relation to Experiences

- Identify and document the specific county processes that intersect with client experiences. Highlight where these steps create friction or opportunities for alignment with client needs.

Deeper Dive into How School Systems and County Can Connect More

- Explore existing touchpoints and gaps between education systems and county services. Recommend strategies for stronger collaboration, data sharing, and coordinated support for youth and families.

Identify Attributes and Leading Practices Successful THPs

- Define and document the key characteristics and leading practices of effective THPs to inform program design and evaluation.

Differentiate Mother and Child Needs

- Separate and address distinct needs of mothers and their children to provide tailored supports that reflect their unique needs.

Increase Flexibility in County Operations

- Adapt county processes and operating hours to better accommodate client schedules and reduce barriers to accessing services.

Appendix

Appendix Table of Contents

Lessons Learned

Project Planning and Launch

Strong planning and early coordination are critical to avoid delays and support smooth execution. These strategies help align teams, clarify expectations, and integrate lived experience into project design.

Start Contractor Processes Early

- Begin onboarding and contracting with contractors several months before project start to avoid delays in access, fingerprinting, and system permissions.
- Include participant and lived experience subject matter expert incentives in the beginning of project planning.

Review Charter & Timeline Within the First Week

- Conduct a kickoff review of the project charter and timeline with key approvers to align on scope, deliverables, and governance, and approve within the first week to maintain project momentum.

Increase County Team and Contractor Touchpoints

- Especially in remote settings, establish a frequent cadence of communication with the County team, its project leadership, and contractor teams to maintain alignment from project start to close.

Integrate Lived Experience Into Planning

- Engage (and compensate) individuals with lived experience in the design phase to support developing relevant and culturally-responsive (including non-English speaking) research activities and materials (like surveys, interview protocols, etc.).

Governance and Decision-Making

Clear authority and lean processes are essential to avoid delays. Identify true decision-makers early, minimize unnecessary consensus-building, and simplify structures to keep projects moving.

Clarify Decision-Making Authority

- Initial engagement focused on coordinating bodies, but actual decisions were made by PPSGC Department Heads. Future projects must identify and prioritize engagement with true decision-makers.

Avoid Extensive Consensus-Building (if not built into the SOW and project schedule)

- PPSGC approval was not required for certain scopes (e.g., UJM and persona prioritization). Clarify governance structures early to avoid delays and tailor meetings to be informational when approvals aren't needed.

Research Approvals and Deployment

Early planning and thoughtful engagement are key to reducing delays and building trust. These steps help secure approvals, respect participants' time, and support culturally responsive research.

Map Approval Pathways Early

- Each department (DPSS, DCFW, LAUSD) and some CBOs (Safe Place for Youth, St. Anne's) required separate approvals to conduct research, leading to delays. These should be identified and initiated prior to project start.

Engage Lived Experience for Reviews

- Invite (and financially incentivize) individuals with lived experience to review research materials – such as surveys and interview protocols – to confirm they resonate with the communities being engaged. Build time into the project schedule for these reviews to be completed thoughtfully.

Consider Survey Fatigue & Consent Complexity

- Staff and youth are often over-surveyed. Use short, targeted surveys and coordinate across initiatives to reduce burden.

Offer Flexible Hours for Interviews and Focus Groups

- Participants have other commitments and may not be able to meet during traditional business hours. Offer flexible meeting times to drive increased participation and accommodate other commitments.

Leverage Existing Data

- Avoid re-asking questions already answered in prior sessions or previous research. Build on existing insights to respect participants' time and emotional labor.

Communications & Stakeholder Engagement

Clear communication and intentional engagement prevent duplication and foster trust. These strategies help align departments, coordinate with CBOs, and maintain respectful, purposeful participation.

Educate Departments on Project Purpose and Deliverables

- Departments misunderstood User Journey Mapping (UJM), fearing duplication. Provide clear, paced walkthroughs and examples to build understanding and reduce skepticism prior to project initiation.

Cross-Department & CBO Coordination is Lacking

- Many departments and CBOs are doing similar work without communication, leading to duplication. Establish shared infrastructure and regular cross-sector convenings to align efforts.

Be Intentional with CBO Engagement

- Build in flexibility and additional time to engage CBO partners, recognizing that they may face capacity constraints.
- CBOs are frequently asked to participate in research. Engagement must be respectful, coordinated, and purposeful. Avoid overburdening them with duplicative asks.

Offer Capacity-Building Support to CBOs

- Provide tangible resources such as training, dedicated liaisons, and technical assistance to strengthen CBO capacity. These supports should be designed to reduce administrative burden, foster collaboration, and equip partners with tools to effectively participate in shared initiatives.

Incentives and Lived Experience

Clear policies and thoughtful compensation are essential to motivate participation, prevent fraud, and honor the expertise of lived experience contributors.

Compensate Lived Experience Thoughtfully

- Individuals with lived experience provided critical insights. Incentive amounts should reflect their expertise and time commitment while also avoiding tokenism.
- Providing financial incentives was a critical factor in motivating CBOs to actively support client recruitment efforts.
- Participants indicated a preference for physical Visa gift cards or digital gift cards where recipients could select their desired vendor from a catalogue.

Incentives Drive Participation – but Needs Guardrails

- Incentives are key for CBOs to recruit clients and for compensating lived experience. However, they can attract fraudulent activity by bad actors.
- Develop a clear incentive policy that includes:
  - Eligibility criteria (location, age, demographic information, time duration of participation, deadline to redeem gift card)
  - Verification protocols (brief on screen participation, verbal participation)
  - Fraud mitigation strategies
    - Clearly communicate incentive disclaimers and that the County reserves the right to not provide incentives at their discretion, especially if participants don’t meet eligibility criteria
    - Only offer gift cards that can be redeemed within the United States (communicating this at the beginning of recruitment helps mitigate overseas bad actors from participating)
    - Limit copy/paste of the video conferencing chat to avoid participants from using AI to answer questions
    - Including road bump questions within surveys to screen for bots and bad actors

Stakeholder Engagement Tracker & Contact Information

** Follow-up conducted by County team.*

Stakeholder Engagement Tracker (1/4)

County/CBO	Department/Organization	Population	SPA	Primary Contact	Status	Follow-Up Dates	Notes
CBO	Allies for Every Child	WWYC	5	Amina Fields	Engaged ✅		
CBO	Antelope Valley Partners for Health (AVPH)	TAY, DY, WWYC	1	Latshall Stevenson	Engaged ✅		Active participant throughout and should be able to connect the team to the broader organization.
CBO	Anti-Recidivism Coalition	TAY, DY	1, 2, 3, 4, 5, 6, 7, 8	David Barclay	Engaged ✅		
CBO	Association of Community Health Service Agencies (ACHSA)	TAY, DY, WWYC	1, 2, 3, 4, 5, 6, 7, 8	Unknown	Engaged ✅		Engaged by Ron Brown.
CBO	Becoming a Man	TAY, DY	2, 4, 6	info@youth-guidance.org	Unresponsive ❌	9/17, 9/22	"Cold" email sent based on rec. from David Turner III.
CBO	Black Women for Wellness	WWYC	6	Akil Bell	Engaged ✅		
CBO	Books and Buckets	TAY, DY	7	Team@booksandbuckets.org	Unresponsive ❌	9/17	"Cold" email sent based on rec. from David Turner III.
CBO	Brotherhood Crusade	TAY, DY	6	Charisse Bremond	Unresponsive ❌	9/11, 9/17, 9/22	
CBO	C. Ashen Consulting	TAY, DY, WWYC	1, 2, 3, 4, 5, 6, 7, 8	Ceth Ashen	Engaged ✅		
CBO	California Youth Connection	TAY, DY	1, 2, 3, 4, 5, 6, 7, 8	Kate Teague	Engaged ✅		
CBO	CASA Los Angeles	TAY	1, 2, 3, 4, 5, 6, 7, 8	Aimee Lencsak	Engaged ✅		
CBO	Casey Family Programs	TAY, DY	1, 2, 3, 4, 5, 6, 7, 8	Justin Lee Tina Rios Alton Pitre	Engaged ✅		
CBO	Child Care Resource Center	WWYC	1, 2	Jose Ramos	Engaged ✅		
CBO	Children's Bureau (All for Kids)	WWYC	1	Ron Brown	Engaged ✅		
CBO	Children's Institute	WWYC	4	Stephanie Smith	Engaged ✅		
CBO	Community Coalition	TAY, DY	6	Leslie Johnson Renee Henderson	Engaged ✅		
CBO	Doheny Foundation	TAY, DY, WWYC	1, 2, 3, 4, 5, 6, 7, 8	Lucero Noyola	Engaged ✅		
CBO	Door of Hope	WWYC	3	TBD	Unable to Connect ❌		
CBO	Education Coordinating Council	TAY, DY	1, 2, 3, 4, 5, 6, 7, 8	Barbara Lundqvist	Engaged ✅		
CBO	El Nido Family Services	WWYC	1,2,6	Deborah Davies Danika Choe	Unresponsive ❌ Engaged ✅	9/4, 9/5, 9/11	
CBO	F5LA	WWYC	1, 2, 3, 4, 5, 6, 7, 8	Connie Preciado-Gonzalez	Engaged ✅		

** Follow-up conducted by County team.*

Stakeholder Engagement Tracker (2/4)

County/CBO	Department/Organization	Population	SPA	Primary Contact	Status	Follow-Up Dates	Notes
CBO	First Place for Youth	TAY, DY	1, 2, 3, 4, 5, 6, 7, 8	Thomas Lee	Declined ❌ ❌		Unable to participate due to conference conflicts.
CBO	Good Seed CDC	TAY, DY	6, 8	Jonathan Thompson	Unable to Connect ❌	9/16	
CBO	HYFLA	TAY	1, 2, 3, 4, 5, 6, 7, 8	Kristen Square	Engaged ✅		
CBO	Jade Strategy Consultants	TAY, DY, WWYC	1, 2, 3, 4, 5, 6, 7, 8	Jelani Hendrix	Engaged ✅		
CBO	JBAY	TAY, DY	1, 2, 3, 4, 5, 6, 7, 8	Jessica Petrass	Engaged ✅		
CBO	Journey House	TAY, DY	3	Jesse Aguiar	Engaged ✅		
CBO	Jovenes	TAY, DY	7	Brittany Mason	Engaged ✅		
CBO	LA LGBT Center	TAY, DY	4	Kris Nameth Onyinye Alheri	Engaged ✅		
CBO	Mental Wellness Center	TAY, DY	N/A – Santa Barbara	Gabriela Dodson	Engaged ✅		
CBO	My Friend's Place	TAY, DY	4	Laura Onasch-Vera	Engaged ✅		
CBO	Noah's Foundation	TAY, DY, WWYC	6	Bri Frazier	Unresponsive ❌	9/11, 9/17, 9/22	
CBO	OYC	TAY, DY	1, 2, 3, 4, 5, 6, 7, 8	Lauri Collier Angel Rading Melanie Ferrer-Vaughn	Engaged ✅		
CBO	Penny Lane	TAY, DY	1,7	TBD	Unable to Connect ❌		
CBO	Filipino Migrants Center	TAY, DY, WWYC	6	info@filipinomigrantcenter.org	Unresponsive ❌	9/17	"Cold" email sent based on rec. from David Turner III.
CBO	RAND	TAY, DY	1, 2, 3, 4, 5, 6, 7, 8	Dr. Sarah Hunter	Engaged ✅		
CBO	RightWay Foundation	TAY, DY, WWYC	6	Daniel Castillo	Engaged ✅		
CBO	Safe Place for Youth	TAY, DY	5	Dexter O'Connell Darren Tooke	Engaged ✅		
CBO	Sanctuary of Hope	TAY, DY	1, 6, 8	Christian Green	Engaged ✅		
CBO	SHIELDs for Families	WWYC	6	Kathy Icenhower	Engaged ✅		
CBO	St. Anne's	TAY, DY, WWYC	4,6	Gina Peck	Engaged ✅		
CBO	St. John's	TAY, DY, WWYC	3, 6	Alisha Jackson Darryn Harris	Unresponsive ❌	9/11, 9/17, 9/22	
CBO	St. Joseph	TAY, DY, WWYC	4, 5, 6	Sonya Grey	Unresponsive ❌	9/11, 9/17, 9/22	
CBO	Stepping Forward LA	TAY, DY	1, 2, 3, 4, 5, 6, 7, 8	Beth Ryan Pat Conlon	Engaged ✅		

** Follow-up conducted by County team.*

Stakeholder Engagement Tracker (3/4)

County/CBO	Department/Organization	Population	SPA	Primary Contact	Status	Follow-Up Dates	Notes
CBO	Sycamores	TAY, DY	3	Sam Gonzalez	Engaged ✅		
CBO	The Village	TAY, DY	2	Claudia Zamora	Engaged ✅		
CBO	The Whole Child	WWYC	6	Jeremy Goldstein	Engaged ✅		
CBO	Twinspire	TAY	6	staff@twinspire.org	Unresponsive ❌	9/17, 9/22	"Cold" email sent based on rec. from David Turner III.
CBO	United Friends of the Children	TAY	4, 6	info@unitedfriends.org	Unresponsive ❌	9/17, 9/22	"Cold" email sent based on rec. from David Turner III.
CBO	UniteLA	TAY, DY	1, 2, 3, 4, 5, 6, 7, 8	Carrie Lemmon	Engaged ✅		
CBO	Valley Oasis	TAY, DY	1	Elvia Salazar	Engaged ✅		
CBO	Watson Consulting	TAY	1, 2, 3, 4, 5, 6, 7, 8	Lisa Watson Niarah Stansberry	Engaged ✅		
CBO	Youth Commission	TAY, DY	1, 2, 3, 4, 5, 6, 7, 8	Tiara Summers Ashley Carrillo-Lopez	Engaged ✅		
CBO	Youth Justice Coalition/Youth 4 Justice	TAY, DY	6	Kruti Parekh	Engaged ✅		
CBO	Youth Moving On	TAY, DY	3	TBD	Unable to Connect ❌		
County	ARDI - FUSE: Black People Experiencing Homeless ness (BPEH)	TAY	1, 2, 3, 4, 5, 6, 7, 8	Ni Kal Price	Engaged ✅		
County	ARDI - FUSE: LatinX Homeless Initiative	TAY	1, 2, 3, 4, 5, 6, 7, 8	Susana Santana	Engaged ✅		
County	Board of Supervisors	WWYC	1, 2, 3, 4, 5, 6, 7, 8	Anna Potere	Engaged ✅		
County	CEO-HI	TAY	1, 2, 3, 4, 5, 6, 7, 8	Neetu Singh	Declined ❌ ❌		Deferred participation to LAHSA and Pathway Home.
County	City of LA Workforce Development Board	TAY, DY	1, 2, 3, 4, 5, 6, 7, 8	Gerardo Ruvalcaba Bryson Gauff Donny Brooks	Engaged ✅		
County	DCFS	TAY	1, 2, 3, 4, 5, 6, 7, 8	Amy Kim Dr. Tamara Hunter Minsun Meeker	Engaged ✅		
County	DEO	TAY, DY	1, 2, 3, 4, 5, 6, 7, 8	Cheren Kochen	Engaged ✅		
County	DHS	TAY, DY	1, 2, 3, 4, 5, 6, 7, 8	Dr. Tracey Samko	Engaged ✅		

** Follow-up conducted by County team.*

Stakeholder Engagement Tracker (4/4)

County/CBO	Department/Organization	Population	SPA	Primary Contact	Status	Follow-Up Dates	Notes
County	DMH	TAY, DY, WWYC	1, 2, 3, 4, 5, 6, 7, 8	Robert Byrd Kanchana Tate Erica Reynosa Jasminder Chahal	Engaged ✅		
County	DPH	TAY, DY, WWYC	1, 2, 3, 4, 5, 6, 7, 8	Dr. Priya Batra Dr. Melissa Franklin Rachel Baker Devine	Engaged ✅		
County	DPSS	TAY	1, 2, 3, 4, 5, 6, 7, 8	Maria Rivera	Engaged ✅		
County	DYD	TAY, DY	1, 2, 3, 4, 5, 6, 7, 8	Taylor Schooley Nana Sarkodee-Adoo	Engaged ✅		
County	JCOD	TAY	1, 2, 3, 4, 5, 6, 7, 8	Yvette Willock	Engaged ✅		
County	LACDA	TAY, DY	1, 2, 3, 4, 5, 6, 7, 8	Myk'l Williams	Declined ❌ ❌	9/5, 9/8*, 9/11*	Declined as LACDA doesn't have any staff who engage directly with clients.
County	LACOE	TAY, DY	1, 2, 3, 4, 5, 6, 7, 8	Alicia Garoupa Sandra Naranjo	Engaged ✅		
County	LAHSA	TAY	1, 2, 3, 4, 5, 6, 7, 8	Stephanie Grijalva Sharonda Bush	Engaged ✅		
County	LAUSD	TAY, DY	1, 2, 3, 4, 5, 6, 7, 8	Joel Cisneros	Unresponsive ❌	9/5, 9/11, 9/18	LAUSD has a 3-month approval process for research which will not fit within the timeline of this project.
				Elsy Rosado	Declined ❌ ❌		
County	Pathway Home	TAY, DY	1, 2, 3, 4, 5, 6, 7, 8	Kimberly Barnette	Declined ❌ ❌	9/8, 9/11, 9/18	Declined due to competing priority projects.
County	Probation	TAY	1, 2, 3, 4, 5, 6, 7, 8	Lisa Campbell-Motton	Unresponsive ❌	9/5, 9/11, 9/18	
				Jessica Magliolo	Engaged ✅		

Formal Research Session Tracker

** Formal, scheduled sessions that were conducted. These do not reflect in-person ad hoc conversations.*

Formal* Research Session Tracker (1/10)

Name	Role	Date	Duration (mins)	Virtual or In-Person?	Status	Notes/Population
Session #1: Field Visit & Interview - The Village Family Services						
Ernesto Hernandez	Employment Specialist	8/20/2025	60	In-Person	*Completed* ✅	• Disconnected Youth • TAY – Juvenile Justice and Foster Care
Lori Gomez	Peer Support Specialist					
Session #2: Interview - Carrie Estelle Doheny Foundation						
Lucero Noyola	Program Officer	8/25/2025	90	Virtual	*Completed* ✅	• TAY – Juvenile Justice • Women with Young Children
Session #3: Interview – First 5 LA						
Connie Preciado-Gonzalez	Senior Program Officer	9/2/2025	60	Virtual	*Completed* ✅	• Women with Young Children
Session #4: Mental Wellness Center						
Gabriela Dodson	Director of Wellness & Recovery	9/2/2025	60	Virtual	*Completed* ✅	• Disconnected Youth • TAY – Juvenile Justice and Foster Care
Session #5: Interview – Casey Family Programs						
Justin Lee	Sr. Director of Strategic Consulting	9/3/2025	60	Virtual	*Completed* ✅	• General Systems • TAY – Juvenile Justice
Alton Pitre	Lived Experience Consultant					• TAY – Juvenile Justice
Tina Rios	Lived Experience Consultant					• TAY – Foster Care • Women with Young Children
Session #6: Valley Oasis						
Elvia Salazar	Director of Communications and Community Impact	9/5/2025	60	Virtual	*Completed* ✅	• Disconnected Youth • TAY – Juvenile Justice and Foster Care

** Formal, scheduled sessions that were conducted. These do not reflect in-person ad hoc conversations.*

Formal* Research Session Tracker (2/10)

Name	Role	Date	Duration (mins)	Virtual or In-Person?	Status	Notes/Population
Session #7: Field Visit – St. Anne's		9/8/2025	90	In-Person	*Completed* ✅	• Disconnected Youth • TAY – Juvenile Justice and Foster Care • Women with Young Children
Session #8: Field Visit – Safe Place for Youth		9/9/2025	60	In-Person	*Completed* ✅	• Disconnected Youth • TAY – Juvenile Justice and Foster Care
Session #9: Tabling – The Village Family Services		9/11/2025	240	In-Person	*Completed* ✅	• Disconnected Youth • TAY – Juvenile Justice and Foster Care
Session #10: LAHSA						
Stephanie Grijalva	Youth CES Coordinator	9/11/2025	60	Virtual	*Completed* ✅	• TAY – Juvenile Justice and Foster Care
Sharonda Bush	Youth CES Coordinator					
Session #11: Children's Institute						
Stephanie Smith	Community Relations Specialist	9/11/2025	60	Virtual	*Completed* ✅	• Women with Young Children • Disconnected Youth • TAY – Juvenile Justice and Foster Care
Soleil Delgadillo	Director, Volunteer & Community Engagement					
Session #12: Anti-Recidivism Coalition						
David Barclay	Project Impact Peer Navigator	9/12/2025	60	Virtual	*Completed* ✅	• TAY – Foster Care
Session #13: Social Justice Learning Institute						
Derek Steele	Executive Director	9/15/2025	60	Virtual	*Completed* ✅	• TAY – Juvenile Justice
Session #14: Focus Group – CBO Staff						
Safe Place for Youth	Director of Youth Policy & Advocacy	9/15/2025	60	Virtual	*Completed* ✅	• TAY – Juvenile Justice and Foster Care

Formal* Research Session Tracker (3/10)

** Formal, scheduled sessions that were conducted. These do not reflect in-person ad hoc conversations.*

Name	Role	Date	Duration (mins)	Virtual or In-Person?	Status	Notes/Population
Session #15: Focus Group – County Staff						
OCP	Project Director	9/16/2025	120	Virtual	*Completed* ✅	• Disconnected Youth • TAY – Foster Care
	Project Director					
DCFS	AB 12 Social Worker					
	AB 12 Social Worker					
	ILP Coordinator					
	Youth Permanency Coordinator					
Session #16: My Friend's Place						
Laura Onasch-Vera	Data & Impact Manager	9/16/2025	60	Virtual	*Completed* ✅	• Disconnected Youth • TAY – Juvenile Justice and Foster Care
Session #17: Focus Group – County Staff						
DCFS	AB 12 Supervisor	9/17/2025	120	Virtual	*Completed* ✅	• TAY – Juvenile Justice and Foster Care
	AB 12 Social Worker					
	ILP Coordinator					
	SHD Social Worker					
	SHD Social Worker					
Session #18: Focus Group – Client						
Participant Count: 1		9/17/2025	60	Virtual	*Completed* ✅	• TAY – Foster Care
Session #19: Focus Group – CBO Staff						
El Centro Del Pueblo	Mentor	9/17/2025	120	Virtual	*Completed* ✅	• TAY – Juvenile Justice

Formal* Research Session Tracker (4/10)

** Formal, scheduled sessions that were conducted. These do not reflect in-person ad hoc conversations.*

Name	Role	Date	Duration (mins)	Virtual or In-Person?	Status	Notes/Population
Session #20: Focus Group – Client (California Youth Connection)						
Participant Count: 8		9/17/2025	120	In-Person	*Completed* ✅	• Disconnected Youth • TAY – Juvenile Justice and Foster Care
Session #21: LA City Economic and Workforce Development						
Gerardo Ruvalcaba	Asst. General Manager	9/17/2025	60	Virtual	*Completed* ✅	• Disconnected Youth
Bryson Gauff	Senior Project Coordinator					
Donny Brooks	Asst. Chief Grants Admin.					
Session #22: Focus Group – County Staff						
DCFS	AB 12 Worker	9/18/2025	120	Virtual	*Completed* ✅	• Disconnected Youth
Session #23: Journey House						
Jesse Aguiar	Executive Director	9/18/2025	60	Virtual	*Completed* ✅	• Disconnected Youth • TAY – Juvenile Justice and Foster Care
Kim Ruiz	Administrative Assistant					
Briana Barcena	Case Worker					
Session #24: Stepping Forward LA						
Beth Ryan	Executive Director	9/18/2025	60	Virtual	*Completed* ✅	• TAY – Juvenile Justice and Foster Care
Pat Conlon	Director of Programs					
Session #25: Sycamores						
Sam Gonzalez	Chief Business Development Officer	9/18/2025	60	Virtual	*Completed* ✅	• Disconnected Youth • TAY – Juvenile Justice and Foster Care
Session #26: RAND						
Dr. Sarah Hunter	Director of Housing	9/18/2025	30	Virtual	*Completed* ✅	• TAY – Juvenile Justice and Foster Care • Women with Young Children

** Formal, scheduled sessions that were conducted. These do not reflect in-person ad hoc conversations.*

Formal* Research Session Tracker (5/10)

Name	Role	Date	Duration (mins)	Virtual or In-Person?	Status	Notes/Population
Session #27: Field Visit: Children's Institute		9/18/2025	90	In-Person	*Completed* ✅	• Women with Young Children
Session #28 Focus Group – Client		9/19/2025	120	Virtual	*Completed* ✅	• Disconnected Youth
Participant Count: 1						
Session #29: Focus Group – CBO Staff						
OYC	Youth Mentoring Coordinator	9/19/2025	120	Virtual	*Completed* ✅	• Disconnected Youth
	Managing Director					
Session #30: Focus Group – CBO Staff						
Antelope Valley Partners for Health	Relative Support Supervisor	9/22/2025	90	Virtual	*Completed* ✅	• TAY – Juvenile Justice and Foster Care
OYC	Youth Mentoring Coordinator					
	Managing Director					
	Director					
	Opportunity Youth Assistant					
Session #31: Focus Group – County Staff						
DCFS	Family Preservation Social Worker	9/22/2025	90	Virtual	*Completed* ✅	• Women with Young Children
	Birth – Five Social Worker					
	AB 12 Social Worker					

Formal* Research Session Tracker (6/10)

** Formal, scheduled sessions that were conducted. These do not reflect in-person ad hoc conversations.*

Name	Role	Date	Duration (mins)	Virtual or In-Person?	Status	Notes/Population
Session #32: Focus Group – County Staff						
DPSS	GAIN Services Worker	9/22/2025	120	Virtual	*Completed* ✅	• Women with Young Children
	GAIN Services Worker					
	GAIN Services Worker					
	GAIN Services Worker					
	GAIN Services Worker					
	Eligibility Worker					
	Eligibility Worker					
	Eligibility Worker II					
Session #33: Focus Group – Client						
Participant Count: 1		9/22/2025	120	Virtual	*Completed* ✅	• Disconnected Youth
Session #34: Focus Group – Client						
Participant Count: 1		9/23/2025	120	Virtual	*Completed* ✅	• Women with Young Children
Session #35: Focus Group – Client						
Participant Count: 3		9/23/2025	120	Virtual	*Completed* ✅	• Women with Young Children
Session #36: Focus Group – County Staff						
DCFS	AB 12 Social Worker	9/23/2025	120	Virtual	*Completed* ✅	• Disconnected Youth
Session #37: Focus Group – Client						
Participant Count: 1		9/23/2025	120	Virtual	*Completed* ✅	• TAY – Foster Care
Session #38: Focus Group – Client						
Participant Count: 2		9/24/2025	120	Virtual	*Completed* ✅	• Women with Young Children

Formal* Research Session Tracker (7/10)

** Formal, scheduled sessions that were conducted. These do not reflect in-person ad hoc conversations.*

Name	Role	Date	Duration (mins)	Virtual or In-Person?	Status	Notes/Population
Session #39: Focus Group – Client						
Participant Count: 2		9/24/2025	120	Virtual	*Completed* ✅	• TAY – Foster Care
Session #40: Focus Group – CBO Staff						
Participant Count: 5		9/25/2025	120	Virtual	*Completed* ✅	• Women with Young Children
Session #41: Focus Group – County Staff						
Participant Count: 5		9/25/2025	120	Virtual	*Completed* ✅	• Disconnected Youth
Session #42: Focus Group – Client						
Participant Count: 6		9/25/2025	120	Virtual	*Completed* ✅	• TAY – Juvenile Justice
Session #43: Focus Group – Client						
Participant Count: 5		9/25/2025	120	Virtual	*Completed* ✅	• Women with Young Children
Session #44: Focus Group – Client						
Participant Count: 2		9/25/2025	120	Virtual	*Completed* ✅	• Women with Young Children
Session #45: Focus Group – Client						
Participant Count: 9		9/26/2025	120	Virtual	*Completed* ✅	• Women with Young Children
Session #46: Focus Group – Client						
Participant Count: 7		9/26/2025	120	Virtual	*Completed* ✅	• TAY – Juvenile Justice and Foster Care
Session #47: Focus Group – Client						
Participant Count: 10		9/26/2025	90	In-Person	*Completed* ✅	• TAY – Juvenile Justice and Foster Care
Session #48: Focus Group – Client						
Participant Count: 6		9/26/2025	120	Virtual	*Completed* ✅	• Disconnected Youth

Formal* Research Session Tracker (8/10)

** Formal, scheduled sessions that were conducted. These do not reflect in-person ad hoc conversations.*

Name	Role	Date	Duration (mins)	Virtual or In-Person?	Status	Notes/Population
Session #49: Focus Group – Client						
Participant Count: 5		9/26/2025	120	Virtual	*Completed* ✅	• TAY – Juvenile Justice and Foster Care
Session #50: LA LGBT Center						
Mandy Litwin	Associate Director	9/26/2026	60	Virtual	*Completed* ✅	• TAY – Juvenile Justice and Foster Care • Disconnected Youth • Women with Young Children
Onyinye Alheri	Drop-In Director					
Ariel Bustamante	Capacity Building Manager					
Session #51: Focus Group – County Staff						
DCFS	AB 12 Social Worker	9/29/2025	120	Virtual	*Completed* ✅	• TAY – Juvenile Justice and Foster Care
Session #52: Focus Group – County Staff						
DPSS	GAIN Services Worker	9/29/2025	120	Virtual	*Completed* ✅	• TAY – Juvenile Justice and Foster Care • Disconnected Youth
	GAIN Services Worker					
	GAIN Services Worker, Youth Liaison					
	GAIN Services Worker, Youth Liaison					
	GAIN Services Worker, Youth Liaison					
	GROW Case Manager					
	GROW Case Worker					
	Case Manager, Youth Program					
	DV Liaison					
Session #53: Focus Group – CBO Staff						
Social Justice Institute	Community Youth Organizer	9/29/2025	120	Virtual	*Completed* ✅	• Disconnected Youth

** Formal, scheduled sessions that were conducted. These do not reflect in-person ad hoc conversations.*

Formal* Research Session Tracker (9/10)

Name	Role	Date	Duration (mins)	Virtual or In-Person?	Status	Notes/Population
Session #54: Focus Group – Client						
Participant Count: 3		9/29/2025	120	Virtual	*Completed* ✅	• TAY – Foster Care
Session #55: Focus Group – Client						
Participant Count: 1		9/29/2025	120	Virtual	*Completed* ✅	• TAY – Juvenile Justice and Foster Care
Session #56: Focus Group – Client						
Participant Count: 7		9/29/2025	120	Virtual	*Completed* ✅	• Disconnected Youth
Session #57: Focus Group – Client						
Participant Count: 4		9/29/2025	120	Virtual	*Completed* ✅	• Disconnected Youth
Session #58: Focus Group – Client						
Participant Count: 5		9/29/2025	120	Virtual	*Completed* ✅	• TAY – Foster Care
Session #59: Focus Group – County Staff						
DPSS	GAIN Services Worker	9/30/2025	120	Virtual	*Completed* ✅	• Women with Young Children
	CalWorks Eligibility Worker II					
	CalWorks Eligibility Worker II					
	Specialized Services Eligibility Worker II					

** Formal, scheduled sessions that were conducted. These do not reflect in-person ad hoc conversations.*

Formal* Research Session Tracker (10/10)

Name	Role	Date	Duration (mins)	Virtual or In-Person?	Status	Notes/Population
Session #60: Focus Group – CBO Staff						
Stepping Forward	Executive Director and Founder	9/30/2025	120	Virtual	*Completed* ✅	• TAY – Juvenile Justice and Foster Care
	Director of Programs					
	Program Coordinator					
	Housing and Data Team Lead					
	Social Media and Marketing Coordinator					
	Program Manager					
	Program Creative Manager					
	Housing and Employment Support					
Session #61: Focus Group – CBO Staff						
CCRC	Parent Educator	9/30/2025	120	Virtual	*Completed* ✅	• Women with Young Children
	Parent Educator					
Session #62: Focus Group – Client						
Participant Count: 8		9/30/2025	120	Virtual	*Completed* ✅	• TAY – Juvenile Justice
Session #63: Focus Group – Client						
Participant Count: 5		9/30/2025	120	Virtual	*Completed* ✅	• Women with Young Children
Session #64: Focus Group – Client						
Participant Count: 6		9/30/2025	120	Virtual	*Completed* ✅	• TAY – Juvenile Justice

Total Session and Participant Count

Outlined below are the final **survey and research session participation counts** by population and participant type.

Session Type	Population		Session Count	Participant Count
Interview	Client	Youth	11	14
		WWYC	1	1
		Total	12	15
	Staff	Youth	27	38
		WWYC	12	14
		Total	39	52
	Total		**51**	**67**
Field Visit	Client	Youth	3	N/A
		WWYC	2	N/A
	Total		**5**	**N/A**
Tabling	Client	Youth	1	N/A
		WWYC	0	N/A
	Total		**1**	**N/A**
Focus Group	Cilent	Youth	17	68
		WWYC	7	27
		Total	**24**	**95**
	Staff	CBO	8	25
		County	9	42
		Total	**17**	**67**
	Total		**41**	**162**
Survey	Client	TAY	N/A	908
		DY		373
		WWYC		229
		Total	**N/A**	**1,510**
	Staff	CBO	N/A	53
		County		104
		Total	**N/A**	**157**
	Total		**N/A**	**1,667**
Total			**98**	**1,896**

Client Survey Questions

Client Survey Questions (1-3)

Los Angeles County User Journey Mapping Survey - Clients

Start of Block: Welcome Message

We want to hear about your experiences with services in Los Angeles County! By sharing your opinions, you can help us understand what works and what doesn't. This survey is optional, anonymous, and should take around 15 minutes to complete.

If you would like to receive a $5 gift card for completing the survey, you **must** provide your name and email address on the next screen so we can contact you. Your name and email address **will not** be used for any other purpose. You can still complete the survey without providing your name and email address but you **will not** receive a gift card.

Your voice matters, and your answers will help us find ways for the County to better serve those in need. Together, we can make our community a better place for everyone.

Thank you for your time!

End of Block: Welcome Message

Survey Opening, Demographics, Population-Level Characteristics

Start of Block: Key Population Indicator Questions

1. What is your preferred name? (optional)

   _____

2. What is your email address? (optional)

   _____

3. What is your age?
   - Under 18
   - 18-26
   - 27-34
   - 35-44
   - 45-54
   - 55-64
   - 65+

IF 'Under 18' END SURVEY

[Display Logic: Show Q4 if Q3 is '18-26']

4. Please select your age.
   - 18
   - 19
   - 20
   - 21
   - 22
   - 23
   - 24
   - 25
   - 26

5. What gender do you identify as?
   - Male
   - Female
   - Other (please specify)

[Display Logic: Show Q6 if Q5 is 'Female']

6. Are you currently pregnant?
   - Yes
   - No

[Display Logic: Show Q7 if Q6 is 'Yes']

7. How far along in your pregnancy are you?
   - First trimester (1 month – 3 months)
   - Second trimester (4 months – 6 months)
   - Third trimester (7 months – 9 months)

[Display Logic: Show Q8 if Q5 is 'Female']

8. Do you have any children (**if you have previously shared that you are pregnant and do not have any other children, please select "No"**)?
   - Yes
   - No

[Display Logic: Show Q9 if Q8 is 'Yes']

9. How many children do you have?
   - 1
   - 2
   - 3
   - 4
   - 5 or more

[Display Logic: Show Q10 if Q8 is 'Yes']

10. How many of these children are currently under the age of five?
    - 1
    - 2
    - 3
    - 4
    - 5 or more
    - None

[Display Logic: Show Q11 if Q10 is NOT 'None']

11. How many people live in your household?
    - 1
    - 2
    - 3
    - 4
    - 5
    - 6 or more

[Display Logic: Show Q12 if Q11 is '6 or more']

12. Please select how many people live in your household.
    - 6
    - 7
    - 8
    - 9
    - 10
    - 11
    - 12 or more

[Display Logic: Show Q11 if Q10 is NOT 'None']

13. The next question is about your household income which means the total income from everyone living in the household including roommates or those on disability income.

    Is your household's total annual income from before taxes…?
    - Above $[250 FPL BASED ON Q9/10 ANSWER]
    - Below $[250 FPL BASED ON Q9/10 ANSWER]

[Display Logic: Show Q11 if Q10 is NOT 'None']

11A: Have you had previous interactions with the Department of Children and Family Services (DCFS)?
- Yes
- No

14. Are you now or have you ever been involved with any of these systems? (Select all that apply)
    - Foster System
    - Juvenile Justice/Probation
    - Other (please specify)
    - None

Client Survey Questions (4-6)

[Display Logic: Show Q15 if Q14 is NOT 'None']
15. At what age did you enter the system you answered in the last question?

_____

[Display Logic: Show Q16 if Q14 is NOT 'None']
16. If you feel comfortable, please share what led you to enter that system (such as parental drug use, neglect (lack of basic needs like food and water), behavioral issues, etc.)

_____

17. Are you **currently** in school or have a job?
- Yes
- No

[Display Logic: Show Q18 if Q17 is 'No']
18. Are you **actively** looking for schooling (high school diploma/GED, trade school, college, etc.) or a job?
- Yes
- No

19. Do you identify as an individual with a disability?
- Yes
- No
- I prefer not to say

[Display Logic: Show Q20 if Q19 is 'Yes']
20. Do any of the following apply to you? (Select all that apply)
- Physical disability (such as mobility impairment, vision impairment, or hearing impairment)
- Mental health condition (such as anxiety, depression, or bipolar disorder)
- Cognitive or learning disability (such as dyslexia, ADHD, or an intellectual disability)
- Chronic health condition (such as diabetes, epilepsy, or multiple sclerosis)
- Sensory disability (such as blindness or deafness)
- Developmental disability (such as an autism spectrum disorder)
- Temporary disability (such as injury or surgery recovery)
- None of the above
- I prefer not to say

End of Block: Key Population Indicator Questions

Start of Block: Demographic Information

21. Which race or ethnicity best describes you?

- American Indian or Alaskan Native
- Asian/Pacific Islander
- Black or African American
- Hispanic/Latino
- White/Caucasian
- Multiple races/ethnicities/Other (please specify):
- Prefer not to disclose

22. Do you identify as part of the LGBTQIA+ community (lesbian, gay, bisexual, transgender, queer, intersex, asexual, or other identities)?
- Yes
- No
- I prefer not to say

23. What type(s) of education have you completed?
- Some high school but no diploma
- High school diploma
- GED
- Some college but no degree
- Associate's degree
- Bachelor's degree
- Technical or trade school degree
- Advanced degree (master's, doctoral, etc.)

24. What is your zip code?

_____

25. What best describes your current living situation?
- In a house, apartment, or trailer that is my own, and is a regular, long-term place for me to stay (e.g., my name is on the lease)
- In a house, apartment, or room that is someone else's that is a regular, long-term place for me to stay
- In a shelter or temporary housing (such as A Bridge Housing, Tiny Home Village, PodShare, hotel, or motel using a voucher or similar program)
- In a house, apartment or room that is temporary or short-term place for me to stay ("couch surfing")
- In my own room in a hotel, motel, or SRO
- In a group home or residential treatment center
- In a dormitory
- In a treatment or institutional setting, such as a hospital, treatment or rehab facility
- In jail or prison
- Outside, including tent or makeshift shelter, in a car, truck, van or RV, abandoned building, or totally unsheltered location
- Other (please specify)

26. How do you access the internet?
- I own a cell phone
- I own a computer or laptop
- I use a computer at a library
- I use a computer at a community-based organization (CBO)
- I use a tablet or other device
- I do not have regular access to the internet
- Other (please specify)

End of Block: Demographic Information

Transition Age Youth (TAY)

[Branching Logic: Show Block if Q1 is '16-26' AND Q14 is NOT 'None']
Start of Block: Homelessness & Housing

—— START TRANSITION PLAN QUESTIONS ——

The following questions are about your housing plan for **after** you left foster care or juvenile detention.

27. What option below best describes your original housing plan?
- **Transitional Housing**: Temporary housing with programs to help young people practice living on their own and learn important life skills. Housing is in supervised apartments or houses with all utilities paid.
- **Supervised Independent Living Program**: Short-term programs (12-18 months) that help young people get ready to leave foster care and live on their own.
- **Supportive Housing**: Housing with rental assistance and support services to help people, especially those who are homeless or have disabilities, achieve stable housing.
- **Another Planned Permanent Living Arrangement (APPLA)**: Long-term plan for youth in foster care when other options are not possible.
- **Other (please specify)**: Any other housing or living arrangement not listed above.

28. After you exited foster care or juvenile detention, did your housing change from what was planned during your exit planning?
- Yes
- No

[Display Logic: Show Q29 if Q28 is 'Yes']
29. How soon after exiting foster care or juvenile detention did your housing plan change?
- Within the first week
- Within the first month
- Within the first three months
- More than three months later

Client Survey Questions (7-9)

[Display Logic: Show Q30 if Q28 is 'Yes']
30. Why do you think your original housing plan changed?

_____
_____
_____

[Display Logic: Show Q30A if Q28 is 'Yes']
30A. Did you find new housing after your housing plan changed?
- Yes
- No

[Display Logic: Show Q31 if Q28 is 'Yes']
31. Did you reach out to anyone for help to find new housing?
- Yes
- No

[Display Logic: Show Q32 if Q31 is 'Yes']
32. Who helped you find new housing? (Select all that apply)
- Social worker/Probation officer
- Community support groups and/or organizations
- Family
- Friend
- Other (please specify)

[Display Logic: Show Q33 if Q32 is NOT 'Social worker/Probation officer']
33. Why did you not reach out to your social worker/probation officer for support?
- I didn't think they would be able to help me
- I didn't know how to contact them
- I felt more comfortable seeking help elsewhere
- Other (please specify)

[Display Logic: Show Q34 if Q28 is 'Yes']
34. Was your new housing safe (free from physical dangers like violence or unsanitary conditions **AND** emotional support without bullying, threats, or verbal abuse)?
- Yes
- No

[Display Logic: Show Q35 if Q28 is 'Yes']
35. Was your new housing stable (a reliable place to live for at least 6 months without worrying about moving often or being asked to leave)?
- Yes
- No

[Display Logic: Show Q36 if Q28 is 'Yes']

36. What option below best describes your new housing?
- **Transitional Housing**: Temporary housing with programs to help young people practice living on their own and learn important life skills. Housing is in supervised apartments or houses with all utilities paid.
- **Supervised Independent Living Program**: Short-term programs (12-18 months) that help young people get ready to leave foster care and live on their own.
- **Supportive Housing**: Housing with rental assistance and support services to help people, especially those who are homeless or have disabilities, achieve stable housing.
- **Another Planned Permanent Living Arrangement (APPLA)**: Long-term plan for youth in foster care when other options are not possible.
- **Other (please specify)**: Any other housing or living arrangement not listed above.

[Display Logic: Show Q37 if Q34 OR Q35 is 'No']
37. What challenges did you face with your new housing? (Select all that apply)
- Unsafe neighborhood
- Lack of financial resources (such as ability to pay rent, cost of moving, or unstable employment)
- Unstable living conditions (such as frequent moves or overcrowding)
- Lack of support from family, friends, and/or other people in my life
- Lack of flexibility based on my needs
- Legal issues (such as eviction)
- Other (please specify)

[Display Logic: Show Q38 if Q28 is 'Yes']
38. What services or support would have been helpful to find housing after your original housing plan changed?

_____
_____
_____

[Display Logic: Show Q39 if Q28 is 'No']
39. What do you believe was the main reason your original housing plan worked out? (Select all that apply)
- Safe neighborhood
- Access to community resources
- Stable living environment
- Strong support from family, friends, and/or other people in my life
- Personal motivation and commitment
- Flexibility based on my needs
- Other (please specify)

[Display Logic: Show Q40 if Q28 is 'No']
40. What resources were most helpful in keeping your housing plan? (Select all that apply)
- Financial assistance

- Counseling services
- Job training programs
- Peer support groups
- Other (please specify)

41. Which of the following activities did you complete as part of your exit planning process? (Select all that apply)
- 90-Day Transition Plan
- Transition Checklist
- Reviewing the Foster Youth Bill of Rights
- Reviewing my foster care rights at each placement and replacement
- Reviewing housing options
- Reviewing education options
- Reviewing job options
- I did not complete any of these
- I'm not sure/I don't remember
- Other (please specify): _____

42. Did you have the opportunity to reconnect with your biological family when you exited foster care/juvenile detention?
- Yes, my immediate family (such as a sibling or parent)
- Yes, my extended family (such as a grandparent, uncle, aunt, cousin).
- No
- Other (please specify)

43. Did you have access to information from your case worker or probation officer about how to connect with your biological family if you chose to do so?
- Yes
- No

[Display Logic: Show Q44 if Q42 is 'Yes']
44. Why did you choose to reconnect with your biological family? (Select all that apply)
- Emotional support
- Financial support
- A sense of belonging
- Curiosity and closure
- Other (please specify)

[Display Logic: Show Q45 if Q42 is 'No']
45. Why did you not want to reconnect with your biological family?
- Past negative experiences
- Desire for independence
- Concerns about losing benefits
- Other (please specify)

Client Survey Questions (10-12)

[Display Logic: Show Q46 if Q42 is 'Yes']
46. Did you successfully reconnect with your biological family?
- Yes
- No

[Display Logic: Show Q47 if Q46 is 'Yes']
47. Did you lose your benefits as a result of reconnecting with your biological family?
- Yes
- No

[Display Logic: Show Q48 if Q47 is 'Yes']
48. What benefits did you lose?
- CalWORKs
- Medi-Cal
- Transitional Housing Program
- Independent Living Program
- Food Stamps (CalFresh)
- Other (please specify)

[Display Logic: Show Q49 if Q47 is 'Yes']
49. How did losing these benefits affect your daily life?
- Impacted my ability to afford housing
- Made it difficult to access healthcare
- Affected my ability to buy food
- Limited my educational opportunities
- No significant impact
- Other (please specify)

[Display Logic: Show Q50 if Q47 is 'Yes']
50. Were you informed that you could lose benefits if you reconnected with your biological family?
- Yes
- No
- Unsure

[Display Logic: Show Q51 if Q46 is 'Yes']
51. Did you tell the County that you reconnected with your biological family?
- Yes
- No

[Display Logic: Show Q52 if Q51 is 'No]
52. Why did you not share that you reconnected with your biological family?
- I didn't want to lose benefits
- I didn't know I needed to report it
- Other (please specify)

53. What additional services or support would have been helpful for you during your transition from foster care/juvenile detention?

_____
_____
_____

—— END TRANSITION PLAN QUESTIONS ——

End of Block: Homelessness & Housing

Opportunity Youth

[Branching Logic: Show Block if Q1 is '16-26' AND Q14 = 'No' AND Q15 = 'No']
Start of Block: Behavioral Health

—— START DISCONNECTION QUESTIONS ——
The following questions are about your experiences with school and work.

You selected that you are **not** actively looking for school or a job.

—— START INCOMPLETE HIGH SCOOL QUESTIONS ——

[Display Logic: Show Q54 if Q23 is 'Some high school but no diploma']
54. What is the main reason that you did not complete high school?
- Personal or family responsibilities
- Health issues
- Lack of interest or motivation
- Financial constraints
- Issues with school environment (such as bullying or lack of support)
- Other (please specify)

[Display Logic: Show Q55 if Q23 is 'Some high school but no diploma']
55. Are you interested in getting your high school diploma?
- Yes
- No

[Display Logic: Show Q56 if Q55 is 'No']
56. What is stopping you now from getting your diploma? (Select all that apply)
- Unaware that it is an option
- Unsure of how to start the process
- Lack of time due to work or family responsibilities
- Health issues (such as physical or mental)
- Lack of motivation or interest
- Difficulty with the coursework or subjects

- Unsupportive environment (such as lack of support from family or friends)
- Transportation issues (such as getting to school)
- Other (please specify)

[Display Logic: Show Q57 if Q55 is 'No']
57. Why are you not interested in getting your diploma? (Select all that apply)
- I do not see the value in having a diploma
- I prefer to enter the workforce directly
- I plan to pursue other educational opportunities (such as trade school)
- I have personal or family responsibilities that take priority
- I have health issues that prevent me from continuing
- I feel unprepared or lack confidence in my abilities
- Other (please specify)

[Display Logic: Show Q58 if Q55 is 'Yes']
58. What type of support would help you get your diploma? (Select all that apply)
- Financial assistance (such as scholarships or grants)
- Academic tutoring or mentoring
- Access to study resources (such as textbooks or online materials)
- Flexible class schedules (such as evening or online classes)
- Counseling or mental health support
- Career guidance and job placement services
- Transportation assistance (such as bus passes or carpooling)
- Childcare support
- Other (please specify)

—— END INCOMPLETE HIGH SCOOL QUESTIONS ——

—— START HS DIPLOMA/GED QUESTIONS ——

[Display Logic: Show Q59 if Q23 is 'High school diploma or GED']
59. What were your plans for after high school?
- Pursue higher education (college)
- Enter the workforce
- Take time off before making a decision
- Other (please specify)

[Display Logic: Show Q60 if Q59 is 'Pursue higher education (college)']
60. What is the main reason that you did not pursue higher education?
- Financial constraints (such as tuition costs)
- Lack of interest in further education
- Personal or family responsibilities
- Health issues
- Lack of information about available options
- Other (please specify)

Client Survey Questions (13-15)

[Display Logic: Show Q61 if Q59 is 'Pursue higher education (college)']
61. What type of support would help you pursue higher education? (Select all that apply)
- Guidance on college applications
- Financial assistance (such as scholarships or grants)
- Academic tutoring or mentoring
- Access to study resources (such as textbooks or online materials)
- Flexible class schedules (such as evening or online classes)
- Counseling or mental health support
- Career guidance and job placement services
- Transportation assistance (such as bus passes or carpooling)
- Childcare support
- Other (please specify)

—— END HS DIPLOMA/GED QUESTIONS ——

—— START SOME COLLEGE QUESTIONS ——

[Display Logic: Show Q62 if Q23 is 'Some college but no degree']
62. What is the main reason that you did not finish college?
- Financial constraints (such as tuition costs or book costs)
- Personal or family responsibilities
- Health issues
- Lack of interest in continuing
- Difficulty balancing work and studies
- Other (please specify)

[Display Logic: Show Q63 if Q23 is 'Some college but no degree']
63. Are you interested in returning to college to complete your degree?
- Yes
- No

[Display Logic: Show Q64 if Q6355 is 'No']
64. Why are you not interested in getting your diploma? (Select all that apply)
- I do not see the value in having a diploma
- I prefer to enter the workforce directly
- I plan to pursue other educational opportunities (such as trade school)
- I have personal or family responsibilities that take priority
- I have health issues that prevent me from continuing
- I feel unprepared or lack confidence in my abilities
- Other (please specify)

[Display Logic: Show Q65 if Q63 is 'Yes']
65. What is stopping you now from getting your diploma? (Select all that apply)
- Unaware that it is an option

- Unsure of how to start the process
- Lack of time due to work or family responsibilities
- Health issues (such as physical or mental)
- Lack of motivation or interest
- Difficulty with the coursework or subjects
- Unsupportive environment (such as lack of support from family or friends)
- Transportation issues (such as getting to school)
- Other (please specify)

[Display Logic: Show Q66 if Q63 is 'Yes']
66. What type of support would help you get your diploma? (Select all that apply)
- Financial assistance (such as scholarships or grants)
- Academic tutoring or mentoring
- Access to study resources (such as textbooks or online materials)
- Flexible class schedules (such as evening or online classes)
- Counseling or mental health support
- Career guidance and job placement services
- Transportation assistance (such as bus passes or carpooling)
- Childcare support
- Other (please specify)

—— END SOME COLLEGE QUESTIONS ——

67. How long has it been since you left/graduated from school **OR** left your last job (whichever is most recent)?
- Less than 1 month
- Less than 3 months
- Less than 6 months
- 6 months to 1 year
- More than 1 year

68. Which statement below **best** describes why you do not have a job.
- I'm not interested in working
- I am unsure of how to find a job that meets my skills and interests
- I have personal or family responsibilities that stop me from working
- I do not have transportation to get to a job
- I do not have the documents I need (such as ID or social security card)

[Display Logic: Show Q69 if Q68 is 'I do not have the documents I need']
69. Which documents do you currently have?
- Social security card
- Birth certificate
- Proof of citizenship or residency
- Driver's license

- Other (please specify)

[Display Logic: Show Q70 if Q68 is 'I do not have the documents I need']
70. Are you aware of services that can help you get the documents you need?
- Yes
- No

[Display Logic: Show Q71 if Q68 is 'I'm not interested in working']
71. Why are you not interested in working?
- I have personal or family responsibilities
- I feel unprepared or lack the necessary skills
- I don't want to lose public benefits
- Other (please specify)

[Display Logic: Show Q72 if Q68 is 'I have personal or family responsibilities that stop me from working' OR 'I do not have transportation to get a job' OR Q71 is "I feel unprepared or lack the necessary skills']
72. What type of support would help you find a job? (Select all that apply)
- Flexible job opportunities (such as part-time, remote, or flexible hours)
- Transportation assistance (such as bus passes or carpooling)
- Childcare support during job interviews or work hours
- Access to local job placement services
- Access to job training programs that accommodate my schedule
- Counseling or support groups for job seekers with family responsibilities
- Other (please specify)

[Display Logic: Show Q73 if Q68 is 'I am unsure of how to find a job that meet my skills and interests']
73. What type of support would help you find a job? (Select all that apply)
- Interview preparation and coaching
- Networking opportunities and job fairs
- Access to job listings and career portals
- Professional development workshops (such as skills training)
- Mentorship
- Career counseling and guidance
- Transportation assistance (such as bus passes or carpooling)
- Childcare support
- Other (please specify)

74. What job or career are you interested in?

_____
_____
_____

Client Survey Questions (16-18)

[Display Logic: Show Q75 if Q68 is 'I am unsure of how to find a job that meet my skills and interests OR Q72 is 'Flexible job opportunities' OR 'Access to local job placement services' or 'Access to job training programs that accommodate my schedule']
75. How aware are you of the workforce training programs available in Los Angeles County?
- Very aware
- Somewhat aware
- Not aware

[Display Logic: Show Q76 if Q75 is 'Very aware' OR 'Somewhat aware']
76. Have you participated in any workforce training programs? This may include Youth@Work, HIRE LA, LA:RISE Youth Academy, and YouthSource Centers.
- Yes
- No

[Display Logic: Show Q77 if Q76 is 'No']
77. Why haven't you participated in any workforce training programs? (Select all that apply)
- I wasn't aware of them
- I already know the skills taught in these programs
- The programs teach skills that aren't needed for the job I'm interested in
- The programs won't help me reach my career goals
- I don't think the programs will help me
- I trust a family, friend, or mentor to teach me these skills instead
- I have heard from peers that the programs are not helpful
- Other (please specify)

[Display Logic: Show Q78 if Q76 is 'Yes']
The following questions are about the workforce training program(s) you have participated in.

78. If you remember, which workforce training programs have you participated in? (Select all that apply)
- **Youth@Work**: provides youth with hands-on paid work experience and career support
- **HIRE LA**: provides youth a starter job and supports work skills development, financial literacy, career coaching, and mentoring
- **LA:RISE Youth Academy**: provides unhoused or housing-insecure youth with housing, education, and jobs
- **YouthSoure Centers**: helps youth get diplomas, go to college, get mentoring, train for stable employment, and get a job
- Other (please specify)

[Display Logic: Show Q79 if Q76 is 'Yes']
79. What skills did you learn in the workforce training program? (Select all that apply)
- Career skills (such as resumes, cover letters, or interviews)
- Business skills (such as problem-solving, or time management)
- Soft skills (such as communication, teamwork, or collaboration)

- Technical skills (such as computers, software, or engineering)
- Trade skills (such as plumbing or electrical)
- Other (please specify)

[Display Logic: Show Q80 if Q76 is 'Yes']
80. Did you finish the workforce training programs you participated in?
- Yes
- No

[Display Logic: Show Q81 if Q80 is 'No']
81. Which of the statements below **best** describes why you did not finish the programs?
- The program didn't teach me the skills I needed for the career I want so I stopped going
- I found the program too challenging and didn't feel supported enough to succeed
- I had trouble getting to the training/job location, which made it hard to go regularly
- I was dealing with personal problems and couldn't focus on the program
- I didn't have enough support from family and/or friends
- The program was not delivered effectively
- The program did not fulfill its promises
- I heard from others that the program was not valuable
- Other (please specify)

[Display Logic: Show Q82 if Q80 is 'Yes']
82. How useful were the skills you learned for the career you want?
- Very useful
- Useful
- Somewhat useful
- Not very useful
- Not useful at all

[Display Logic: Show Q83 if Q80 is 'Yes']
83. Were you able to find a job after completing the workforce training program?
- Yes, I found a job in the career I want.
- Yes, I found a job, but not in the career I want.
- No, but I am in the job application process.
- No, I have not been able to find a job.
- Other (please specify).

[Display Logic: Show Q84 if Q80 is 'Yes']
84. How confident do you feel in your ability to find a job after completing the workforce training programs?
- Extremely confident
- Very confident
- Somewhat confident

- Slightly confident
- Not at all confident

[Display Logic: Show Q85 if Q80 is 'Yes' OR 'No']
85. What type of support did you receive after exiting the program? (Select all that apply)
- Continued mentorship or guidance
- Job placement assistance
- Access to further education or training programs
- Financial support or assistance
- Counseling or mental health services
- Housing assistance
- Other (please specify)
- I did not receive support after exiting the program

[Display Logic: Show Q86 if Q80 is 'Yes']
86. Which aspects of the programs were the most helpful for you? This may include things like learning about different careers, building a network of peers, and mentorship.

_____
_____
_____

[Display Logic: Show Q87 if Q80 is 'Yes']
87. How could the workforce training programs be improved?

_____
_____
_____

----- START SERVICES QUESTIONS -----

The following questions are about the barriers or challenges you may have faced in getting services.

88. Are you currently receiving any services (such as food assistance, housing, etc.) from either LA County or a community-based organization.
- Yes, I am currently receiving services
- No, but I have previously received services
- No, I have never received services

[Display Logic: Show Q89 if Q88 is 'Yes, I am currently receiving services']
89. Which services are you currently receiving? (Select all that apply)
- Housing
- Food assistance
- Counseling, therapy, or mental health services
- Substance abuse treatment
- Transportation support

Client Survey Questions (19-21)

- Other (please specify)
- None of the above

[Display Logic: Show Q90 if Q88 is 'No, but I have previously received services']
90. Which services have you previously received? (Select all that apply)
- Housing
- Food assistance
- Counseling, therapy, or mental health services
- Substance abuse treatment
- Transportation support
- Other (please specify)
- None of the above

[Display Logic: Show Q91 if Q88 is 'Yes, I am currently receiving services' OR 'No, but I have previously received services']
91. Where do/did you receive these services? (Select all that apply)
- Through Los Angeles County (such as CalFresh, Medi-Cal)
- Through community support groups and/or organizations (such as TAY Drop-In Centers, shelters, health clinics, places of worship like churches)

[Display Logic: Show Q92 if Q91 is 'Through community support groups']
92. Where did you hear about the services offered at the community support groups? (Select all that apply)
- Social worker
- Probation officer
- Social media
- Family or friends
- Community events
- Flyers or brochures
- Online search (such as Google or Bing)
- Other (please specify)

[Display Logic: Show Q93 if Q88 is 'No, I have never received services']
93. Which statement below **best** describes why you are not receiving services?
- I don't need them
- I don't know what services exist
- I'm not sure if I'm eligible
- I don't know how to apply
- I don't have transportation
- Other (specify)

[Display Logic: Show Q94 if Q88 is 'Yes, I am currently receiving services' OR 'No, but I have previously received services']
94. Where do you **prefer** to receive services?
- Through Los Angeles County (such as CalFresh, Medi-Cal)

- Through community support groups and/or organizations (such as TAY Drop-In Centers, shelters, health clinics, places of worship like churches)

[Display Logic: Show Q95 if Q91 is 'Through community support group and/or organizations']
95. What is the name of the community support group and/or organization that you currently or have received services at?

_____
_____
_____

96. Please rank the following list of things that are most important to you when deciding where to receive services (1 is the most important and 5 is the least important).
- Convenient location
- Services that meet my needs
- Supportive and safe atmosphere
- Trustworthy staff
- Positive reviews from others like my friends or family

----- END SERVICES QUESTIONS -----

End of Block: Behavioral Health

Women with Young Children

[Branching Logic: Show Block if Q5 = 'Female' AND Q10 is NOT 'None' AND Q13 is 'Below' And Q14 is 'No']
Start of Block: Child Welfare and Family Well-Being

----- START SERVICES QUESTIONS -----

The following questions are about the services you may have received for you and/or your child(ren).

97. Have you previously received any of the following services? (Select all that apply)
- Housing
- Food assistance (CalFresh)
- Childcare services
- Counseling, therapy, or mental health services
- Substance abuse treatment
- Parenting education
- Transportation support
- Other (please specify)
- None of the above

[Display Logic: Show Q98 if Q97 is NOT 'None of the above']
98. Where did you previously receive these services? (Select all that apply)
- Through Los Angeles County
- Through community support groups and/or organizations

99. Are you currently receiving any of the following services? (Select all that apply)
- Housing
- Food assistance (CalFresh)
- Childcare services
- Counseling, therapy, or mental health services
- Substance abuse treatment
- Parenting education
- Transportation support
- Other (please specify)
- None of the above

[Display Logic: Show Q100 if Q97 is 'None of the above']
100. Which statement below **best** describes why you are not receiving services?
- I don't need them
- I don't know what services exist
- I'm not sure if I'm eligible
- I don't know how to apply
- I don't have transportation
- Other (specify)

[Display Logic: Show Q101 if Q97 is NOT 'None of the above']
101. Where are you currently receiving these services? (Select all that apply)
- Through Los Angeles County
- Through community support groups and/or organizations

[Display Logic: Show Q102 if Q99 OR Q97 is NOT 'None of the above']
102. Where do you **prefer** to receive services?
- Through Los Angeles County
- Through community support groups and/or organizations

[Display Logic: Show Q103 if Q98 is 'Through community support groups and/or organizations]
103. What is the name of the community support group and/or organization that you currently or have received services at?

_____
_____
_____

[Display Logic: Show Q104 if Q98 is 'Through community support groups and/or organizations]

Client Survey Questions (22-24)

104. Are you aware of Los Angeles County services for you and your child(ren)?
- Yes
- No

[Display Logic: Show Q105 if Q98 is 'Through Los Angeles County']
105. Why do you prefer to receive services through Los Angeles County?

_____
_____
_____

[Display Logic: Show Q106 if Q98 is 'Through community support groups and/or organizations AND Q104 is 'Yes']
106. Why do you prefer to receive housing through community support groups and/or organizations?

_____
_____
_____
_____

107. Are there other services (that you are **not** currently receiving) that would be helpful for you and your child(ren)?
- Yes
- No

[Display Logic: Show Q108 if Q107 is 'Yes']
108. What would be helpful for you and your child(ren)? (Select all that apply)
- Housing
- Food assistance (CalFresh)
- Childcare services
- Counseling, therapy, or mental health services
- Substance abuse treatment
- Parenting education
- Transportation support
- Other (please specify)

[Display Logic: Show Q109 if Q97 OR Q99 is NOT 'None of the above']
109. How did you learn about the services and resources available? (Select all that apply)
- Social worker
- Social media
- Family or friends
- Healthcare provider (such as OBGYN, nurse, or doula)
- Community events
- Flyers or brochures
- Online search (such as Google or Bing)
- Other (please specify)

—— END SERVICES QUESTIONS ——

—— START BARRIERS QUESTIONS ——

The following questions are about the barriers or challenges you may have faced in getting services for you and/or your child(ren).

[Display Logic: Show Q110 if Q97 OR Q99 is NOT 'None of the above']
110. Have you faced any barriers in accessing services? This could be things like lack of information about what's available, unreliable transportation, and language barriers.
- Yes
- No

[Display Logic: Show Q111 if Q110 is 'Yes']
111. What barriers have you faced in accessing services for you and your child(ren)? (Select all that apply)
- Lack of information about what's available
- Unreliable transportation
- Language barriers
- Long wait times for services
- Difficulty applying
- Other (please specify)

[Display Logic: Show Q112 if Q110 is 'Yes']
112. How often have you faced these barriers?
- Always
- Often
- Sometimes
- Rarely

[Display Logic: Show Q113 if Q110 is 'Yes']
113. Have you received help overcoming these barriers?
- Yes
- No

[Display Logic: Show Q114 if Q110 is 'Yes']
114. Who have you received help from? (Select all that apply)
- Family
- Friends
- Los Angeles County
- Community support groups and/or organizations
- Other (please specify)

[Display Logic: Show Q115 if Q110 is 'Yes' OR 'No']
115. What additional support would help you overcome these barriers?

_____
_____
_____

—— END BARRIERS QUESTIONS ——

End of Block: Child Welfare and Family Well-Being

Survey Closeout

Start of Block: End of Survey Message

116. Are you interested in receiving another gift card? We are offering a $25 gift card to participate in a one-hour focus group.
- Yes
- No

[Display Logic: Show if Q116 is 'Yes']
Great! We'll email you to set up your focus group. After you finish your focus group, you'll get your second gift card.

Thanks for taking the time to complete this survey! Your answers will be used to help improve LA County services. You'll be emailed your first gift card.

[Display Logic: Show if Q116 is 'No]
Thank you for taking the time to complete this survey! Your answers will be used to help improve LA County services. If you provided your name and email address, you'll be emailed your gift card.

End of Block: End of Survey Message

Staff Survey Questions

Staff Survey Questions (1-3)

Los Angeles County User Journey Mapping Survey - Staff

Start of Block: Welcome Message

We want to hear from you!

The County of Los Angeles – Chief Executive Office's Anti-Racism, Diversity, and Inclusion Initiative (CEO – ARDI) invites you to share your insights on delivering services to clients across the County. By sharing your opinions of what does and doesn't work, you can help support an accessible and equitable prevention and promotion service delivery system that is responsive to the needs of County staff and clients.

Before you begin, please note that this survey is specifically aimed at gathering insights related to the following populations. If your work does not involve interactions with these populations in a relevant manner, please exit the survey now.

- **Disconnected Youth** (Youth aged 18-26 who are not in school or working)
- **Transition Age Youth (TAY)** (Youth aged 18-26 who have exited foster care or juvenile justice)
- **Families with Young Children (0-5)** (Women living at or below 250% (for example: this is $75,700 for a family of four) of the Federal Poverty Level who are not currently involved with the child welfare system)

This survey is optional, anonymous, and should take about 10 minutes to complete. Your voice matters, and your answers will help us find ways for the County to better serve those in need. Together, we can make our community a better place for all.

Thank you for your time!

End of Block: Welcome Message

Start of Block: Role Questions

1. Do you work for Los Angeles County or a Community-Based Organization?
   - Los Angeles County
   - Community-Based Organization

[Display Logic: Show Q2 if Q1 is 'Los Angeles County Department']

2. What County organization do you currently work for?
   - CEO – Homeless Initiative (CEO-HI)
   - CEO – ARDI
   - City of LA Workforce Development Board

- Department of Children and Family Services (DCFS)
- Department of Economic Opportunity (DEO)
- Department of Health Services (DHS)
- Department of Mental Health (DMH)
- Department of Public Health (DPH)
- Department of Public Social Services (DPSS)
- Department of Youth Development (DYD)
- Emergency Services – Police Department, Fire Department, EMS
- First 5 LA
- Los Angeles County of Education (LACOE)
- Los Angeles County Development Authority (LACDA)
- Los Angeles Homeless Service Authority (LAHSA)
- Los Angeles County Probation Department (LACPD)
- Los Angeles Unified School District (LAUSD)
- Other (please specify)

[Display Logic: Show Q3 if Q1 is 'Los Angeles County Department']

3. What office/division within your organization do you work within? (e.g., DPH - Office of Violence Prevention)

_____

_____

[Display Logic: Show Q4 if Q1 is 'Community-Based Organization']

4. What Community-Based Organization do you currently work for?

_____

_____

5. What is your current role?
   - Case Manager
   - Communications Officer
   - Family Support Specialist
   - Fundraising Manager
   - Grant Writer
   - Outreach Specialist
   - Policy Analyst
   - Program Coordinator
   - Research Analyst
   - Social Worker
   - Volunteer Coordinator
   - Volunteer
   - Youth Advocate
   - Other (please specify)

6. How long have you been in your current position?
   - Less than 6 months

   - 6 months-1 year
   - 1-3 years
   - 4-6 years
   - 7-10 years
   - More than 10 years

7. For the following question, Transition Age Youth (TAY) refers to any youth between the ages of 16-26 who is involved or has been previously involved with the foster care and/or juvenile justice systems. Disconnected Youth refers to youth who are 16-26 **and** not in school or employed **and** are not seeking school or employment.

Which populations do you primarily serve? (Select all that apply)

- Foster Care TAY
- Justice-Involved TAY
- Disconnected Youth
- Women with Young Children (0-5) who are at or below 250% (for example: this is $75,700 for a family of four) of the federal poverty line and not involved with the child welfare system
- None of the above

Note: Survey will end if answer to Q7 is 'None of the above'

End of Block: Role Questions

[Display Logic: Show Block if Q7 is 'Foster Care TAY' or 'Justice-Involved Youth']

Start of Block: Homelessness & Housing Questions

—— START TRANSITION PLAN QUESTIONS ——

The following questions are about youth who had their housing plan change **after** they left foster care and/or juvenile detention.

8. Do you work with youth to help them find a new housing plan after their original transition plan fell through?
   - Yes
   - No

[Display Logic: Show Q9 if Q8 is 'Yes']

9. How do youth typically connect with your organization for support with a new housing plan? (Select all that apply)
   - Social worker
   - Probation officer
   - Social media
   - Family or friends
   - Community events

Staff Survey Questions (4-6)

- Flyers or brochures
- Online search (like Google or Bing)
- Other (please specify)

[Display Logic: Show Q10 if Q8 is 'Yes']
10. What are the most common reasons that housing plans fall through? (Select all that apply)
    - Unsafe neighborhood
    - Lack of financial resources
    - Unstable living conditions
    - Lack of support
    - Legal issues (such as eviction)
    - Other (please specify)

[Display Logic: Show Q11 if Q8 is 'Yes']
11. Is there anything unique about serving youth whose original housing plan did not work out? Do they have specific needs or are there specific services that would be most beneficial for them in securing safe and stable housing?

_____
_____

[Display Logic: Show Q12 if Q8 is 'Yes']
12. Do you think that transition planning could be improved to prevent housing plans from failing?
    - Yes
    - No

[Display Logic: Show Q13 if Q12 is 'Yes']
13. How do you think transition planning could be improved?

_____
_____
_____

—— END TRANSITION PLAN QUESTIONS ——

[Display Logic: Show questions if Q2 is 'Department of Children and Family Services (DCFS)' OR 'Los Angeles County Probation Department (LACPD)']
—— START OUTREACH/HANDOFF QUESTIONS ——
The following questions are about your experience with referring youth to other services **before** they exit the system **and** outreach to these youth **after** they exit the system.

14. Does your organization follow-up with youth after they have left the system?
    - Yes
    - No

[Display Logic: Show Q14B if Q14 is 'No']
14B. Why does your organization not follow-up with youth after they have left the system?

_____
_____
_____

[Display Logic: Show Q15 if Q14 is 'Yes']
15. When does the follow-up process begin after a youth leaves the system?
    - Immediately upon leaving
    - Within a week after leaving
    - Within a month after leaving
    - Other (please specify)

[Display Logic: Show Q16 if Q14 is 'Yes']
16. How often is follow-up conducted?
    - One-time
    - Weekly
    - Bi-weekly
    - Monthly
    - Quarterly
    - Other (please specify)

[Display Logic: Show Q17 if Q14 is 'Yes']
17. What methods are used for follow-up? (Select all that apply)
    - Phone calls
    - Text messages
    - Emails
    - In-person meetings
    - Other (please specify)

[Display Logic: Show Q18 if Q14 is 'Yes']
18. Do you face challenges in conducting follow-ups?
    - Yes
    - No

[Display Logic: Show Q19 if Q18 is 'Yes']
19. What challenges do you face in conducting follow-up? (Select all that apply)
    - Lack of resources
    - Difficulty in reaching youth
    - Insufficient staff training
    - Other (please specify)

[Display Logic: Show Q20 if Q14 is 'Yes']
20. How long does the follow-up process continue after a youth leaves the system?
    - Less than 3 months
    - 3 to 6 months
    - 6 months to 1 year
    - More than 1 year
    - Other (please specify)

[Display Logic: Show Q21 if Q14 is 'Yes']
21. How effective do you believe the follow-up process is in supporting youth?
    - Very effective
    - Somewhat effective
    - Not effective
    - Unsure

22. Does your organization refer youth to other services before they leave the system?
    - Yes
    - No

[Display Logic: Show Q23 if Q22 is 'Yes']
23. What types of services do you typically refer youth to?

_____
_____

[Display Logic: Show Q24 if Q22 is 'Yes']
24. How often do you conduct warm handoffs for youth transitioning to other services?
    - Always
    - Often
    - Sometimes
    - Rarely
    - Never

[Display Logic: Show Q25 if Q22 is 'Yes']
25. What does your organization define as a "warm handoff"? (Select all that apply)
    - Direct introduction to the next service provider
    - Accompanying the youth to the next appointment
    - Providing contact information for the next service provider
    - Other (please specify)

[Display Logic: Show Q26 if Q22 is 'Yes']
26. How effective do you believe warm handoffs are in supporting youth during their transition?
    - Very effective
    - Somewhat effective
    - Not effective

[Display Logic: Show Q27 if Q22 is 'Yes']
27. What challenges do you face in conducting warm handoffs? (Select all that apply)

Staff Survey Questions (7-9)

- Lack of available services
- Communication issues with service providers
- Insufficient staff training
- Other (please specify)

[Display Logic: Show Q28 if Q22 is 'Yes']
28. How do you track the referrals made to youth?
- Manual tracking
- Software system
- No tracking system in place
- Other (please specify)

[Display Logic: Show Q29 if Q22 is 'Yes']
29. What additional support do you think youth need during the referral process? (Select all that apply)
- Guidance on how to access services
- Assistance with paperwork
- Transportation support
- Other (please specify)

—— END OUTREACH/HANDOFF QUESTIONS ——

End of Block: Homelessness & Housing Questions

[Display Logic: Show Block if Q7 is 'Disconnected Youth']
Start of Block: Behavioral Health Questions

—— START DISCONNECTION QUESTIONS ——

The following questions are about your interactions with disconnected youth.

30. How often do you interact with disconnected youth in your role?
- Daily
- Several times a week
- Weekly
- Monthly
- Rarely

31. In your interactions, how often do you find that youth express interest in re-engaging with education or employment?
- Always
- Often
- Sometimes
- Rarely

[Display Logic: Show Q32 if Q31 is 'Often' OR 'Sometimes' OR 'Rarely']
32. What methods do you use to encourage youth to consider re-engagement? (Select all that apply)
- One-on-one counseling or mentoring
- Group workshops or discussions
- Providing information about available resources
- Connecting youth with peers who have successfully re-engaged
- Other (please specify)

[Display Logic: Show Q33 if Q31 is 'Often' OR 'Sometimes' OR 'Rarely']
33. What challenges do you face when trying to engage youth in discussions about re-engagement? (Select all that apply)
- Lack of trust or rapport with the youth
- Youth's lack of motivation or interest
- Limited resources or options to offer
- Communication barriers (language, understanding)
- Other (please specify)

34. In your experience, what are the most effective strategies for re-engaging youth? (Select all that apply)
- Building strong, trusting relationships
- Providing tailored support based on individual needs
- Offering incentives or rewards for participation
- Creating a safe and supportive environment
- Other (please specify)

35. How do you follow up with youth after initial interactions to maintain their interest in re-engagement? (Select all that apply)
- Regular check-ins via phone or text
- Scheduling follow-up meetings
- Sending reminders about available resources or programs
- Engaging them in ongoing activities or events
- Other (please specify)

36. In your opinion, what are the main reasons for youth disconnection from education and employment? (Select all that apply)
- Personal or family responsibilities
- Health issues (physical or mental)
- Lack of interest or motivation
- Financial constraints
- Issues with the school environment (bullying, lack of support)
- Lack of access to resources or information
- Other (please specify)

37. Based on your experiences, where are disconnected youth currently accessing services? (Select all that apply)
- Los Angeles County services (e.g., CalFresh, Medi-Cal)
- Community-based organizations (e.g., TAY Drop-In Centers, shelters)
- Informal support networks (e.g., family, friends)
- Online resources or platforms
- Other (please specify)

38. How effective do you think current services are in reconnecting youth to education and employment?
- Very effective
- Somewhat effective
- Not effective

—— END DISCONNECTION QUESTIONS ——

End of Block: Behavioral Health Questions

[Display Logic: Show Block if Q7 is 'Women with Young Children (0-5) who are at or below 250% of the federal poverty line and not involved with the child welfare system']
Start of Block: Women with Young Children Questions

—— START WOMEN WITH YOUNG CHILDREN QUESTIONS ——

The following questions are about your experiences providing services to women with young children (0-5).

39. In your experience, how often do women with young children (0-5 years) access services?
- Very frequently (weekly)
- Frequently (monthly)
- Occasionally (quarterly)
- Rarely (annually)

40. What types of services do you observe women with young children typically seeking? (Select all that apply)
- Housing assistance
- Food assistance (CalFresh)
- Childcare services
- Counseling, therapy, or mental health services
- Substance abuse treatment
- Parenting education
- Transportation support

Staff Survey Questions (10-12)

- Other (please specify)

41. What barriers do you believe prevent women with young children from accessing services? (Select all that apply)
    - Lack of awareness of available services
    - Transportation issues
    - Eligibility concerns (income limits)
    - Complexity of the application process
    - Stigma or fear of seeking help
    - Personal or family responsibilities
    - Difficulty navigating the system and understanding requirements
    - Navigational skills needed to access services
    - Perception that the benefits are not worth the time and energy required
    - Other (please specify)

42. How do you typically engage with women to inform them about available services? (Select all that apply)
    - One-on-one counseling or support
    - Group workshops or informational sessions
    - Providing printed materials (flyers, brochures)
    - Referrals from other service providers
    - Other (please specify)

43. In your opinion, how effective are the current services in meeting the needs of women with young children?
    - Very effective
    - Somewhat effective
    - Not effective

44. What feedback have you received from women regarding their experiences with accessing services? (Select all that apply)
    - Positive experiences and satisfaction
    - Difficulty navigating the system
    - Need for more tailored services
    - Desire for more flexible service options
    - Other (please specify)
    - I have not received feedback

45. What strategies do you believe could improve access to services for women with young children? (Select all that apply)
    - Increased outreach and awareness campaigns
    - Simplified application processes
    - Enhanced collaboration between service providers
    - More transportation assistance options
    - Other (please specify)

End of Block: Women with Young Children Questions

Start of Block: Barriers for Clients Questions

The following questions are about barriers or challenges your clients may have when accessing services.

46. Do clients express frustration about accessing services?
    - Yes
    - No

[Display Logic: Show Q47 if Q46 is 'Yes']

47. How frequently do clients express frustration about accessing services?
    - Very frequently
    - Frequently
    - Occasionally
    - Rarely
    - Never

48. How do you think clients perceive quality of services provided by your organization?
    - Very positively
    - Positively
    - Neutral
    - Negatively
    - Very negatively

49. Does this differ from their overall perception of Los Angeles County services at-large?
    - Yes
    - No

50. Why or why not?

    _____
    _____
    _____

51. Have the needs of the populations you serve changed over the past few years?
    - Yes
    - No

52. Why or why not?

    _____
    _____
    _____

End of Block: Barriers for Clients Questions

Start of Block: Barriers for Staff Questions

The following questions are about barriers or challenges you may face when providing services.

53. Do you face challenges in delivering services to clients?
    - Yes
    - No

[Display Logic: Show Q54 if Q53 is 'Yes']

54. What challenges do you face? (Select all that apply)
    - Cultural competency issues: challenges in understanding and addressing the diverse cultural needs of clients
    - Bureaucratic barriers: complicated policies or procedures that hinder service delivery
    - Burnout and stress: emotional exhaustion from high demands and challenging work environments
    - Client engagement: difficulty in engaging clients or getting them to participate in services
    - Inadequate communication: poor communication between staff, clients, and other service providers
    - Fragmented services: lack of integration between different services leading to gaps in care
    - Time constraints: limited time to provide adequate support or follow-up with clients
    - Safety Concerns: issues related to the safety of staff or clients in certain environment
    - Other (please specify)

55. What resources would help your organization deliver better services? (Select all that apply)
    - Additional staff
    - Training and professional development
    - Funding for programs
    - Access to technology or tools
    - Support services (e.g., mental health support for staff)
    - Improved collaboration and data sharing
    - Enhanced data management systems
    - Partnerships with other organizations
    - Other (please specify)

56. Does your organization collaborate closely with other County or Community-Based Organization teams?
    - Yes
    - No

Staff Survey Questions (13-15)

[Display Logic: Show Q57 if Q56 is 'Yes']
57. How often do you collaborate with other organizations or departments to meet client needs?
- Very frequently
- Frequently
- Occasionally
- Rarely

[Display Logic: Show Q58 if Q56 is 'Yes']
58. What types of activities do you collaborate on? (Select all that apply)
- Joint service delivery
- Referrals
- Information sharing
- Training or workshops
- Other (please specify)

[Display Logic: Show Q59 if Q56 is 'Yes']
59. What challenges do you face when trying to coordinate services with other providers? (Select all that apply)
- Lack of shared information or data
- Differing organizational policies
- Scheduling conflicts
- Limited understanding of each other's services
- Other (please specify)

[Display Logic: Show Q60 if Q56 is 'Yes']
60. What suggestions do you have for improving collaboration between your organization and other providers?

_____
_____
_____

[Display Logic: Show Q61 if Q56 is 'Yes']
61. How successful is that collaboration in driving better outcomes for your clients?
- Very successful
- Successful
- Somewhat successful
- Not successful
- Not successful at all

End of Block: Barriers for Staff Questions

Start of Block: Additional Comments

62. Any additional comments you would like to share?

_____
_____
_____

End of Block: Additional Comments

Start of Block: End of Survey Message

Thank you for taking the time to complete this survey!

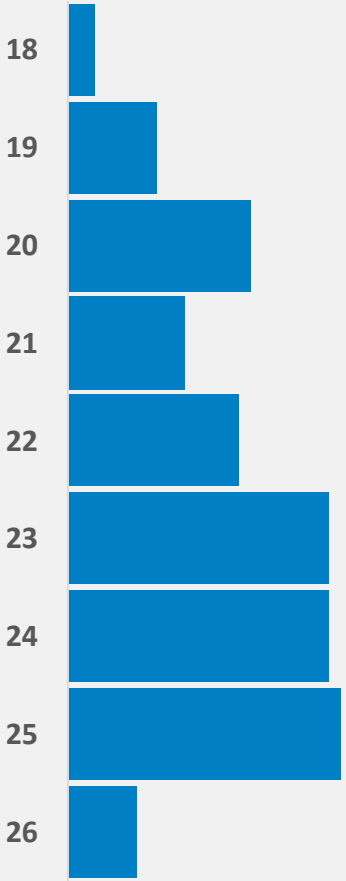
End of Block: End of Survey Message

Domain-Specific Findings

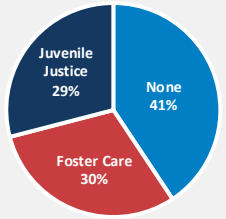
Survey Overview: Opportunity Youth

373 respondents that identified as opportunity youth participated in the virtual survey. This broad sample allowed us to surface patterns across geographies, service interactions, and lived realities.

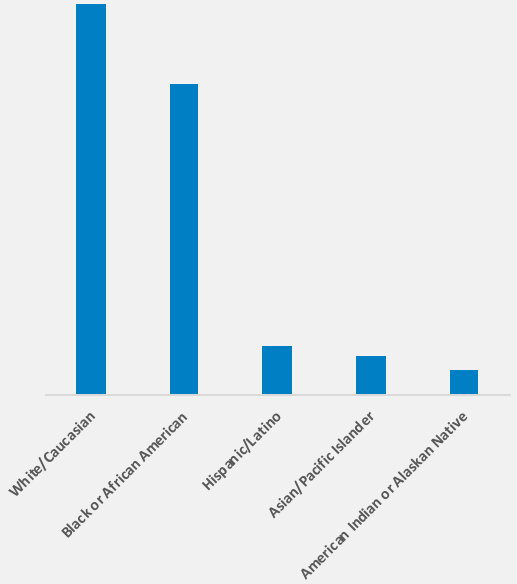
Age



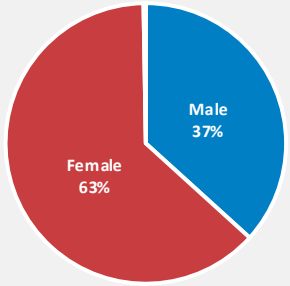
System Involvement



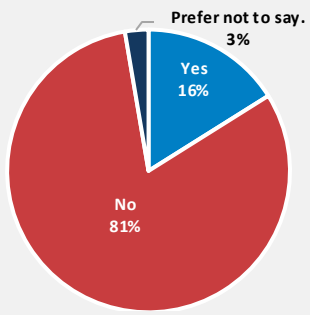
Race



Gender Identity



LGBTQ+ Identity



Zip Code

Findings Overview: Opportunity Youth

Disconnection is rarely a single moment – it's a slow unraveling.

Youth often become disconnected during major life transitions, such as aging out of foster care or juvenile justice, losing housing, or leaving school without a plan. Reconnection is possible – but only when systems meet youth where they are.

Catalysts for Disconnection	Barriers to Reconnection
1 Sudden Loss of Housing or Family Support	• Disconnection often follows a family crisis like death, incarceration, eviction, or rejection. • LGBTQ+ youth are at heightened risk of being pushed out of their homes after coming out. • Youth are told to leave, lose placements, or age out of eligibility without a backup plan. • Temporary arrangements like couch surfing are unstable and deprioritized in housing systems. • ***"My friend let me stay temporarily, but their partner said I had to leave."***
2 Challenges with School and Career Pathways	• Many youth feel unprepared, unsupported, or discouraged by financial and emotional barriers. • School staff often misinterpret disengagement or absences as apathy, not trauma or other psychological/physical barriers. • School is seen as a delay, not a pathway, especially when immediate income is needed to survive. • Career programs often prioritize quick placement over personal goals, leading to disengagement. • Internships are often unpaid or underpaid, and don't materialize into full-time jobs. • ***"School felt like a delay when I needed to make money."***
3 Lack of Navigation and Trust in Systems	• There's no centralized access point for programs, and youth often don't know what they're eligible for. • Services rely on outdated flyers and complex applications that place the burden of navigation on youth. • Past experiences with DCFS, Probation, or school systems erode trust and create fear of surveillance or rejection. • Therapy is stigmatized, especially in gang-involved communities, and many youth feel like "just a number." • ***"It's like trying to climb a mountain with weights tied to your ankles."*** • ***"Long wait times for services and unreliable transportation made it hard to get help."***

“I’m lost on what I really want in my life… I'm really confused, I'm really lost as to what I want for myself.”

- Opportunity Youth

A Deeper Dive: Opportunity Youth & Education

Education is a crossroads – but many are stuck at the edge

Opportunity youth often avoid school not because they don't care, but because school doesn't feel like a viable or safe option. **Many are navigating trauma, financial pressure, and survival needs** that make traditional education feel inaccessible or irrelevant. Reconnection requires more than enrollment – it requires trust and flexibility.

Survey data showed that only 32% of opportunity youth have a high school diploma, and less than 11% have any postsecondary credential. Among those who didn't finish high school or college, the top reasons were:

1. **Lack of motivation / Financial constraints**
2. **Financial constraints / Personal or family responsibilities**
3. **Caregiving responsibilities / Lack of interest in continuing**

Nearly three-quarters of these youth indicated that they were not interested in returning to school – many don't see the value, feel unprepared, or prefer to work. During research sessions, **youth described school as a delay, especially when survival needs were urgent and they felt pressure to contribute to their households**. The opportunity cost of education is too high when youth must choose between attending class and earning money to support themselves or their families.

"Trying to get a kid to sit in a school and go to a classroom vs. a kid going and hustling – money is key."

Youth shared that **school is not just inaccessible, it's unsafe**. Some described walking through gang territories just to get to class, facing threats, robberies, and long commutes that drained their energy before the day even began. When they arrived late or missed school, staff often assumed laziness or defiance, not survival. Disconnected youth also described the **punitive consequences of zero-tolerance school policies** – one slip up could result in expulsion. In these cases, without restorative practices or follow-up support, youth are pushed further into isolation, reinforcing the belief that systems abandon rather than invest in them.

Despite these challenges, many youth demonstrate remarkable resilience, creativity, and leadership in their communities. When given **access to flexible learning environments, mentorship, and wraparound support**, they thrive. Programs that **center youth voices and integrate mental** have shown promising results in re-engaging disconnected youth. Youth have expressed interest in alternative models like hybrid learning, vocational training, and entrepreneurship – approaches that respect their lived realities and build on their strengths.

Survey Data
(n = 373)

Educational Attainment	
Type	**%**
Some High School	30.29%
High School Diploma	32.17%
GED	12.87%
Some College	13.40%
Associate's Degree	2.95%
Bachelor's Degree	6.43%
Technical or Trade Degree	0.80%
Advanced Degree	1.07%

Top 3 Supports Needed to Reconnect with School

1. Financial assistance
2. Flexible class schedules
3. Mental health & counseling support

A Deeper Dive: Opportunity Youth & Work

Work is a pathway – but many youth can't find the on-ramp

Opportunity youth often want to work but face a maze of barriers that make employment feel out of reach. Many are **navigating trauma, caregiving responsibilities, and survival needs** that make traditional job pathways inaccessible or irrelevant. Reconnection requires more than job listings, it requires trust, flexibility, and support.

Youth expressed strong interest in careers that reflect their passions and lived experiences, not just job placements that check a box. Many shared that they were interested in:

- **Service-oriented roles** like healthcare, education, and youth advocacy
- **Creative fields** like graphic design, music, and digital media
- **Skilled trades** like IT, construction, and automotive
- **Entrepreneurship**, with some youth wanting to start businesses like barbershops or catering services

Despite these aspirations, youth felt that workforce lacked flexibility and offered low pay or limited hours. Youth shared that completing trainings doesn't materialize into careers that they're interested in or offer livable wages. The survey revealed that **16.5% of youth who completed a program found a job in the career they wanted**, with the rest indicating that they were still searching, working outside their field, or unable to find employment.

"Lots of opportunities are offered to other people and there's a different quality of life for the people given opportunities for jobs and careers."

Mental health was a recurring theme. Youth navigating trauma, instability, and survival often struggled to focus or commit to job training. **Mental health services were described as intimidating, inaccessible, or stigmatized – especially for young men of color and LGBTQ+ youth**. Programs rarely accounted for emotional readiness, and silence or disengagement was often misread as resistance.

Yet even in the face of these challenges, youth consistently expressed a desire to contribute meaningfully to their communities and build futures that reflect their values. When workforce programs are **co-designed with youth, offer paid pathways, and integrate mentorship and mental health supports**, they can unlock powerful outcomes. Some programs have begun to shift toward trauma-informed, culturally responsive (including non-English speaking) models that recognize healing as foundational to employment readiness. These approaches are showing early promise in increasing engagement, retention, and long-term success.

Survey Data
(n = 373)

Top 3 Reasons for Unemployment

1. Unsure how to find a job that matches skills and interests
2. Personal or family responsibilities that prevent them from working
3. Not interested in working – often due to feeling unprepared or lacking confidence

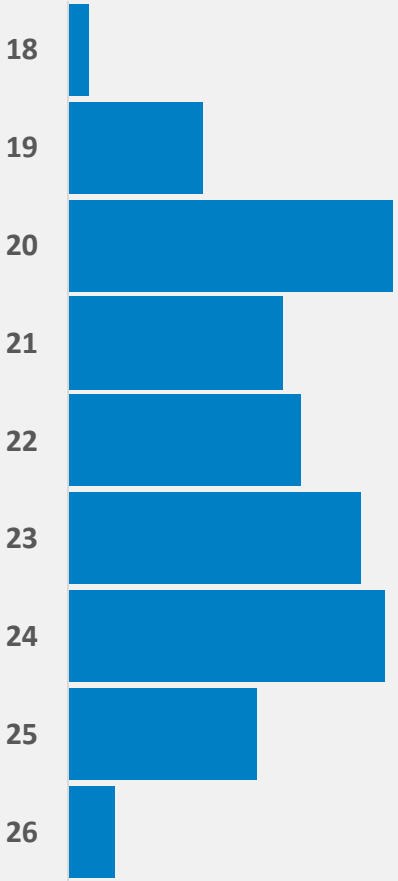
Supports Needed to Reconnect with Work

- Flexible job opportunities (part-time, remote, or adaptable hours)
- Access to job training programs that accommodate their schedule
- Childcare support during job interviews or work hours
- Career counseling, mentorship, and networking opportunities
- Resume writing, interview preparation, and practical workplace skills

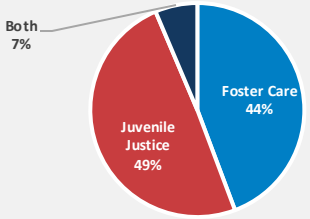
Survey Overview: Transition Age Youth

908 respondents that identified as Transition Age Youth (TAY) participated in the virtual survey. This broad sample allowed us to surface patterns across geographies, service interactions, and lived realities.

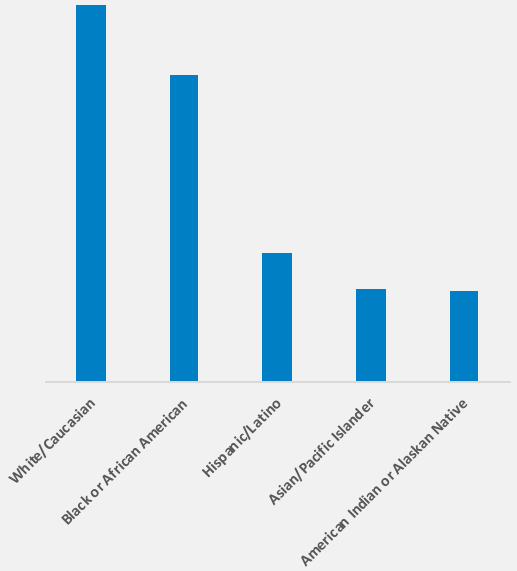
Age



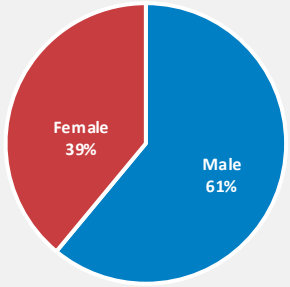
System Involvement



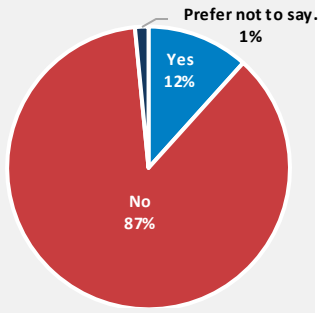
Race



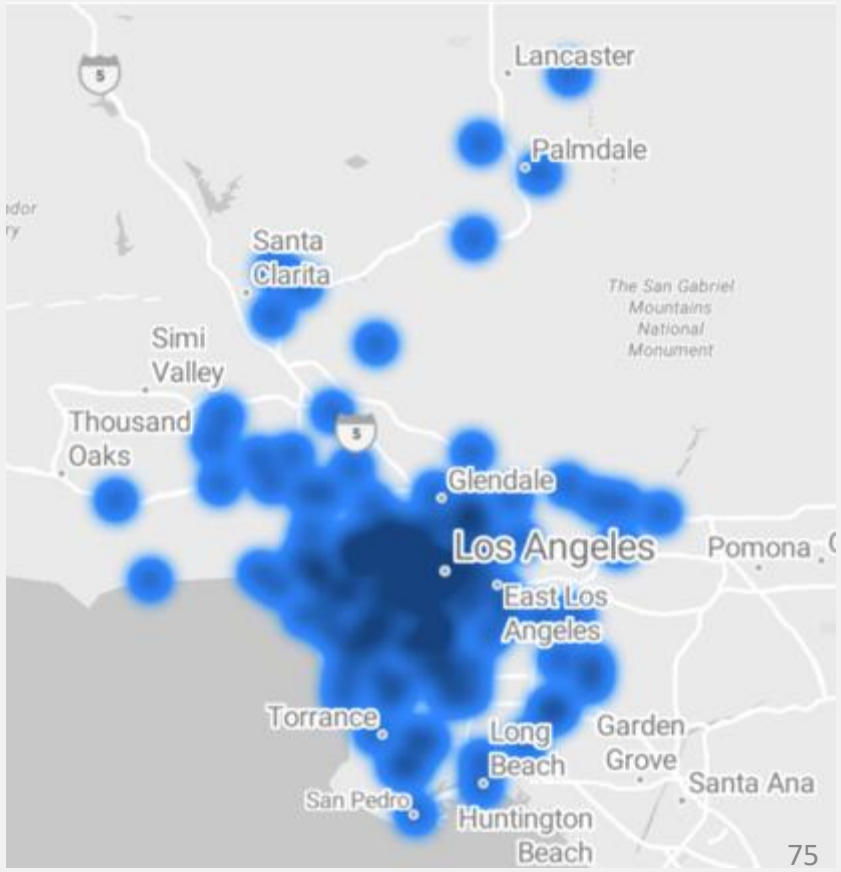
Gender Identity



LGBTQ+ Identity



Zip Code



Findings Overview: Transition Age Youth

Support sometimes ends before stability begins.

TAY exiting systems often face adulthood without the supports needed to thrive. Youth described experiences shaped by instability, unclear pathways, and systems that felt disconnected from their realities.

Experiences Exiting Care	Barriers to Successful Housing Plans
1 Planning That Happens to Youth, Not With Them	• Planning often begins before youth feel emotionally ready and rarely reflects their actual needs or goals. • Youth are expected to make long-term decisions with little support or trust in the adults guiding them. • Caseworker turnover disrupts continuity and leaves youth navigating systems alone. • Youth disengage when services feel judgmental, transactional, or disconnected from their lived experience. • Systems rarely support grief, loss, or trauma during transitions – especially after adoption or reunification. • ***"I just wanted it to be over with… after so long being in the system."***
2 Leaving Systems Without a Safety Net	• Many were unaware of extended care options like AB 12 or didn't trust the system enough to stay engaged. • Youth aren't aware of or connected to culturally-relevant resources (including non-English speaking) within their community. • There is no centralized access point or "one-stop shop" for services, making it difficult to know where to start. • Youth who want to return to biological families often do so without emotional or logistical support. • ***"After the adoption was done, the social workers just left me alone."***
3 Labels and Placement Instability Undermine Trust	• Youth experience dozens of placements and social workers, eroding trust and stability. • Labels like "guarded" or "at-risk" shape how youth are treated, limiting opportunities. • Substance use is often punished rather than supported with treatment, despite being a coping mechanism. • Youth reentering care must recount personal histories to verify eligibility, which can feel retraumatizing. • ***"They get your report, your face sheet, and behind it is all these notes describing how you are."***
4 Reentry That Lacks Individualization and Continuity	• Reentry is often treated as a standardized process, ignoring individual aftercare needs and emotional readiness. • Probation systems emphasize rule enforcement over relationship-building, reinforcing mistrust. • Lack of coordinated handoffs between custody and CBO supports leaves youth unsure if anyone will still be there once they're out. • ***"Lots of opportunities are offered to other people and there's a different quality of life for the people given opportunities for jobs and careers."***

“There were so many different people I had to go through for different things. It took a lot of energy, I would get stressed out easily, I felt like at this point I just didn't want services anymore.”

- AB 12 Youth

A Deeper Dive: Foster Care Youth

Leaving care isn't the exit – it's the beginning of the maze.

For many youth aging out of foster care, the transition into adulthood is marked by uncertainty, disconnection, and a lack of coordinated support. While some youth find stability through programs like AB 12 or THP+, others fall through the cracks – navigating housing instability, emotional exhaustion, and systems that feel impersonal.

Many youth noted that their transition planning started too late – and the **success of their plan was heavily influenced by their social worker's knowledge of supports and programs**. Youth shared that SILPs lacked behavioral health supports, and THP+ programs – while promising – were competitive and oversubscribed, with waitlists stretching up to a year. Staff emphasized that youth whose housing plans failed often had more complex needs like trauma histories, disrupted family ties, and limited life skills. Youth also expressed a desire for more emotionally safe spaces, culturally grounded (including non-English speaking) mentorship, and flexible services that meet them where they are. Youth were expected to self-navigate complex eligibility rules and application processes, often with limited guidance, and many lost placements simply because they couldn't keep up with paperwork or deadlines. One youth noted: ***"[I] couldn't keep up with paperwork requirements and missed deadlines, so I lost the spot."*** **Peer networks became lifelines** as youth learned about reentry options like AB 12 from friends and family who had already navigated the system. These informal channels were more effective than official outreach, underscoring a broader challenge.

Reconnecting with biological families was a deeply held hope for many, but rarely supported in practice and lacked relational healing or therapeutic support. **Reunification was treated as a housing solution, not a relational one, leaving youth to navigate unresolved trauma and strained dynamics alone**. Post-adoption support revealed another systemic blind spot, with youth experiencing a sudden and disorienting drop-off in services once their case was closed. The assumption that permanency ends with legal finalization ignored the reality that stability is a process, not a milestone. When unexpected life changes occurred – such as the death of a caregiver – youth were left adrift, with no safety net or clear pathway back to support. Following adoption, one youth shared that **"The bridge or veil to knowing where resources are has been put up again, and I don't know where to start."**

Social workers who went above and beyond were described as steady presences who built trust over time, celebrated small wins, and showed up in moments of crisis and growth. One youth shared that after a traumatic car accident, **the first person they called was their social worker** – a turning point that led to school enrollment and housing stability. Social workers also helped youth reconnect with siblings and access trauma-informed therapy. Programs like **Guardian Scholars, peer mentorship networks, and drop-in centers** staffed by trauma-informed professionals have also created safe spaces where youth feel seen, heard, and supported. These environments offer not just services, but dignity – a reminder that youth are more than their case files.

Survey Data

(n = 460)

Question & Responses	%
Did your original housing plan change?	
Yes	49.57%
THP	54.39%
SILP	23.68%
Supportive Housing	16.23%
APPLA	3.07%
Other	2.63%
No	50.43%
THP	38.79%
SILP	27.16%
Supportive Housing	25.86%
APPLA	6.03%
Other	2.16%
When did your plan change?	
Within first week	19.30%
Within first month	31.58%
Within first 3 months	31.58%
+3 months later	17.54%
Did you find new housing?	
Yes	66.23%
No	33.77%
Did you seek help finding new housing?	
Yes	71.49%
No	28.51%

“Justice-involved youth often have unique needs when their original housing plan does not work out. Many have experienced trauma, disrupted family ties, and limited financial resources.”

- Staff

A Deeper Dive: Juvenile Justice Youth

Stability requires more than a bed – it requires belonging.

For youth exiting the juvenile justice system, the journey toward stability is shaped by trauma, institutional distrust, and a patchwork of services that often feel more like surveillance than support. Youth noted that programs emphasized compliance over connection, and disengagement was frequently misread as defiance.

Survey data revealed that youth often enter the juvenile justice system during mid-adolescence, with a sharp peak at age 17, just before legal adulthood. This late entry point suggests that **many interventions come too late to prevent deeper system involvement**. Once inside, youth encounter rigid structures that prioritize rule enforcement over relationship-building. Probation is frequently described as punitive and impersonal, reinforcing the very disconnection it aims to prevent.

Youth exiting custody often face abrupt transitions with little continuity. Staff acknowledge release planning lacks coordination, and follow-up is rare due to policy restrictions, high caseloads, and the absence of dedicated units. Youth must self-navigate complex systems where youth describe feeling like "just a number," saying ***"the system is built to deplete you of your spirit and hope."*** **Step-down THPs (with clear regulations and structured support) have high success rates** and are often described as stabilizing environments. These programs offer consistency, mentorship, and pathways to independence. However, the proliferation of unregulated THPs presents serious challenges as they lack formal oversight.

Therapy is stigmatized, especially in gang-involved communities, and many youth fear judgment or exposure. **Help-seeking feels risky** in systems that criminalize coping and discourage honesty. Youth who are ready to engage often face **long waitlists, provider shortages, and bureaucratic delays** that leave healing up to luck rather than design.

Gang involvement remains a powerful force in the lives of justice-involved youth. For many, **gangs offer a sense of belonging, protection, and identity** that systems fail to provide. The **absence of community-rooted, culturally relevant** (including non-English speaking) **prevention programs leaves youth vulnerable to recruitment**. Institutional programs inside juvenile facilities are often compliance-driven, not trauma-responsive. Resistance is labeled as defiance rather than a survival response to harm.

Critical messengers (often mentors/staff with lived experience) play a transformative role in bridging the gap between custody and community. But their true impact is realized when that relationship continues after release. Programs **that eliminate the gap between confinement and community** – through coordinated handoffs, relational probation, and trauma-informed mentorship – show promise in increasing engagement and reducing recidivism.

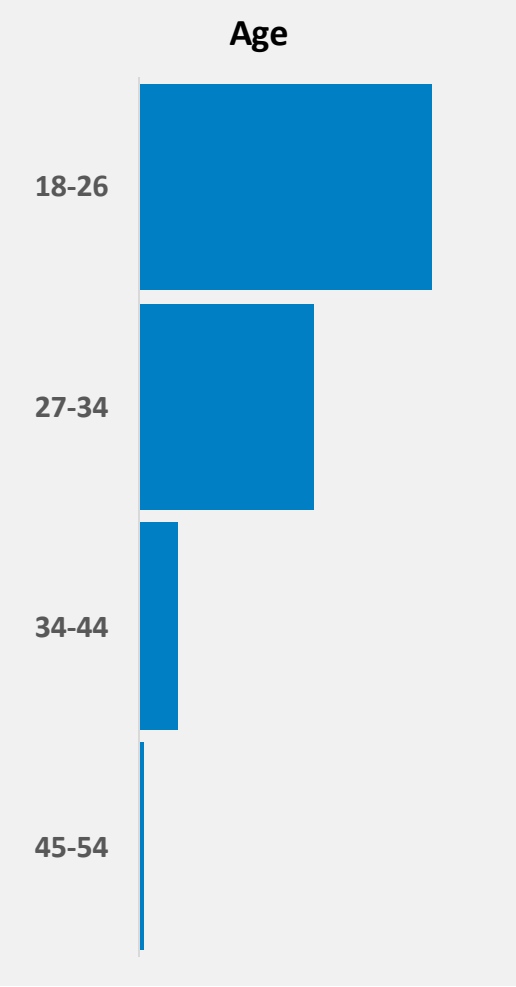
Survey Data

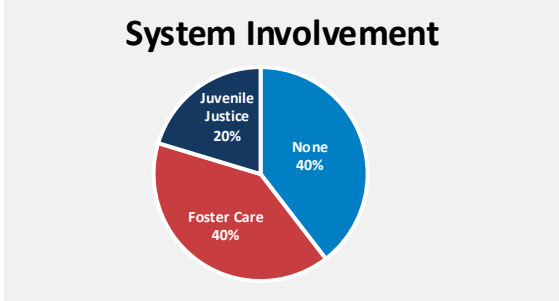
(n = 506)

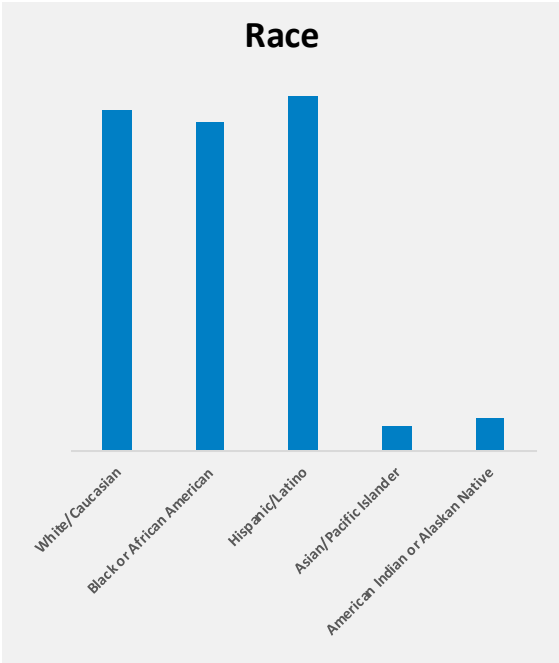
Question & Responses	%
Did your original housing plan change?	
Yes	71.34%
THP	43.13.%
SILP	28.30%
Supportive Housing	26.96%
APPLA	1.35%
Other	0.27%
No	28.66%
THP	32.41%
SILP	25.52%
Supportive Housing	33.10%
APPLA	4.83%
Other	4.14%
When did your plan change?	
Within first week	24.93%
Within first month	35.73%
Within first 3 months	25.18%
+3 months later	4.16%
Did you find new housing?	
Yes	89.47%
No	10.53%
Did you seek help finding new housing?	
Yes	92.24%
No	7.76%

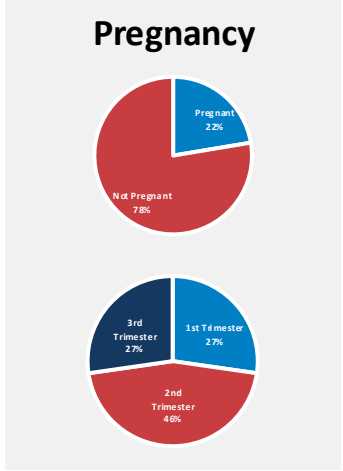
Survey Overview: Women with Young Children

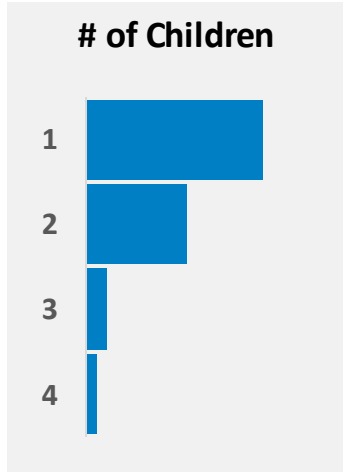
295 respondents that identified as Women with Young Children participated in the virtual survey. This broad sample allowed us to surface patterns across geographies, service interactions, and lived realities.

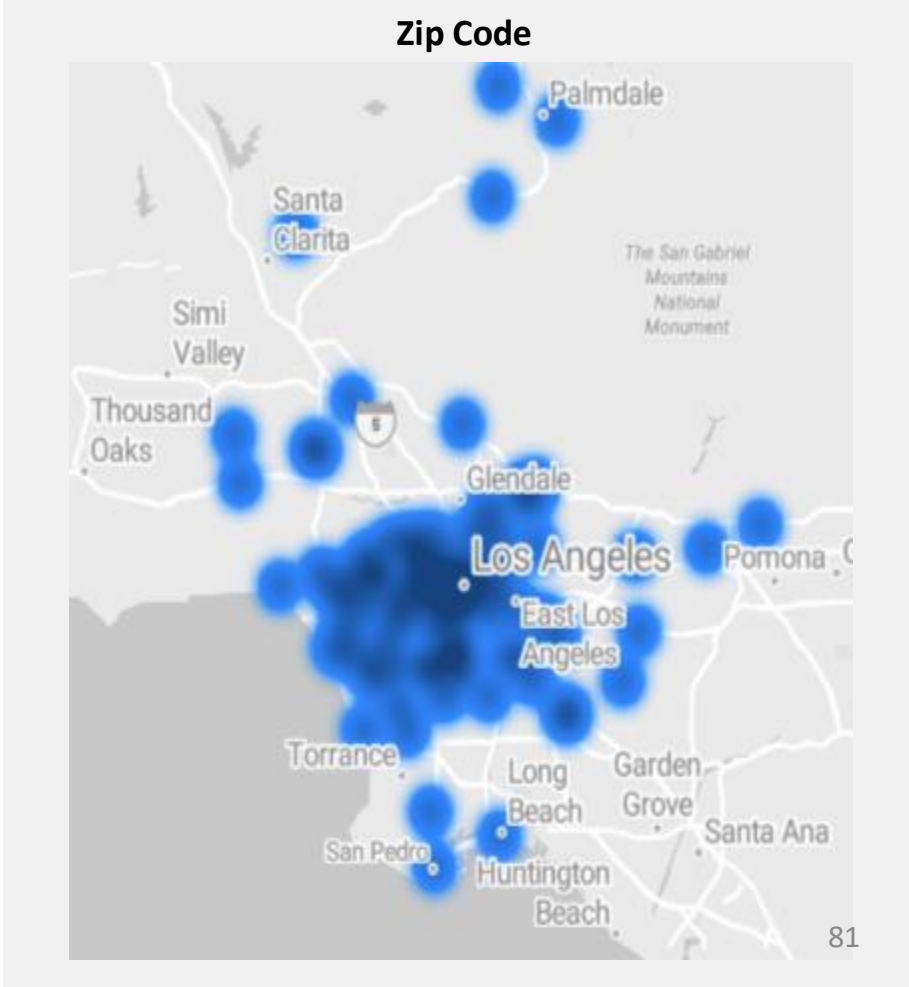












Findings Overview: Women with Young Children

Confusion is the first step in seeking help.

For many women with young children, accessing basic services like healthcare, food, or housing support means navigating a maze of disconnected systems. Each agency has its own rules, timelines, and processes, often leaving families confused, overwhelmed, and without clear answers.

Ability to Access Care	Barriers to Accessing Services
1 Fragmented Access and System Navigation Challenges	• Women often face a maze of disconnected services with unclear eligibility rules, long wait times, and inconsistent follow-up. • Even when programs like Medi-Cal, WIC, or CalFresh are technically available, navigating them requires time, digital literacy, and persistence that many don't have. • Lack of coordination across hospitals, departments, and programs leads to missed opportunities for support, especially during postpartum recovery. • ***"I felt lost. Every office had a different answer, and the websites were confusing."***
2 Emotional Risk and Mistrust in Systems	• Many mothers, especially Black women, fear that seeking help, particularly for mental health, could trigger surveillance or child welfare involvement. This fear leads to silence, avoidance of therapy, and emotional isolation during critical periods. • Mothers indicated that they were unable to identify the symptoms of postpartum depression and wouldn't know who to ask for help. • The burden of "performing stability" during home visits or intake appointments adds stress. • ***"Black women are supposed to be strong… asking for help isn't always safe."***
3 Economic Insecurity Compounded by "Making too Much" for Services	• Rigid income thresholds disqualify families from essential benefits, even when they are struggling to afford rent, childcare, and healthcare. • The system often fails to account for caregiving labor, co-pays, or regional cost of living, leaving working families without a safety net. • ***"[My benefits denial letter] didn't mention the $2,800 rent, the $400 grocery bill, or the $300 I spent on co-pays."***
4 The Role – and Limits – of Community-Based Support	• CBOs and home visiting programs like Welcome Baby provide relational care that builds trust and emotional safety. • When embedded in hospitals and delivered by culturally responsive (including non-English speaking) staff, these programs can interrupt cycles of isolation and mistrust. • Access to key services is uneven and often dependent on geography, hospital affiliation, or chance encounters – leaving many families unsupported. • ***"[My home visitor was] an angel sent from God because I was very depressed."***

“Black women are supposed to be strong, resilient. We get beaten down by life and asking for help is not always chalked up to what it seems based on how we were raised to be strong.”

- Woman with Children

A Deeper Dive: Prenatal Care

Too much to carry, too little support.

Pregnancy can be a time of hope, uncertainty, and overwhelming responsibility, especially for women navigating it with limited resources. But instead of feeling supported, many expectant mothers described a system that offered help in ways that didn't meet them where they were.

For many pregnant women in LA County, the journey to accessing prenatal services begins with a flyer – handed out in a clinic waiting room or tucked into discharge paperwork. But when you're juggling work, school, childcare, and the emotional weight of pregnancy, that **flyer often ends up buried under bills and baby supplies**. Women described rushed clinic visits, where providers had limited time to explain benefits or make warm handoffs. Instead of coordinated care, they were given lists of programs with **little guidance on how to apply or eligibility.** Digital systems like BenefitsCal and WIC portals were **filled with jargon and unclear steps**, leaving women to guess their way through eligibility.

Transportation and childcare barriers made it hard to attend appointments, and the emotional toll of navigating these systems alone was heavy. Some women relied on family or friends to help interpret flyers or coach them through what to say at the DPSS office. Others gave up after being told they were in the wrong place or didn't qualify. One mom shared, ***"I wish the programs understood how much we're already juggling. I'm working, studying, and trying to be a good mom – just give me a little grace."***

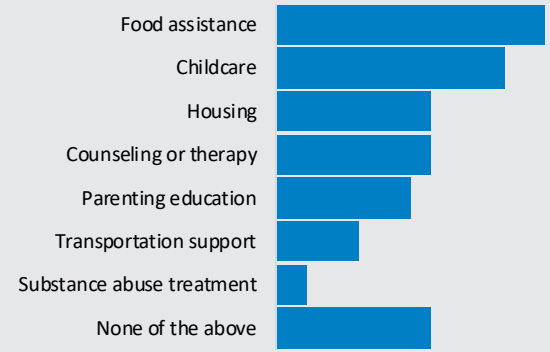
For young women who had previously been in foster care, **pregnancy often brought a new layer of fear around re-engaging with systems**. While programs like AB 12 could offer housing and financial support, the emotional cost felt too high. For some, the fear wasn't just about their own experience, it was about what might happen to their child. One mom shared, ***"This is a scary situation. I would not put myself in that situation… To reopen a DCFS case for what… just to get housing? No, no, no. There's other alternatives."*** Even when trusted adults like former social workers suggested AB 12 as a pathway to stability, the reaction was often visceral – tense, guarded, and filled with worry that any misstep could lead to child welfare involvement.

Mothers who preferred to access services through the County noted that these programs felt more trustworthy, familiar, and safe. They described **County services as easier to access, more reliable, and better known** – especially when juggling multiple responsibilities. The official status of County programs gave them **confidence that the support would be consistent and legitimate**. Many appreciated the ability to access multiple services in one place, reducing the need to navigate disconnected systems.

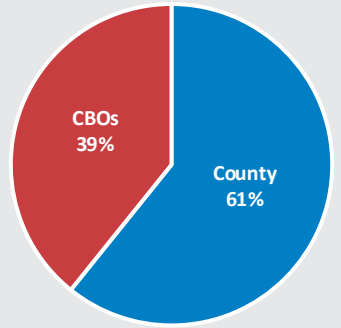
Survey Data

(n = 66)

Services Currently Received



Preferred Place to Receive Services



Top 3 Reasons for Not Receiving Services

1. Unsure if eligible
2. Not sure how to apply
3. Don't know what services exist

A Deeper Dive: Postnatal Care

Postpartum care that feels conditional, confusing, or out of reach.

Postpartum recovery is a vulnerable time – physically, emotionally, and financially. Moms reported that the systems meant to support them felt distant, confusing, or even threatening. From inaccessible mental health care to unclear benefit rules, the journey after birth was often marked by exhaustion, isolation, and confusion.

After giving birth, many mothers were met with confusion, fear, and silence. Mental health support was described as either **inaccessible due to cost or emotionally unsafe due to fear of surveillance**. **Black mothers feared that disclosing emotional struggles could trigger child welfare** involvement. Many moms expressed a **desire for someone to talk to who wasn't family** who was neutral, trained, and emotionally safe. Even when surrounded by relatives, the emotional weight of postpartum recovery was often carried alone. Moms shared that they weren't able to identify signs of postpartum depression, with one sharing, ***"I was depressed for a whole year. I didn't know what postpartum was until after."***

Mothers of children with disabilities described feeling disconnected from other parents and unsure where to turn for support. They wanted to be part of communities that understood their experiences. ***"There wasn't that much help. It would have been nice to be introduced to a support network, regardless of how small it is."***

Home visiting programs embedded in hospitals and delivered by culturally responsive staff, were described as lifelines. Parent coaches built long-term relationships with mothers, helping them access therapy, early intervention, and public benefits. But access was confusing as some mothers received home visits for one child but not another. Eligibility seemed to depend on hospital location or timing which left families confused and frustrated. ***"They were there for my first and third, but not my second. I still don't know why,"*** one mom shared.

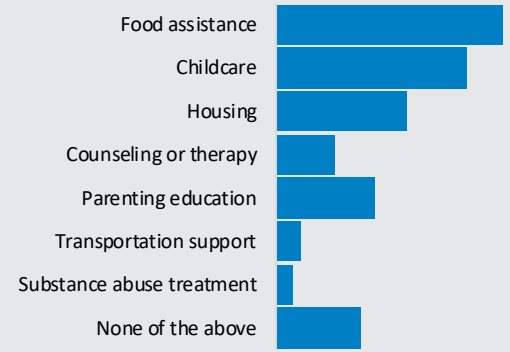
Even when mothers had legitimate needs, **income-based thresholds often disqualified them**. They were told they "made too much" for benefits, despite having no disposable income. Rent, groceries, diapers, and co-pays added up quickly, and the **system rarely accounted for caregiving labor or cost of living**. Navigating insurance was described as exhausting and demoralizing. Moms spent hours on hold, chasing paperwork, and re-submitting documents just to keep coverage active. ***"It took months to get reactivated despite them having all the info. I had to chase after them while working and parenting."***

County enforcement actions – like initiating child support – sometimes occurred without client consent. These actions **fractured co-parenting relationships and added stress to already fragile family dynamics**.

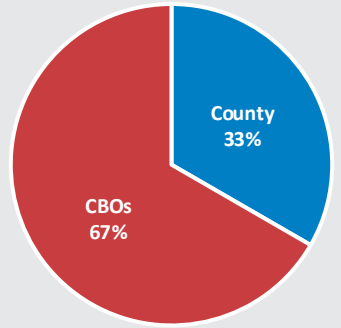
Survey Data

(n = 229)

Services Currently Received



Preferred Place to Receive Services



Top 3 Reasons for Not Receiving Services

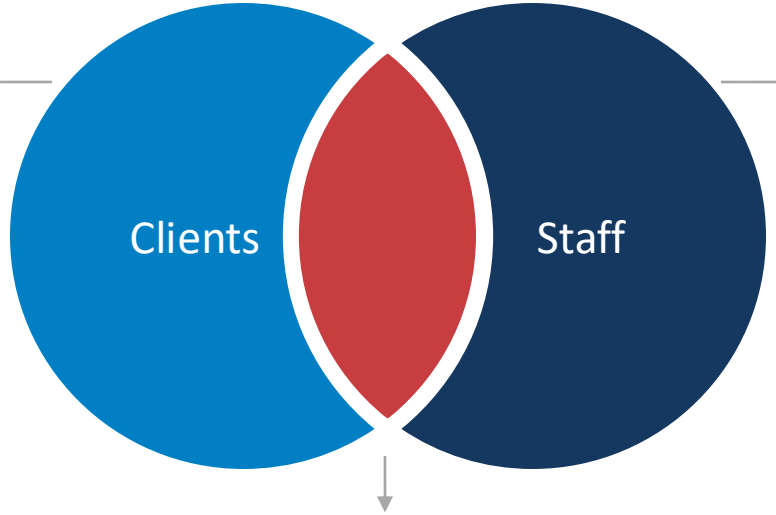
1. Unsure if eligible
2. Not sure how to apply
3. Don't know what services exist

Thematic Analysis of Findings

An Introduction: Commonly Heard Challenges

Both clients and staff describe a system that **is difficult to navigate, overly rigid, and often out of sync with real-world needs**. From confusing eligibility rules to fragmented services and a lack of follow-up, the design of current policies and practices creates barriers that undermine trust, limit access, and strain those trying to give or receive support. Although the list below does not capture every finding, it **highlights commonly heard challenges across clients and staff**.

- **Eligibility rules are rigid and misaligned with real life:** Clients are often denied services unless they meet narrow definitions (e.g., visibly homeless, in crisis). Income thresholds ignore caregiving responsibilities, cost of living, and survival realities.
- **Stigma and fear block access**: Clients often avoid services due to fear of being judged or surveilled.
- **Rigid systems feel unsafe**: Zero-tolerance school policies, punitive program rules, and inflexible eligibility criteria push youth out rather than pull them in.
- **Informal networks fill system gaps**: Clients often learn about services through friends, mentors, or community, not formal outreach.



- **Burnout and emotional fatigue are widespread**: Staff report compassion fatigue, high caseloads, and limited support for their own mental health.
- **Training is inconsistent and reactive**: Many staff learn key processes through trial and error, with limited onboarding or trauma-informed training.
- **Roles are unclear and overly broad**: Staff often feel like "everyone is doing everything," leading to confusion, inefficiency, and diluted accountability.
- **Manual workarounds are the norm:** Without centralized tools or shared infrastructure, staff rely on personal folders, email chains, and informal networks to coordinate care.

- **Everyone struggles to navigate fragmented systems**: both clients and staff face confusion, delays, and missed opportunities while trying to navigate systems.
- **Services are hard to find and understand:** Staff and youth report challenges understanding eligibility for different services and identifying updated resources.
- **Co-location is a shared bright spot**: when services are physically or operationally integrated, both groups report better access, trust, and follow-through.
- **Continuity of care is missing**: once clients exit a system, there's often no structure for follow-up – staff lose visibility and policy discourages outreach, and youth feel abandoned.

Thematic Analysis: Client Findings

Through research activities with individuals with lived experience, several key categories emerged that highlight **what makes systems feel supportive – and what still gets in the way**.

1. Access & Equity

The fairness and clarity of pathways to services, including how eligibility is determined and how easily individuals can navigate systems to get support.

2. Relationship-Centered Support

The quality and consistency of personal connections between individuals and staff, emphasizing trust, empathy, and continuity over time.

3. Healing & Identity Affirmation

The extent to which systems create emotionally safe, culturally aligned (including non-English speaking) spaces that support personal healing and affirm lived experience and identity.

4. Youth-Led Pathways to Growth

The degree to which systems support youth in setting and pursuing their own goals – educational, creative, or career-related – on their own terms.

5. Community & Peer Connection

The role of peer relationships and informal networks in fostering belonging, trust, and reengagement outside of formal systems.

Access & Equity: Findings

Access and equity emerged as a critical theme across conversations, especially with youth from marginalized communities like those at the LGBT Center. Their stories revealed how **eligibility rules, documentation barriers, and system design often feel confusing, unsafe, or out of reach**, which reinforces fear and mistrust instead of offering support.

1. **Eligibility Rules Are Rigid and Misaligned**
   - Clients are often denied services unless they meet narrow definitions (e.g., visibly homeless, in crisis).
   - Income-based thresholds ignore caregiving responsibilities, cost of living, and real-life expenses, which leads to denied support for families who have no disposal income – forcing them to choose between survival and stability.
   - Youth from mixed-status families fear applying for services due to immigration risks.
   - **Bright Spot**: When staff proactively explain eligibility and advocate for clients, access improves – especially when they help clients reframe their situation in language systems recognize.

2. **Documentation and ID Barriers**
   - Lack of ID, birth certificates, or SSNs blocks access to housing, jobs, and benefits.
   - Youth noted challenges and/or significant delays with getting their case files.
   - Youth shared stories of identity theft by biological parents, making it impossible to open bank accounts or apply for housing.
   - **Bright Spot**: Some CBOs offer help recovering documents or navigating identity theft, but these services are not widely known or funded.

3. **Digital Access and Literacy Gaps**
   - Many clients lack access to a computer, phone, or reliable internet.
   - Digital systems require persistence, literacy, and time – resources many don't have.
   - Even when tools exist, they're often filled with jargon and not user-friendly.
   - **Bright Spot**: Some clients appreciated being able to complete applications online when supported by staff or peer navigators who walked them through the process.

4. **System Navigation Is Overwhelming**
   - Clients are unsure where to go, how to sign up, or what they're eligible for.
   - Flyers and websites are often outdated, overwhelming, or inaccessible.
   - Intake systems are rigid and don't capture nuance; clients often say "I'm fine" to avoid deeper questions.
   - **Bright Spot**: Peer-led navigation and trauma-informed intake practices help bridge trust gaps and reduce confusion.

5. **Fear, Stigma, and Mistrust Undermine Access**
   - Youth and families fear surveillance, judgment, or being labeled when seeking help.
   - Past negative experiences with systems (e.g., DCFS involvement) lead some to avoid services altogether.
   - Seeking help is often seen as risky, not safe.
   - **Bright Spot**: When staff lead with empathy and/or lived experience, clients feel safer and more willing to engage.

“We aren't designing using a human-centered approach. This is solvable if government focuses on user-centered design."

- Staff

Relationship-Centered Support: Findings

Across interviews and journey mapping sessions, clients consistently emphasized that **relationships with staff were just as important as the services themselves**. When trust, empathy, and consistency were present, clients felt safe enough to engage. But when relationships were disrupted or impersonal, many disengaged – even when help was available.

1. **Staff Turnover and Disrupted Continuity**
   - Youth described frequent caseworker changes as abrupt and uncommunicated.
   - Each transition forced them to retell painful stories, which was emotionally exhausting.
   - Positive relationships with staff were often broken by promotions, emergencies, or transfers.
   - **Bright Spot**: When transitions were handled with transparency and warm handoffs, youth felt respected and more willing to stay engaged.

2. **Feeling Like "Just a Number"**
   - Youth said they felt like "just a number" in public systems.
   - Services felt transactional, rushed, and focused on paperwork rather than connection.
   - Youth disengaged when they sensed staff didn't care or were just "checking boxes."
   - **Bright Spot**: Youth felt affirmed when staff remembered their name, followed up, or showed genuine interest in their goals and wellbeing.

3. **No Follow-Up After Exit**
   - Youth reported that once they exited a program or aged out of care, support ended abruptly.
   - There was no structure for ongoing contact, and they often didn't know where to turn next, which left them feeling disconnected and unsupported during critical transitions.
   - **Bright Spot**: Programs that offered alumni check-ins, peer mentorship, or informal follow-up helped youth feel like they still mattered

4. **Rigid Intake Undermines Connection**
   - Intake processes were described as cold, rushed, and overly focused on documentation.
   - Systems prioritized compliance over care, making it hard to build trust.
   - **Bright Spot**: Trauma-informed intake (most commonly used at CBOs and drop-in centers) – where staff led with warmth, listened first, and met immediate needs – helped youth feel safe enough to engage.

5. **Trust is Built Through Consistency**
   - Youth emphasized that trust wasn't built through one-time gestures – it came from staff who showed up consistently, followed through, and didn't give up on them.
   - Even small acts like remembering a birthday or checking in after a missed appointment made a difference.
   - **Bright Spot**: Staff who lead with empathy, presence, and cultural humility foster healing and long-term engagement.

“I wish my social workers weren't spread thin.. they would've gotten to know who I really am.”

-Foster Youth

Healing & Identity Affirmation: Findings

Clients consistently emphasized that healing is not just about accessing services, it's **about feeling emotionally safe, culturally understood, and affirmed in their identity**. When systems failed to recognize trauma or imposed labels, many disengaged. But when care was trauma-informed and culturally aligned, clients described those spaces as transformative.

1. **Therapy Feels Risky, Not Safe**
   - Youth and mothers feared that seeking therapy could lead to surveillance or child welfare involvement.
   - Black mothers described therapy as emotionally unsafe due to racial bias and fear of being reported.
   - Youth in gang-involved communities said therapy was stigmatized or felt like punishment.
   - Youth expressed interest in alternative therapies, like video games, field trips, nature walks, etc.
   - **Bright Spot**: When therapy was delivered by culturally aligned providers with lived experience, it became a space for healing rather than surveillance.

2. **Retelling Trauma Undermines Healing**
   - Youth described therapy fatigue from having to restart their healing process with every new provider or placement.
   - Constantly retelling their story made it feel like it no longer belonged to them.
   - Intake systems often reduced complex experiences to labels like "guarded" or "at-risk."
   - **Bright Spot**: Trauma-informed intake that prioritized listening and emotional readiness helped youth feel safe enough to engage.

3. **Labels and Case Files Shape Identity**
   - Youth said their "face sheet" followed them across placements, shaping how staff treated them.
   - Being labeled limited opportunities and reinforced shame.
   - **Bright Spot**: Staff who saw youth beyond their file – who asked about goals and affirmed strengths – helped rebuild identity and trust.

4. **Cultural Alignment Builds Trust**
   - Youth were more likely to engage when staff understood their cultural background and didn't require them to defend or explain their trauma.
   - LGBTQ+ youth and youth of color described feeling unseen or judged in mainstream programs.
   - **Bright Spot**: Programs that offered gender-affirming care, spiritual support, or culturally grounded mentorship created spaces of belonging.

5. **Healing Requires Time and Presence**
   - Youth said healing couldn't be rushed or forced. They needed time to build trust and feel emotionally ready.
   - Systems often expected immediate engagement, missing quiet moments of vulnerability.
   - **Bright Spot**: Staff who showed up consistently, offered low-pressure support, and followed through created rare spaces for emotional safety.

6. **Employment and Mentorship Reinforce Identity**
   - Youth found healing in jobs that offered mentorship, gradual responsibility, and belief in their potential.
   - **Bright Spot**: When work settings prioritized belonging and growth, youth felt affirmed and motivated. Youth noted that mentorship and peer relationships are key for their success.

Youth-Led Pathways to Growth: Findings

Youth consistently shared that they want more than services – they want agency. Whether pursuing education, creative passions, or career goals, they emphasized **the importance of being heard, having choices, and setting their own direction**. When systems made decisions for them or prioritized quick fixes over long-term growth, youth felt unseen.

1. **Education Feels Like a Delay, Not a Pathway**
   - Youth described school as a barrier when survival needs made income more urgent.
   - Traditional education felt inaccessible, irrelevant, or unsafe, especially for youth navigating trauma or gang territories.
   - Zero-tolerance policies and lack of restorative practices pushed youth out of school.
   - **Bright Spot**: College trips, hands-on support (e.g., Guardian Scholars), and social workers who go above and beyond helped youth see education as achievable and worth pursuing.

2. **Career Programs Prioritize Placement Over Passion**
   - Workforce programs often focus on quick job placement, not long-term goals.
   - Youth felt boxed into low-wage jobs or roles that didn't reflect their interests.
   - Creative and entrepreneurial aspirations were rarely supported.
   - **Bright Spot**: Mentors who aligned short-term stability with long-term dreams helped youth feel hopeful and motivated.

3. **Internships and Training Don't Lead to Livable Wages**
   - Many internships were unpaid or underpaid, and didn't lead to full-time jobs (despite program promises that completion would materialize into a job)
   - Youth wanted paid opportunities that respected their time and offered real career pathways.
   - **Bright Spot**: Programs that offered stipends for participation, flexible hours, and skill-building were more engaging and effective.

4. **Youth Voice Is Overridden by Adult Decision-Making**
   - Youth described planning processes as performative, where decisions were made by adults without their input.
   - Services often assumed readiness or interest without asking youth what they actually wanted or needed.
   - Staff made long-term decisions on behalf of youth, sometimes before youth felt emotionally ready.
   - **Bright Spot**: Youth shared that when they had advocates on their behalf, they receive more consistent care and were better listened to.

5. **Consistent Youth Voice Is Missing in Program Design**
   - Youth felt disconnected from decisions that shaped their services.
   - Programs were often designed without authentic youth input, leading to low engagement.
   - **Bright Spot**: Youth-led initiatives, advisory boards, and co-design spaces helped youth feel heard and invested.

6. **No Clear Pathways for Creative or Entrepreneurial Goals**
   - Youth interested in arts, media, or starting a business struggled to find support.
   - Systems lacked formal pathways for non-traditional careers.
   - **Bright Spot**: When youth were connected to mentors or programs that embraced their vision (e.g., barbershops, nonprofits), they thrived.

Community & Peer Connections: Findings

Across all populations, clients emphasized that healing and reengagement often begin outside of formal systems. **Peer relationships and informal networks through friends, mentors, older siblings, and community members played a critical role** in helping individuals feel safe, informed, and motivated to access resources.

1. **Peer Networks Fill System Gaps**
   - Individuals often learn about programs like AB 12, housing, job training, and resources through friends and family, not formal outreach.
   - Informal networks are more trusted and accessible than official channels.
   - **Bright spot**: Youth reported that their friend's engagement encouraged them to reenter care, showing how lived experience can bridge systemic distrust. Clients also reported the community centers provided outlets to build community and connect with others.

2. **Peer Mentorship Transforms Fear into Empowerment**
   - Youth described peer mentors as critical to navigating intimidating systems like benefits, housing, and education.
   - Shared lived experience made mentors feel safe and relatable.
   - Youth shared confusion around how to find mentors.

3. **Informal Networks Provide Survival Support**
   - In the absence of accessible food, safety, and mentorship, youth turn to informal networks (sometimes gangs) for protection and belonging.
   - These networks meet basic needs when systems fail.

4. **Culturally Grounded Community Spaces Are Rare but Powerful**
   - Youth described a lack of affirming, identity-safe spaces in their neighborhoods.
   - When culturally relevant programs existed (including non-English speaking), they fostered connection and healing.
   - **Bright Spot**: DYD's community-based model – Heart of Youth Justice Reimagined – was praised by youth for integrating cultural practices and youth voices into programming.

5. **Male Mentorship is Critically Missing**
   - Many boys raised in female-led households lacked access to emotionally available male role models, leaving youth to search for identity and guidance in risky environments.

Thematic Analysis: Staff Findings

Through research activities with County and CBO staff, several key categories emerged that reflect shared experiences in providing services. These themes highlight **what supports staff in showing up fully – and what makes it harder to do so**.

1. Workforce Sustainability & Emotional Resilience
The capacity of staff to maintain their well-being and effectiveness over time, shaped by caseloads, emotional demands, and recovery supports.

2. System Navigation & Coordination
The ability of staff to move across departments and programs, connect services, and support continuity of care despite fragmented infrastructure.

3. Training, Tools & Knowledge Infrastructure
The systems and resources that equip staff with the information, guidance, and skills needed to serve clients confidently and consistently.

4. Service Design & Role Clarity
The structure and expectations of staff roles, including how well they support personalized, flexible, and client-centered engagement.

5. Policy-Practice Alignment
The degree to which rules, funding, and protocols reflect the realities staff face – and support rather than constrain responsive care.

Workforce Sustainability & Emotional Resilience: Findings

Staff across departments described the emotional toll of their work – balancing high caseloads, limited resources, and the weight of client trauma. Many shared that burnout and compassion fatigue were common, especially when support systems for staff were inconsistent or unavailable.

1. **Burnout and Compassion Fatigue Are Widespread**
   - Staff described emotional exhaustion from working with deeply traumatized clients, often without time to process. They wished that there were more mental health resources onsite for their wellbeing.
   - High caseloads and limited relational continuity made it difficult to build trust or follow through.
   - Some staff reported feeling numb or disconnected after years in the field.
   - **Bright Spot**: Regular check-ins and a "family-like" team culture helped staff feel emotionally grounded.

2. **Caseloads & Capacity Are Unsustainable**
   - Staff described juggling 60+ youth or families, with no time to build meaningful relationships or follow through.
   - Probation staff noted that major staff shortages have pulled Probation Officers (POs) from the field to staff juvenile halls, creating large caseloads for the few remaining POs.
   - Social worker and PO turnover only compounds caseloads, leaving staff feeling overwhelmed.

> *Not enough front-line staff working with clients, especially when so much data entry and last-minute requests are made.*
>
> ***- Staff***

System Navigation & Coordination: Findings

Staff described the challenge of **navigating fragmented systems** while trying to support clients. Without shared infrastructure, clear handoff protocols, or cross-agency visibility, coordination often relied on individual effort and informal workarounds.

1. **Fragmented Systems Create Gaps in Care**
   - Staff described having to manually bridge gaps between disconnected systems like DCFS, DPSS, DMH, and LAHSA – which was difficult and required significant manual efforts to identify the right point of contact at different departments.
   - Lack of shared data systems and referral tracking leads to missed opportunities and duplicated efforts.
   - Inability to see the full view of a client and their comprehensive services made comprehensive care more challenging.

2. **Warm Handoffs Are Inconsistent or Nonexistent**
   - Transitions between departments often lacked structure and enforceable policy, leaving youth and families confused and unsupported in transitions.
   - Staff noted that without intentional coordination, momentum toward permanency or stabilization was frequently lost.

3. **Staff Must Navigate Without Shared Infrastructure**
   - Many staff reported relying on email chains, word of mouth, paper forms, and phone calls to track housing openings, benefits status, and service referrals.
   - **Bright Spot**: High-performing teams developed shared repositories for tracking available resources, but noted that it's a significant manual effort.

> *We face challenges with communication gaps between agencies, different eligibility requirements, fragmented systems causing gaps in care.*
>
> ***- Staff***

Training, Tools & Knowledge Infrastructure: Findings

Staff consistently shared that their **ability to serve clients confidently and consistently depends on the tools and training they receive**. But across departments, training was often reactive, fragmented, or missing altogether, especially around trauma-informed care.

1. **Training Is Inconsistent and Often Reactive**
   - Staff reported learning key processes (e.g., AB 12 eligibility, housing referrals) through trial and error or informal peer guidance.
   - Staff expressed frustration with policy documents that were too long or frequently changed, making it hard to stay current.
   - New staff lacked standardized onboarding, leading to varied practices and confusion.

2. **Trauma-Informed Training Is Critically Missing**
   - Staff repeatedly noted a lack of trauma-informed training, especially for those working with youth who have experienced deep emotional and systemic harm.
   - Staff felt unprepared to respond to youth in crisis or build trust with those carrying trauma

3. **Staff Rely on Informal Tools to Fill Gaps**
   - Many staff used Google, ChatGPT, or personal folders to find updated eligibility rules, referral contacts, and program details.
   - Lack of centralized, searchable directories made it hard to share accurate information with clients.
   - **Bright Spot**: Some teams created shared resource repositories or cheat sheets to reduce duplication and improve consistency.

4. **Cross-Departmental Knowledge Is Limited**
   - Staff often lacked awareness of programs outside their department or team, which led to missed referrals, misinformation, and client frustration.
   - **Bright Spot**: Offices with embedded liaisons (that were well-trained and consistently staffed) or cross-training sessions saw stronger coordination and better client outcomes.

5. **Digital Systems Are Fragmented and Time-Consuming**
   - Staff described spending hours navigating multiple platforms to track referrals, eligibility, and service history.
   - Staff also shared that a significant amount of their time is spent on completing manual administrative activities.
   - Staff spent significant time troubleshooting tech issues or printing/scanning documents for clients.
   - Manual tracking led to errors, delays, and missed deadlines.

Service Design & Role Clarity: Findings

Despite their commitment to supporting clients, **staff describe being constrained by rigid structures, unclear expectations, and fragmented systems**. Instead of enabling personalized, relational care, service design often pushes staff into transactional roles focused on compliance, paperwork, and navigating disconnected platforms.

1. **Staff Roles Are Often Transactional and Rigid**
   - Staff feel limited to transactional tasks, unable to offer holistic support or build meaningful relationships with clients due to caseload.
   - Intake processes are described as cold and compliance-driven, undermining trust and connection.
   - Staff are expected to move quickly despite the complexity of youth needs, which compromises care quality.

2. **Role Expectations Are Unclear and Inconsistent**
   - Staff report that roles and responsibilities are not well defined, leading to confusion and finger-pointing.
   - There's inconsistency in role expectations, creating inconsistency in care for clients.
   - Everyone is "trying to do everything," which dilutes accountability and creates inefficiencies.
   - There's no formal structure for ongoing contact after clients exit systems, leaving staff disconnected from long-term outcomes.

3. **Oversegmentation and Siloed Systems**
   - Staff describe the system as oversegmented, with departments operating in silos, leading to duplication, inefficiency, and missed opportunities for coordinated care.
   - Staff feel disconnected from backend systems that affect service delivery, and often must manually bridge gaps across fragmented infrastructure.

4. **Lack of Feedback Loops**
   - Staff feel excluded from strategic decision-making, especially when policies are made without frontline input.
   - There are no formal feedback loops with clients, making it difficult to improve services based on lived experience.

5. **Systemic Inaccessibility of Services**
   - Services are segmented by design, forcing staff to navigate disconnected systems with no shared infrastructure or continuity of care.
   - Resources are stretched too thin to meet demand – waitlists, eligibility restrictions, and staffing gaps are built into the system.
   - Navigation is burdensome by default, requiring significant time and persistence to navigate.

Policy-Practice Alignment: Findings

Staff consistently described a **disconnect between policy and practice**, where rules, funding, and protocols are designed without input from those implementing them. Policies are often long, frequently changing, and hard to understand, leaving staff confused and clients underserved.

1. **Policies Are Misaligned with Frontline Realities**
   - Staff struggle to keep up with lengthy, frequently changing policies leading to confusion and missed opportunities for clients.
   - Rules often conflict across departments, forcing staff to interpret and improvise rather than follow clear, unified guidance.
   - Staff report that policies are designed without input from those implementing them, creating disconnects between design and delivery.

2. **Complex Policies Create Confusion and Burden**
   - Staff described policies as too long, frequently changing, and hard to interpret, making it difficult to stay current or apply them consistently.
   - Conflicting rules across departments force staff to improvise, leading to inconsistent service delivery and missed opportunities for clients.
   - Policy documents lack plain-language summaries or visual guides, making onboarding and day-to-day reference challenging.

3. **Funding Structures Limit Responsive Care**
   - Rigid funding models force programs to choose between sustaining core services and meeting urgent needs like sober housing or emergency placements.
   - Staff describe watching youth fall through gaps they're trying to close due to inflexible funding and eligibility rules.

> *"[We need to] simplify the process and ensure every one is following the same policy. Policy changes too much and it is unrealistic for us to be able to keep up with policies 45 pages long for example… It would be better if it was uniform for all departments."*

Participant Proposed Ideas

Ideas Overview

How the ideas were created:

1. Ideas were sourced from interview and focus group sessions with:
   - People with Lived Experience
   - County Staff
   - Community-Based Organization (CBO) Staff

2. Ideas are organized into three key themes:
   - Service Delivery Improvements
   - Service Infrastructure and Supports
   - Staff Support

3. Within these themes, there are 14 broad sections:
   - Each section includes more specific key considerations
   - Some considerations have their own spotlight with more context and details
   - For each section, the relevant theme from our findings is listed at the bottom of the slide.

Note: The goal of this section is to record and document ideas proposed by research participants. These ideas are in draft form and for consideration, not immediate adoption or implementation.

Ideas

Service Delivery Improvements

Focus: How services can be improved to better meet client needs.

1. Move to Client-Centric Service Model
2. Tailor Services to Population Needs
3. Build New Relationships & Strengthen Existing Relationships
4. Support Path to Independence
5. Reduce Stigma
6. Offer Flexible Programming Options

Service Infrastructure and Supports

Focus: How clients access the right resources and improving the efficacy of service.

7. Streamline Access to Services
8. Reform Eligibility Criteria
9. Strengthen Coordination
10. Create Feedback Loops
11. Know Your Client

Staff Support

Focus: How to better support staff in doing their jobs effectively and sustainably.

12. Curate Staff Knowledge Management and Collaboration
13. Go Deeper with Training
14. Invest in Staff Care

Key Themes from Findings to Address

Client

1. Access & Equity
The fairness and clarity of pathways to services, including how eligibility is determined and how easily individuals can navigate systems to get support.

2. Relationship-Centered Support
The quality and consistency of personal connections between individuals and staff, emphasizing trust, empathy, and continuity over time.

3. Healing & Identity Affirmation
The extent to which systems create emotionally safe, culturally aligned spaces that support personal healing and affirm lived experience and identity.

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The degree to which systems support youth in setting and pursuing their own goals – educational, creative, or career-related – on their own terms.

5. Community & Peer Connection
The role of peer relationships and informal networks in fostering belonging, trust, and reengagement outside of formal systems.

Staff

1. Workforce Sustainability & Emotional Resilience
The capacity of staff to maintain their well-being and effectiveness over time, shaped by caseloads, emotional demands, and recovery supports.

2. System Navigation & Coordination
The ability of staff to move across departments and programs, connect services, and support continuity of care despite fragmented infrastructure.

3. Training, Tools & Knowledge Infrastructure
The systems and resources that equip staff with the information, guidance, and skills needed to serve clients confidently and consistently.

4. Service Design & Role Clarity
The structure and expectations of staff roles, including how well they support personalized, flexible, and client-centered engagement.

5. Policy-Practice Alignment
The degree to which rules, funding, and protocols reflect the realities staff face – and support rather than constrain responsive care.

PARTICIPANT PROPOSED IDEAS

Service Delivery Improvements

Service Delivery Improvements

How services can be improved to better meet client needs.

Summarized Ideas in this Theme

1. **Move to Client-Centric Service Model**
   Adopt flexible, client-centered models that prioritize healing, empowerment, trauma-informed approaches, and cultural responsiveness.

2. **Tailor Services to Population Needs**
   Design services that reflect individual needs, schedules, and goals. Use youth input to personalize offerings and increase relevance and effectiveness. Move away from one-size-fits-all approaches.

3. **Build New Relationships & Strengthen Existing Relationships**
   Connect clients to community through warm handoffs to community-based organizations, mentorship pairings, and peer support. Prioritize relational engagement to improve participation and outcomes.

4. **Support Path to Independence**
   Support youth in building life skills, accessing education and employment, and navigating systems. Provide scaffolding that leads to self-sufficiency.

5. **Reduce Stigma**
   Address fear and shame that prevent families from seeking help. Promote inclusive practices and shift narratives from blame to support.

6. **Offer Flexible Programming Options**
   Offer services at varied times and formats (virtual/in-person) to meet diverse needs. Adapt programs to accommodate youth and family schedules and commitments.

Move to Client-Centric Service Model

To better serve youth and families navigating complex systems of care, a strategic shift in the service model from a supervision-based approach to a rehabilitation-centered framework was recommended. This model should be grounded in evidence-based practices, trauma-informed care, and culturally responsive service delivery, with a strong emphasis on individualized risk assessment and motivational engagement.

Key Considerations

Shift from Supervision to Rehabilitation

- Move away from compliance-driven oversight toward rehabilitation-centered engagement, especially for justice involved individuals.
- Partner with community-based organizations to offer alternatives to punitive methods.

Trauma-Informed Care

- Programs must incorporate evidence-based, trauma-informed care principles into all aspects of service delivery, emphasizing physical, and emotional safety for participants and staff.
- Staff must be trained in trauma-informed care practices and understand how trauma affects development and behavior.
- Ensure services reflect and respect the diverse backgrounds of client, even down to simple things like what kind of food is served at program events.
- Facilitate cross-training between County departments and CBOs to align service philosophies

Clear Communication to Make Processes Transparent

- Motivational interviewing can be used to encourage participation and buy in.
- Use plain language, consistent messaging, and multiple language options across all touchpoints.
- Explain processes, timelines, and eligibility clearly to reduce confusion.
- Staff can acknowledge that systems can be frustrating and that rejection may occur.
- Staff can frame setbacks as part of the journey and reinforce persistence and resilience.

Community Partnerships

- Position CBO staff as transition navigators during key system exits (e.g., foster care, probation) to provide continuity and culturally grounded support.
- Partner with CBOs to create safe, identity-affirming environments where clients can access trauma-informed care, peer support, and more flexible programming.
- Recognize and resource informal support networks (e.g., peer mentors, community elders) as legitimate components of the care model.
- For families, expand partnerships with hospitals to increase the reach of Home visiting programs. Support CBOs in building direct relationships with hospitals and engaging OB providers to share information about home visiting programs.

Tailor Services to Population Needs

To prevent retraumatization and improve outcomes for clients, Los Angeles County should invest in tailored housing and service models that reflect the distinct needs of subpopulations within client communities. A one-size-fits-all approach has led to mismatches in placement, safety concerns, and service disengagement. Specialized housing environments and service designs must be trauma-informed, culturally responsive, and developmentally appropriate.

Key Considerations

Specialized Housing by Population and Need

- Keep distinct housing options that prioritize safety and privacy for queer clients, minorities, and survivors of trauma.
- Develop harm reduction-oriented housing that separates youth seeking sobriety from other settings that may trigger relapse.
- Expand sober living environments and recuperative care housing for youth with substance use or mental health needs, ensuring access to outpatient treatment and stabilization services. Expand rehabilitation centers and sober living housing..
- Recognize that some housing options such as permanent supportive housing (PSH) are not the end goal for all clients; offer intermediate and flexible housing models that align with client aspirations and readiness.
- Develop housing programs for parenting youth, including units that accommodate children and offer parenting support services
- Provide timely referrals to families seeking housing so that they do not have to risk separating either due to system involvement or shelter eligibility restrictions.
- Avoid placing youth with vastly different age groups (e.g., 60-year-olds with 19-year-olds) in shared housing environments to prevent discomfort and retraumatization.

Age-Specific and Developmentally Appropriate Services

- Establish programs for youth under 16 who are unhoused and not connected to guardians, including safe shelter and service access without requiring adult accompaniment.
- Expand drop-in centers and day centers as harm reduction spaces that alleviate the daily burdens of homelessness and provide low-barrier access to basic needs and emotional support.
- Increase housing navigation support to help youth locate appropriate housing options, complete applications, and understand eligibility.
- Consider needs holistically of parents and families with children of different ages who have different needs.

Safety and Stability as Core Design Principles

- Prioritize safety in transitional housing, including secure sleeping arrangements, and gender-affirming placements.
- Have clear grievance procedures to resolve interpersonal conflicts within programs.
- Design housing environments that allow for privacy, autonomy, and dignity, including private or semi-private rooms and secure storage for personal belongings.
- Communicate clearly what housing facilities have 24-hour access.

Build New Relationships & Strengthen Existing Relationships (Part 1)

Building and strengthening relationships means creating safe, supportive spaces for youth to form new connections and repair old ones – through peer support, family reconnection, and community engagement – while honoring emotional readiness, cultural identity, and the need for consistent, trauma-informed relationships across systems.

Key Considerations

Facilitate Youth-to-Youth Connection Through Shared Activities

- Partner with programs like shared sports leagues and creative arts initiatives to create safe spaces for foster youth to connect.
- Provide transportation support to reduce barriers to participation in these activities, especially for youth facing housing instability or financial hardship.
- During foster parent meetings, offer parallel programming for foster youth to meet and engage with peers in similar circumstances.
- Link youth to youth drop-in centers and community hubs that serve similar age groups and cultural backgrounds to foster belonging and build their community.
- Promote culturally grounded practices and healing-centered engagement to support identity development and emotional resilience.

Creation of Client-Led Third Spaces

- Integrate local cultural practices (e.g., art, music, language, food) into programming and space design.
- Situate centers in geographically relevant areas to reduce transportation barriers and consider gang boundaries where applicable.
- Design spaces that support casual socialization and recreational activities to encourage drop-in engagement and relationship-building before service enrollment.
- Facilitate peer support groups, mentorship circles, and family therapy sessions that center lived experience voices.

Employ and Support Peer Support Specialists

- Hire and train youth peer support specialists with lived experience in foster care to provide mentorship and resource navigation.
- Integrate peer-led workshops and support groups into existing programming to foster trust and relatability.
- Designate quiet spaces within service sites where peer support specialists can decompress and regulate emotionally.
- Offer access to therapy and counseling services for peer staff to process their own trauma and maintain emotional wellness.
- Maintain flexible scheduling and allow for mental health days without stigma or penalty.
- Ensure adequate staffing ratios and backup coverage so peer support specialists can take time off without disrupting services.
- Link peer specialist roles to build to higher degrees and certifications to build towards career progression.

Build New Relationships & Strengthen Existing Relationships (Part 2)

Building and strengthening relationships means creating safe, supportive spaces for youth to form new connections and repair old ones – through peer support, family reconnection, and community engagement – while honoring emotional readiness, cultural identity, and the need for consistent, trauma-informed relationships across systems.

Key Considerations

Peer-Inclusive Youth Engagement Across Systems

- Allow youth to bring trusted friends or chosen family members to meetings, orientations, and service appointments (e.g., CFTs, workforce programs, juvenile justice check-ins) to reduce anxiety and foster emotional safety.
- Establish peer support networks and mentorship programs where youth with lived experience guide others through system processes. These networks should include alumni of foster care and justice systems who can share insights and offer hope.
- Encourage service providers to recognize the value of peer presence in therapeutic sessions, case planning, and workforce development meetings. This can include community therapy models or wraparound services that integrate peer support.
- Provide incentives (e.g., transportation stipends, food, shared learning opportunities) for youth who attend programs with peers or family members. This can increase retention and reduce barriers to participation.
- Recognize that not all youth may want to involve peers in their personal processes. Offer peer-inclusive options as voluntary, and tailor approaches based on youth comfort and consent.

Rebuild Family and Community Networks

- Work with family finding teams to reconnect youth with extended family, mentors, or community members who may have been lost due to system involvement.
- Include therapeutic community sessions and family retreats as part of the stabilization strategy.
- Provide family and group therapy as preventative measures to help mediate conflicts within the family and prevent instability.
- Recognize that transitional periods vary for system-impacted youth, and tailor reconnection efforts to individual timelines and readiness.
- Train social workers to support partial reconnection pathways, such as safe messaging, virtual check-ins, or occasional supervised visits, when full reunification is not appropriate.
- Establish communication protocols that guide staff and foster youth to reconnect with family in a supported and flexible manner. Include options which do not have to be a binary decision of reconnection or no reconnection, but rather include a spectrum of options such as text messaging, social media interactions, and virtual calls (e.g., FaceTime). Provide guidance on how to navigate youth safety for how to reconnect with family.

Support Path to Independence

Support youth in building life skills, accessing education and employment, and navigating systems. Provide structured scaffolding that leads to self-sufficiency through intensive case management, financial literacy, career preparation, and confidence-building opportunities.

Key Considerations

Exit Planning

- Provide intensive case management for foster youth in their final year of care, similar to high school senior counseling, to guide exit planning.
- Provide guidance on topics to cover in exit conversations such as student employment, college options, credit management, banking, cooking, cleaning, dressing for interviews, interview skills, counseling, career guidance, and life coaching.
- Provide youth with a roadmap or handbook on tangible next steps they can take as they exit foster care such as extended foster care and the DCFS hotline number.

Financial Literacy and Credit Building

- Provide webinars with incentives to cover personal finance topics such as emergency funds.
- Establish personal finance topics to be mandatory to discuss at case worker meetings.
- Administer SILP, EBT, or other cash assistance through secured credit-building cards, allowing youth to begin establishing credit responsibly.

Employment and Career Development

- Provide volunteer opportunities and internships for systems-involved youth to build confidence, skills, and resumes from an early age.
- Design internships and work experiences to be trauma-informed and confidence-building, with employers trained on youth risk factors and support needs.

Digital Literacy Development

- Provide youth with access to phones, laptops, and internet connectivity to support education, employment, and service navigation.
- Offer typing classes, digital literacy workshops, and training on using email, online applications, business applications, and virtual platforms for job and college readiness.

Life Skills Development

- Include more diversity of life skill classes.
- Include interpersonal conflict classes such has how to be a good roommate, maintain good hygiene, and navigate difficult conversations.

Reduce Stigma

Reduce stigma so that clients are more comfortable asking for help by normalizing lived experience, expanding trauma-informed education, and elevating youth voices. Promote empathy, inclusion, and awareness through peer mentorship, school-based education, and culturally responsive engagement across systems.

Key Considerations

Education and Awareness

- Integrate education about homelessness, foster care, and justice involvement into school curricula to reduce stigma and promote understanding.
- Support and expand LACOE's efforts to educate students about youth system involvement and housing instability.
- Host school-based forums and community events that highlight youth resilience and normalize diverse life experiences.
- For families with young children, reduce stigma around developmental delays by hosting parent education and awareness events that normalize conversations with pediatricians and family members. Address concerns about judgment tied to income, race, or other factors to create a safe, inclusive environment for seeking help.

Peer Mentorship and Role Models

- Employ peer support specialists and mentors with lived experience to foster trust and relatability.
- Invite role models to share their stories in schools and youth programs to inspire and reduce shame.
- Create youth-led advisory boards and councils to shape programs and policies from lived experience.

Staff Training and Language

- Train staff across systems in trauma-informed care and healing-centered engagement to reduce judgment and increase emotional safety.

Inclusive Communication and Outreach

- Use youth-friendly language and multiple communication channels (e.g., social media, peer referrals) to reach opportunity youth.
- Include feedback loops and satisfaction surveys to improve messaging and reduce stigma in service delivery.
- Provide safe, non-judgmental spaces for youth to share their stories through journaling, art, and peer-led forums.

Offer Flexible Programming Options

Flexible programming empowers clients by meeting them where they are – physically, emotionally, and culturally – through adaptable services, discretionary funding, and community-based engagement that honors lived experience and promotes holistic support.

Key Considerations

Expand Discretionary and Flexible Funding Pools

- Establish dedicated discretionary funds to cover transportation needs for clients to be able to access more types of diversion and therapy.
- Create mental health-specific funding pools to support non-traditional therapeutic modalities like art groups, therapy walks, and movement workshops.
- When policy or funding constraints limit direct service provision, collaborate with CBOs that have trusted relationships and cultural competency to deliver services effectively.

Diversify Engagement Modalities

- Offer alternative ways for social workers and case managers to connect with clients, such as casual meetups over lunch, community outings, or shared activities like hikes or grocery shopping.
- Normalize informal and communal formats for Child and Family Team (CFT) meetings to reduce formality and increase frequency.
- Encourage peer mentorship and community-based therapeutic models that reflect the realities of youth experiences.
- Design wraparound service hubs with flexible meeting locations where youth can bring friends or chosen family, fostering comfort and reducing stigma.
- For families with young children, Expand home visiting programs to actively engage fathers, including participation in mental health screenings. If work conflicts prevent attendance, use creative solutions like shared group texts to keep fathers involved.

Expand Access to Alternative Therapies

- Simplify funding pathways for non-clinical therapeutic options such as art therapy, animal-assisted therapy, and culturally grounded healing practices.
- Reduce administrative barriers that delay access to these services.

Inclusive Communication and Outreach

- Use youth-friendly language and multiple communication channels (e.g., social media, peer referrals) to reach opportunity youth.
- Include feedback loops and satisfaction surveys to improve messaging and reduce stigma in service delivery.
- Provide safe, non-judgmental spaces for youth to share their stories through journaling, art, and peer-led forums.

PARTICIPANT PROPOSED IDEAS

Service Infrastructure and Supports

Service Infrastructure and Supports

How clients access the right resources and ensure those resources are coordinated and effective.

Summarized Ideas in this Theme

7. **Streamline Access to Services**
   Simplify access to services by improving the way that services are found, their fit is determined, and how they are applied to.

8. **Reform Eligibility Criteria**
   Revise rigid eligibility rules to allow more families and youth to qualify for services. Address gaps that exclude those in need due to narrow definitions or systemic barriers.

9. **Strengthen Coordination**
   Strengthen collaboration across departments and community partners.

10. **Create Feedback Loops**
    Create systems for collecting and acting on input from youth and families. Use feedback to adjust programs, update resource lists, and improve responsiveness to evolving needs.

11. **Know Your Client**
    Train staff to understand youth and family histories, strengths, and needs. Build relationships that support tailored services and foster trust in systems.

Streamline Access to Services

Simplify and accelerate access to services by consolidating resource information and integrating external, community-based supports. Once resources are identified, streamline the application process to reduce barriers and improve client experience.

Recommendations to help streamline access to services will support:

Finding Services

Improve how clients discover available services by creating centralized, accessible, and user-friendly platforms that include both County and community-based resources.

Determining Service Fit

Help clients understand which services they are eligible for and which best meet their needs through standardized tools and clear guidance.

Applying for Services

Reduce the complexity and burden of applying for services by creating streamlined, secure, and user-friendly application processes.

Streamline Access to Services – Finding Services

Improve how clients discover services by building a centralized, client-friendly system that consolidates public and community-based resources. This includes proactive outreach, safety nets for communication breakdowns, and organizing information by client needs rather than agency silos to reduce confusion and missed opportunities.

Key Considerations

Consolidate and Centralize Resources

- Develop a centralized, well-maintained platform that consolidates both County and community-based resources, enabling clients to independently discover services that meet their needs. This platform must be robust enough to act as a communication safety net when social workers or case managers fail to provide adequate guidance.
- Integrate County services (e.g., DPSS, DCFS, DMH, DHS) with community-based organizations (CBOs), faith-based groups, and local institutions such as schools, hospitals, and drop-in centers.
- Include supplemental programs to fill gaps when clients lose access to benefits due to income fluctuations.

Communicate Proactively

- Develop persistent and proactive communication systems to ensure clients receive information even when caseworkers are unavailable or overwhelmed. This includes:
  - Printed flyers with up-to-date resource information posted in high-traffic areas such as hotels (where vouchers are used), bus stops, drop-in centers, and clinics.
  - Digital channels (e.g., mobile apps, SMS, email, social media) that deliver clear, plain-language messages about available services and how to access them.
- Partner with hospitals and other key institutions to proactively share resources—such as doulas, home visiting programs, and Parents as Teachers—at times of low stress. Avoid delivering this information during appointments involving vaccinations, blood draws, or other stressful procedures, as these can distract from important messages.

Information Architecture and Design

- Organize services by client needs (e.g., food, housing, mental health) rather than by agency or department. This shift from organization-based to persona-based navigation allows users to identify as “young parent,” “college student,” or “recently adopted youth” and receive tailored resource lists.
- Implement a stepper-style UI layer that visually guides users through each phase, even if the backend links to different agency websites. This maintains continuity and reduces confusion.
- Use plain language, visuals, and interactive tools (e.g., videos, chatbots) to make information accessible to all literacy levels and language backgrounds.

Streamline Access to Services – Determining Fit for Services

Support the Engagement and Access Subcommittee, co-chaired by the Youth Commission and the Department of Youth Development (DYD), in its effort to develop a Universal Screening and Assessment Tool.

Key Considerations

While the Engagement and Access Subcommittee may already be exploring many of these elements, the following considerations emerged consistently across focus groups and interviews and are lifted here to reinforce their importance:

Guidance on How to Advocate for Services

- Clients can be guided on how to advocate for themselves once eligibility is determined. This includes coaching on how to initiate contact with service providers, ask the right questions, say the right words to demonstrate eligibility, and follow up effectively.
- Outreach specialists or peer navigators could play a critical role in mentoring youth through the engagement process, especially when social worker support is inconsistent.

Storytelling Boundaries and Trauma-Informed Design

- Clients can be guided on which parts of their personal story are necessary to share for accessing services and which details they can choose to protect. This empowers youth to maintain agency over their narratives and reduces retraumatization during intake processes.
- The tool should incorporate trauma-informed practices, allowing youth to control how their information is shared across departments and minimizing the need to repeatedly recount sensitive experiences.

Streamlining Application Processes

- The screening tool should be designed to feed directly into pre-filled forms and support auto-application for eligible services. This reduces administrative burden and minimizes the risk of missed opportunities due to complex or duplicative paperwork.
- A universal application system would allow youth to apply for multiple services (e.g., housing, food, mental health) through a single intake, improving efficiency and access.

Staff-Facing Summary Output

- The tool output can be integrated with existing processes and the eligibility results need to be easily understood by staff (e.g., social workers, case managers, outreach specialists). This helps staff quickly understand what services a youth qualifies for and how to support them effectively.
- This summary can also serve as a training and decision-support resource, improving staff capacity to guide youth through next steps and reducing reliance on individual staff knowledge

Streamline Access to Services – Applying for Services

Support and build upon the work already being led by the Opportunity Youth Collaborative (OYC) and its partners, including efforts under the Horizons 32K Strategic Plan, to streamline and simplify the application process for services. While OYC may already be exploring many of these elements, the following considerations emerged consistently across focus groups and interviews and are lifted here to reinforce their importance.

Key Considerations

OYC may already be exploring many of these elements, and the following considerations emerged consistently across focus groups and interviews and are lifted here to reinforce their importance.

Auto-Fill Functionality and Application Automation

- Develop auto-fill tools that allow youth to reuse previously entered information across multiple applications, reducing time and effort.
- Create a universal application system that can route a single intake form to multiple agencies and programs (e.g., bridge housing, CalFresh, mental health services).

Document Passport System

- Establish a secure digital document passport where youth can store vital records (e.g., birth certificate, ID, Social Security card) for use across applications.
- Provide physical storage solutions, such as fireproof folios, for youth who lack digital access or prefer tangible records.
- Discuss document needs and storage strategies during case planning meetings with social workers and supportive adults to ensure youth are prepared and informed.

Unified Application Wrapper

- Design a step-by-step application wrapper that visually guides youth through the stages of finding, determining eligibility, and applying for services.
- Use a UI layer that allows youth to navigate between agency websites while maintaining a consistent interface and tracking progress across steps

Integration with Social Worker Practice

- Encourage social workers to initiate conversations about application readiness, including document collection, timelines, and service options.
- Develop training and tools for social workers to support youth in navigating applications and understanding eligibility criteria.

Reform Eligibility Criteria

Reforming eligibility criteria is essential to reduce systemic barriers for vulnerable populations. This section proposes short- and long-term solutions to address address-based job application restrictions, seasonal income fluctuations, and service overlap exclusions. It aims to improve access to housing, financial aid, and food assistance by aligning county policies with lived realities.

Key Considerations

Housing Criteria

- Remove age-based entry restrictions for youth approaching their 25th birthday to prevent premature exclusion from housing programs.
- Extend housing support services beyond age 24, with consideration for expanding eligibility up to age 30.
- Streamline transitions between youth and adult Coordinated Entry Systems (CES) to reduce service gaps when youth turn 25.
- Accept self-certification of homelessness status during intake to reduce documentation barriers. Expand the definition of homelessness to include couch surfing.
- Address barriers such as curfews, location, and possession restrictions that discourage youth from accepting housing offers

Service Overlap Criteria

- Clarify and publish guidance on allowable overlaps.
- Update policy to allow for overlap of some services such as food from housing programs and food assistance programs.
- Address cannibalization of services where clinics or programs close due to overlapping eligibility restrictions.

Financial Criteria

- Use prior-prior year income data to get a more accurate picture of income in case of income changes due to job seasonality.
- Recognize seasonal employment patterns in eligibility assessments.
- Raise income thresholds for benefits to accommodate low-wage earners and prevent sudden loss of aid.
- Encourage financial planning and savings by removing penalties for temporary income increases.
- Expand access to tax credits and financial literacy support for foster youth and parenting students.

Other Barriers

- Jobs requiring permanent addresses
  - Promote employer policy reform to eliminate permanent address requirements on job applications
  - Incentivize employers to hire vulnerable populations.

Strengthen Coordination

To reduce fragmentation, improve service delivery, and ensure youth receive timely, comprehensive support, County departments and community partners should implement structured coordination practices that enable real-time collaboration, shared accountability, and warm handoffs.

Key Considerations

Build Integrated Client Teams

- Establish a **core team for each youth**, including a Children's Social Worker (CSW), housing specialist, medical case worker, substance abuse counselor, employment specialist, attorney, and a community-based organization (CBO) representative if applicable.
- For youth in foster care, increase the frequency of Child and Family Team (CFT) meetings, ensuring all key players are present and that meetings are used to align services and update care plans.

Co-Location and Rotational Presence

- Implement weekly co-location schedules where staff from departments such as DMH, DPSS, DCFS, and DYD are physically present at shared service sites.
- Staff should be cross-trained to provide information on multiple programs and services and should document interactions even if a client does not attend, maintaining accountability.
- Maintain a directory of departmental contacts to reduce delays and eliminate the need for multiple calls and emails to locate the right person.

Leverage Technology for Real-Time Collaboration

- Use Microsoft Teams, SharePoint, and shared drives to enable real-time communication and resource sharing across departments.
- Develop a centralized intranet or resource hub with up-to-date program information, including expiration dates and eligibility criteria, accessible to all staff.
- Develop clear expectations for response times, especially for urgent client needs that require same-day support or decision-making.
- Maintain an up-to-date, centralized directory of departmental contacts to reduce delays and eliminate the need for multiple calls or emails.

Facilitate Warm Handoffs

- Create protocols for warm handoffs between departments, such as DCFS and DPSS, where a DCFS staff member accompanies youth to apply for services, reducing missed opportunities and confusion.
- Intake workers should be empowered to communicate directly with other departmental staff to explain the reason for a youth's visit and ensure continuity of care.

Create Feedback Loops

Establishing robust feedback loops is essential for evaluating the efficacy of programs and resources, improving service delivery, and ensuring that youth voices inform system design and accountability. These mechanisms will also support data collection on youth trajectories, including AB12 participation, post-care outcomes, and transitions into adult systems such as HMIS.

Key Considerations

Youth Feedback on Program Efficacy

- Create structured opportunities for youth to share feedback on the usefulness, accessibility, and accuracy of services and resources they receive.
- Develop tools for youth to report outdated or ineffective resources directly to social workers and case managers, enabling real-time updates to referral practices.
- Incorporate feedback into workforce and service provider training to improve future recommendations and engagement strategies.

Dual-Channel Relationship Monitoring

- Establish a **relationship check-in mechanism** where youth can confidentially share feedback about their interactions with their assigned social worker.
- Consider assigning a secondary CSW or neutral staff member to periodically check in with youth, without being directly involved in the case, to assess relationship quality and service alignment.
- This model provides a **non-punitive safety net** for youth to express concerns and receive support when primary relationships falter.

Post-Care Tracking and Data Visibility

- Expand data systems to track youth outcomes after exiting programs such as THP, AB12, or other transitional services.
- Encourage THP providers to **own and report post-exit data**, potentially making data collection a contractual requirement.
- Support the **TAY Data Subcommittee** and the **One Roof Data Table** in their efforts to integrate and standardize data across departments, including tracking youth transitions into adult HMIS systems and homelessness risk.

Periodic Surveys and Digital Engagement

- Implement **monthly or quarterly surveys** via text or email to maintain contact with youth and caregivers post-program.
- Use incentives such as **gift cards** to encourage participation, especially for youth over 18 who can consent to data sharing.
- Surveys should assess well-being, housing stability, employment status, and service needs.

Know Your Client

To improve service coordination and reduce retraumatization, departments should implement tools that offer a real-time, comprehensive view of each client's circumstances and service history; this section aligns with and reinforces similar proposals from the Opportunity Youth Collaborative, the Engagement and Access Subcommittee, and the TAY Table Data Subcommittee.

Key Considerations

360-Degree Client Profile

- Create a centralized client summary that includes:
  - Services currently being received across County departments (e.g., DCFS, DPSS, DMH, Child Support Services)
  - Community-based program participation
  - Key updates such as eligibility changes, family reunification opportunities, or housing transitions.
- Integrate data from multiple systems to reduce duplication and improve visibility for caseworkers and supervisors.
- When data-sharing is restricted, establish a **clear protocol for supervisors to request access** on behalf of their staff.

Client Summary

- Enhance digital case management systems to automatically extract and summarize key details from journal entries, including:
  - Youth's stated goals and interests
  - Identified triggers or sensitive topics
- Allow caseworkers to **tag and elevate critical information** for visibility during transitions or handoffs.

Youth Journal System

- Introduce a Youth Journal – a tool for youth to document:
  - Personal goals, hobbies, and interests
  - Services they are currently using
  - Reflections on what's working and what's not
- The journal should be available in both physical and digital formats, with youth controlling what entries are shared with caseworkers.
- Enable selective sharing so youth can choose which parts of their story to disclose, reducing retraumatization and empowering youth as authors of their own narrative.

Improve Intake and Visit Documentation

- Expand options for documenting reasons for visits to County offices (e.g., housing support, domestic violence, benefits assistance) beyond generic labels like "office visit."
- This allows for more accurate tracking of client needs and reduces the need for youth to repeatedly explain sensitive or traumatic experiences

Idea Spotlight: 360 Client View

The 360 Client View can be a centralized digital interface designed to provide caseworkers, supervisors, and department staff with a comprehensive, real-time summary of services and supports received by clients across Los Angeles County departments and community-based organizations. This tool aims to dismantle data silos and streamline service coordination for transition-age youth (TAY), families, and other vulnerable populations.

Core Features

Unified Service Dashboard

- Displays all services currently accessed by a client across County departments such as:
- DCFS (child welfare and family services)
- DPSS (public assistance programs)
- DMH (mental health services)
- Child Support Services
- Community-based programs (e.g., housing, mentorship, early intervention)

Dynamic Status Updates

Real-time alerts for key client developments:

- Eligibility changes
- Family reunification opportunities
- Housing transitions
- Enrollment in new programs

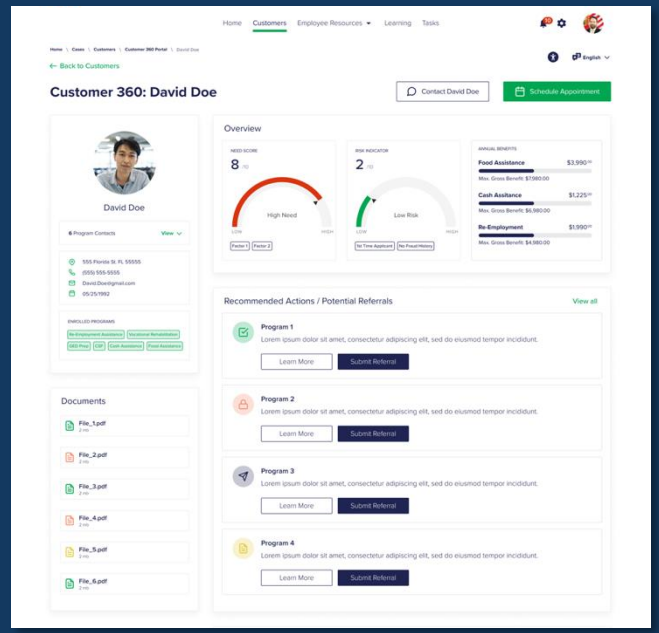
Case Study

Solution

A US state workforce department was able to create a Customer 360 view of their client, allowing caseworkers and department staff to see the full suite of services the client is receiving, functionally breaking down department silos and allowing for more transparency and communication

Benefits

- Provides an overview of aggregated customer data, allowing staff to see across department lines and provide a holistic view of the customer.
- Gives department staff the ability access central documents for eligibility determination
- Analytics driven suggestion of additional services, which departments can use to proactively refer customers to



Idea Spotlight: Youth Journal

A secure, interactive journaling platform – available digitally and in print – that empowers youth to share their voice through fun prompts, hobbies, and career goals, access helpful resources, and control what information they share to stay safe and engaged in the process.

Core Features

Interactive Prompts & Activities

A dynamic set of prompts that rotate weekly, covering both lighthearted topics (favorite hobbies, dream skills, weekend activities) and reflective questions (career aspirations, community impact).

Physical and Digital Means of Engaging

Printed journals with guided sections, QR codes linking to digital resources, and creative spaces for personalization. Includes stickers and tear-out pages for anonymous submissions, blending tactile engagement with digital connectivity.

Privacy & Security Controls

Customizable sharing settings that allow youth to choose between private entries, sharing with staff, or sharing with peer groups. Includes consent workflows, encryption for digital entries, and options to delete or export journal content..

Education on Rights and Programs

An integrated section within the journal offering curated resources such as the foster youth bill of rights and eligibility rules sprinkled throughout so that youth can learn in small pieces about the programs and services available to them.

“We need to create a way for youth to journal and share their voice in the process – things like hobbies, career goals – so they feel more participatory.”
-Youth Commissioner

PARTICIPANT PROPOSED IDEAS

Staff Support

Staff Support

How to better support staff in doing their jobs effectively and sustainably.

Summarized Ideas in this Theme

12. **Curate Staff Knowledge Management and Collaboration**
    Create systems for sharing best practices, data, and resources among staff. Promote cross-training and interagency learning to improve service quality.

13. **Go Deeper with Training**
    Provide ongoing, trauma-informed, culturally responsive training. Equip staff with tools to engage youth effectively and navigate complex systems.

14. **Invest in Staff Care**
    Invest in staff well-being through coaching, supervision, and peer networks. Address burnout and build capacity for sustained, high-quality engagement.

“Sometimes we just need additional supports. We need... perhaps somebody to come out with us. Our supervisor, to perhaps support us in the field... or maybe just sometimes checking in on us as individual people.”
-County Staff

Curate Staff Knowledge Management and Collaboration

Improve staff efficiency and service quality by centralizing resource information, automating routine tasks, aligning roles with staff strengths, and investing in wellness supports. These strategies reduce burnout, improve referrals, and foster a more coordinated, trauma-informed workforce.

Key Considerations

Centralized Knowledge Management

- Develop a cross-departmental intranet (e.g., SharePoint) for staff from DPSS, DCFS, Probation, DMH, and CBOs to access and share up-to-date resources, forms, and directories.
- Include features such as:
  - Searchable resource library with filtering by region, eligibility, and service type.
- Ensure accessibility for staff and CBO partners, with printable versions meant for external distribution to clients.

Role Alignment and Specialized Staffing

- Factor in staff interests and strengths when assigning specialized roles, especially in youth-serving positions. Hire staff for administrative and technical roles to manage paperwork-heavy processes like exit planning, referral tracking, and feedback collection.
- Provide training on navigating multiple systems (e.g., child support, IHSS, workforce portals) and create centralized guides for common tasks.

Cross-Departmental Staff Collaboration

- Allow staff at various levels (frontline practitioners, supervisors, program leads) to edit or annotate knowledge entries based on their expertise and experience, with version tracking to maintain accountability
- Encourage staff to co-develop materials with youth or community partners, especially those with lived experience, to ensure relevance and authenticity in shared resources.
- Facilitate regular interdepartmental meetings or workgroups to review and update shared knowledge, reducing silos and improving service alignment.
- Add structured commenting tools to resource platforms, allowing staff to provide feedback, suggest improvements, and flag outdated or unclear content.
- Incorporate user journey mapping and persona stories into staff training to hear different perspectives and more holistically.

STAFF SUPPORT

Idea Spotlight: Cross-Departmental Staff Intranet

*A cross-departmental staff intranet that **centralizes and updates resource information**, making it **easily searchable and shareable** for staff across agencies. This is needed because clients miss out on services and staff waste time with scattered, outdated lists – an intranet would streamline referrals, improve coordination, and ensure everyone has access to the most current resources.*

Centralized Resource Hub:
A single, secure SharePoint site where staff from DPSS, DCFS, Probation, DMH, and CBO partners can access and share up-to-date information, forms, and resource directories.

Real-Time Collaboration:
Built-in Teams chat integration, document co-authoring, and discussion boards for quick questions, warm handoffs, and sharing best practices.

Resource Library:
Searchable, filterable library of pamphlets, eligibility guides, referral forms, and community resource lists – kept current by designated owners.

Feedback & Alerts:
Staff can flag outdated resources, submit feedback, and receive alerts when critical information is updated.

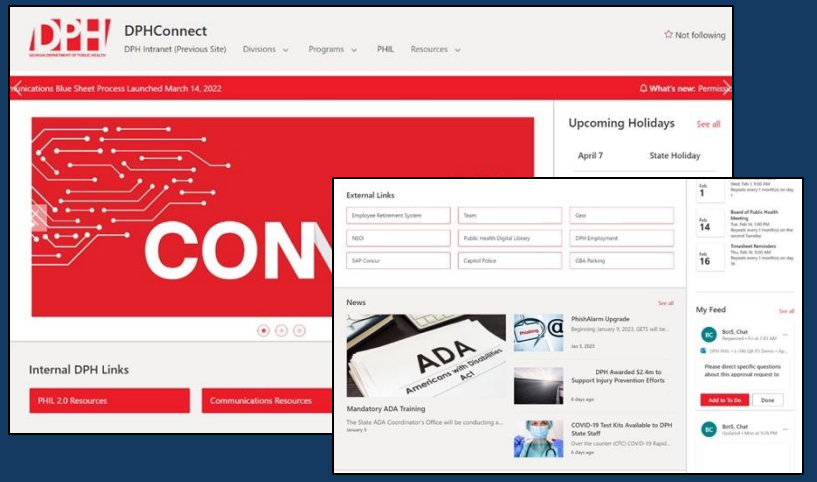
Training & Onboarding:
Step-by-step guides, process maps, and training videos for new staff or when policies change.

Department of Public Health Intranet

Problem
An outdated DPH intranet of a US state lacked content management processes and didn't meet needs of employees or hybrid work environments.

Solution
- **Modern Landing Page**: Includes top notifications, leadership messages, quick links, news feed, social media feed, holidays/events, and personalized feeds.
- **Templates**: Standard templates for subsites to streamline page creation.
- **Enterprise Search**: Unified search across SharePoint site collections.

Benefits
- Built on SharePoint using out-of-the-box web parts, minimal customizations.
- No deployment required.



STAFF SUPPORT

Idea Spotlight: AI Staff Support Agent

Staff and clients alike struggle to navigate fragmented systems, leading to confusion, delays, and missed opportunities. Training is often inconsistent and reactive, leaving staff to learn critical processes through trial and error. The AB12 Support Agent provides faster access to verified information from internal documents and trusted websites—reducing confusion, improving onboarding, and supporting better outcomes.

Searches Across Internal Documents
The agent can instantly locate and extract relevant information from uploaded handbooks, policies, and procedural guides. This eliminates the need for staff to manually sift through lengthy PDFs or outdated folders, saving time and reducing frustration.

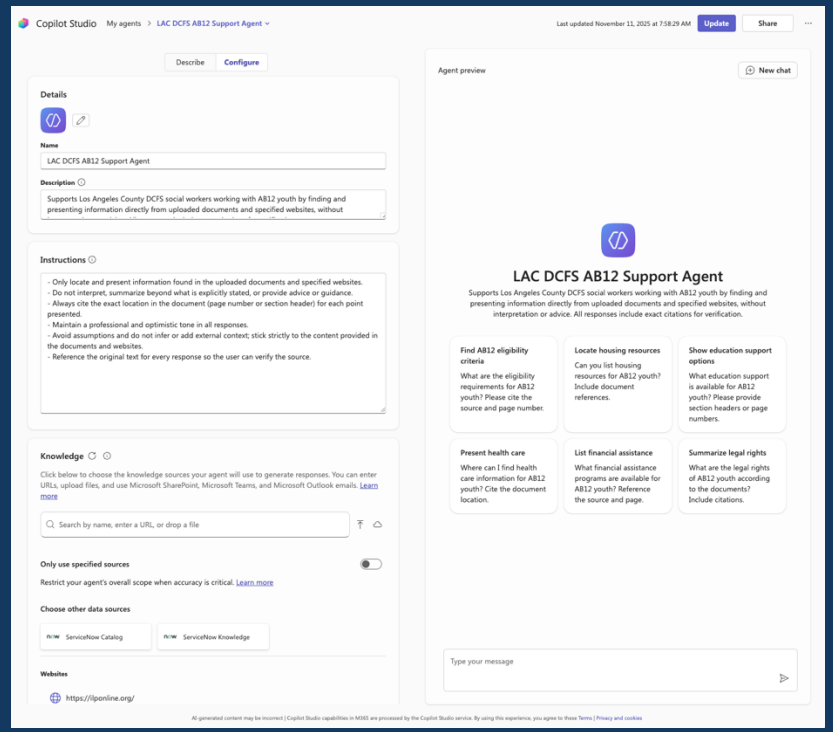
Web Search Integration
When internal resources don't have the answer, the agent can search trusted public websites to fill in gaps—especially helpful for locating current benefits, housing programs, or legal updates. This ensures staff always have access to the most up-to-date information.

Enterprise Context Awareness
Responses are tailored to the user's role, location, and collaborators. For example, a social worker in the San Fernando Valley will receive information relevant to their office and team, ensuring that answers are locally applicable and operationally useful.

No Interpretation or Advice
To maintain neutrality and accuracy, the agent only presents information as written in official documents or verified sources. It does not offer personal opinions or interpretations, ensuring that staff receive objective, policy-based guidance.

Copilot Agent Proof of Concept

A Copilot agent proof of concept was created to explore a use case of Los Angeles County DCFS staff working with AB12 youth. This agent was built using Microsoft Copilot, a platform that Los Angeles County already has access to, enabling seamless integration into existing systems.
The AB12 Support Agent demonstrates how Copilot technology can be used to reduce confusion and improve access to verified information. By searching across internal documents and trusted websites, the agent helps staff quickly find accurate answers, complete with citations, without relying on trial-and-error learning or fragmented systems.



Go Deeper with Training

Improve staff training by creating shared learning spaces, cross-departmental onboarding, and practical guidance tools. Emphasize trauma-informed care, peer support, and hands-on learning to reduce confusion, improve consistency, and build confidence across systems.

Key Considerations

Cross-Departmental Training and Shared Learning

- Develop a countywide training framework that brings together staff from DCFS, DPSS, DMH, and other departments for joint sessions on youth engagement, trauma-informed care, and system navigation.
- Create interdepartmental learning hubs where staff can learn together, share resources, and build relationships across agencies. Include peer-led training modules to incorporate lived experience and frontline insights into formal training structures.
- Build a peer support training program that prepares staff to mentor new hires and share best practices in youth engagement and service delivery.
- Provide onboarding and ongoing training on digital platforms and service portals, including child support, IHSS, workforce systems, and income verification tools.
- Assign training liaisons or navigators within each department to answer questions, troubleshoot issues, and guide staff through unfamiliar processes.
- Create onboarding cohorts for new staff to learn together and build peer networks for ongoing support.

Practical Tools and Process Guidance

- Develop a comprehensive handbook that outlines key forms, steps, and contacts for common processes (e.g., referrals, benefits, exit planning).
- Provide step-by-step guides for navigating multiple systems (e.g., child support, IHSS, income verification, workforce enrollment) with clear instructions and access points.
- Offer training on how to write consistent journal entries, track deadlines, and manage documentation across cases.

Updated Training Modules

- Training modules and materials that are more video based and go into more detail on how to step by step go through a process.

STAFF SUPPORT

Invest in Staff Care

Support staff by reducing administrative burdens, aligning roles with personal strengths, and investing in mental health and wellness. These strategies improve service quality, reduce burnout, and foster a more sustainable and youth-centered workforce.

Key Considerations

Unburden Staff Through Automation and Smart Systems

- Implement automated appointment reminders that include transit directions and estimated departure times based on client location. Develop systems that automatically notify clients of upcoming deadlines and send reminders before due dates, not just after they are missed. Introduce centralized dashboards for staff to track case milestones and deadlines across programs, reducing manual data entry and missed follow-ups.
- Connect siloed databases to reduce duplicative data entry and improve referral tracking.

Invest in Staff Mental Health and Wellness

- Co-locate therapists or wellness counselors in offices to provide confidential support for staff experiencing secondary trauma or burnout.
- Offer wellness amenities such as massage chairs, quiet rooms, and decompression spaces in high-stress environments.
- Pilot flexible scheduling models (e.g., every other Friday off) to support work-life balance and retention.
- Advocate for higher pay and reduced caseloads to reflect the emotional and logistical demands of youth-serving roles.

Align Staff Roles with Passion and Expertise

- Prioritize staff interests and lived experience when assigning specialized roles, especially in youth-serving positions.
- Create dedicated administrative support roles to manage paperwork-heavy processes such as exit planning, feedback collection, and documentation.
- Establish specialized positions for high-impact tasks (e.g., foster care exit coordination, youth feedback facilitation) to improve efficiency and service quality.

Personas & Journey Maps

Personas & Journey Maps

Miro Board

DOMAIN: BEHAVIORAL HEALTH

Opportunity Youth

Alexa Garcia, 20, she/her

Population
Opportunity Youth

Demographic
Gen Z

Location
Boyle Heights

Education
High School Diploma

Work
Unreported Employment

"I'm in that process of where **I've lost what I really want in my life**... I was so used to doing what I was doing that now I'm questioning myself, like... what am I gonna do now? What do I wanna do?"

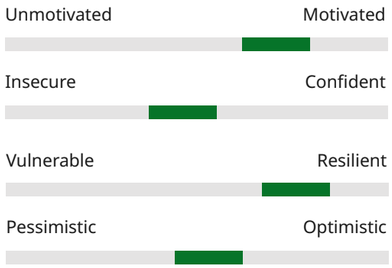
BIO

Alexa is the oldest daughter in a close-knit, undocumented family. As the only documented member, she feels pressure to provide for everyone. Her father was injured in a construction job, leaving her mother to care for him and her younger siblings at home.

After high school, Alexa wanted to attend some secondary education, but thought that her family would not be able to afford it. She's been disconnected from school and formal work, though she occasionally does under-the-table nannying for families in her building. The work is unstable, and the stress of managing her household has impacted her mental health and confidence.

Alexa wants to return to school to build skills for stable employment, but she's overwhelmed by the process and fears that sharing her information with government systems could put her family at risk of ICE involvement. Alexa's story highlights the unique burdens faced by mixed-status families, where young adults often become de facto providers and protectors. She needs culturally responsive support, trauma-informed mental health care, and safe pathways to education and employment that don't jeopardize her family's security.

PERSONALITY



STRESS

SERVICES & PROGRAMS

- CalFresh
- Medi-Cal
- Regularly visits youth drop-in centers to connect with their education support staff and other peers with similar challenges.

PRIMARY TASKS

- Exploring options to reenroll in college or vocational training.
- Taking care of her younger siblings while her parents are at work.
- Accessing community-based services through CBOs like drop-in centers.

GOALS

- Reconnect with education, either through college or vocational training.
- Find a stable job after graduation to provide for her family.
- Rebuild confidence.

NEEDS

- Affordable and accessible educational programs or vocational training.
- Financial support or scholarships for tuition, books, and supplies.
- Mentorship, career counseling, and guidance navigating education and post-graduation employment pathways.
- Emotional and mental health support to overcome past setbacks.
- Affordable childcare for her siblings.

CHALLENGES

- Overcoming disengagement from education.
- School staff lacking knowledge of financial aid or other benefits and not prioritizing her needs.
- Limited financial resources and unstable support systems.
- Navigating complex education and employment systems.
- Fear of reduced or cut County benefits for her family if she gets a job.

Behavioral Health: Opportunity Youth Disconnected from School & Work

PERSONA JOURNEY

Alexa/Alexis is a determined young woman who just got a job and is trying to access the formal systems to pursue her education and career goals. She supports her undocumented family and is now caring for her infant.

WORK CIRCLE

- **Kristin** — Alexa's father
- **Norma** — Alexa's sister
- **Amelia** — Alexa's sister
- **Miguel** — Alexa's brother
- **Jilla** — Alexa's friend

STAFF/SUPPORT

- **Maria** — Shalom Hall Receptionist
- **Jake** — Case Coach, Hispanic Center

COACHING

- Reflection
- Motivate
- Teach
- Guide

THOUGHTS & FEELINGS

- Positive
- Negative

Background and Context

CLIENT JOURNEY

Alexa has recently graduated from high school. She dreams of becoming a nurse, inspired by an aunt who worked in healthcare. She starts doing some cursory Googling and even talks to her school counselor about college nursing programs. But she quickly assumes that any kind of higher education will be expensive and something she'll have to pay for herself. She doesn't know about financial aid or scholarships.

Alexa's father was recently injured on a construction job and is now recovering at home. Her mother has taken on the role of caregiver for him and Alexa's younger siblings. Due to recent ICE raids in their neighborhood and disturbing rumors, the family is extremely reluctant to leave the house. Alexa is afraid to leave the house - for school, work, or even groceries. The responsibility to earn income now falls entirely on Alexa. She decides to put off further schooling and starts looking for odd jobs to support her family immediately.

Alexa begins searching for jobs instead of enrolling in school. She looks for cash-based work like nannying, cleaning, and helping neighbors. She's very wary of coming into contact with any formal institutions - like workforce centers, HR departments, or government-linked job opportunities. She's heard that undocumented immigrants are being brightened by recent ICE raids in her neighborhood. She feels isolated and overwhelmed, unsure how to find stable employment. She's not aware of youth employment programs or transitional jobs that could help her earn while preparing for a career.

STAFF JOURNEY

Maria greets Alexa at the drop-in center and tries to get a sense of Alexa's needs, but Alexa is closed off for the moment. Maria doesn't do any formal intake - Alexa must just rather focuses on giving Alexa a tour and showing her what immediate services are available, like hot meals, laundry, and showers.

TOOLS

Google

THOUGHTS & FEELINGS

Missed opportunities stem from systemic silences
Many first-generation and low-income students from communities in college in financially out of reach due to a lack of accessible, early information about financial aid. Absent experience in effect a broader systemic failure to proactively inform students, especially those without family navigators, about Pell Grants, tuition waivers, scholarships, and support programs available to them, leading to missed opportunities before they even begin.

Survival priorities fall when youth must choose between school and survival
Undocumented families often face compounded barriers to stability, including fear of engaging with institutions, limited access to legal work, and economic precarity. When a crisis hits, like a workplace injury, youth like Alexa are forced to assume adult responsibilities, often sacrificing their education and long-term goals. This reflects a systemic failure to provide safety nets that protect mixed-status families and prevent youth from having to choose between caregiving and opportunity.

Immigration fears block access to opportunity
Youth from mixed-status families often avoid formal employment systems out of fear that engaging with them could expose undocumented family members. Alexa's hesitancy to access workforce programs or government-based services reflects a broader systemic failure to create safe, culturally responsive pathways for immigrant families. Without trusted entry points, youth like them are isolated from resources that could support their growth and stability.

Drop-In Center Intake

CLIENT JOURNEY

Alexa hears from her friend Allie about a place in her community where youth can get a hot meal and asks her friend for a ride to the drop-in center.

Alexa comes in to the drop-in center with her friend and is greeted by Maria. Maria asks her a few questions about herself, but nervous to share about her family to an authority figure, Alexa keeps her answers short and vague.

Alexa takes in the different events and resources available in the drop-in center. At the moment though, she is feeling overwhelmed and just focuses on getting a hot meal.

Alexa feels a little more comfortable with Maria and prepares to leave with her friend.

STAFF JOURNEY

Maria greets Alexa at the drop-in center and tries to get a sense of Alexa's needs, but Alexa is closed off for the moment. Maria doesn't do any formal intake - Alexa must just rather focuses on giving Alexa a tour and showing her what immediate services are available, like hot meals, laundry, and showers.

Maria gets Alexa and her friend set up with a hot meal and they work on a puzzle together. They talk about their favorite music and other interests.

Maria shares a few flyers and information about the bus routes to the drop-in center.

Maria does an informal intake on Alexa based on the details that she shared and hopes to see her again soon.

TOOLS

Intake

THOUGHTS & FEELINGS

Relationships first create builds safety and trust
When staff prioritize relationship-building over forms, they create psychologically safe environments where youth can begin to feel safe. Maria's decision to lead with hospitality and connection, rather than intake, reflects a trauma-informed approach that respects youth autonomy and readiness.

PROGRAMS AND PROCESSES

Various CBOs/ TAY Drop-In Center
Provide immediate, low-barrier support, consider access basic needs like food and clothes and connect them with a suite of social, education, and workforce services.

Applying for Benefits

CLIENT JOURNEY

Alexa has made a regular habit of taking the bus to the drop-in center by herself to have a hot meal and do her laundry.

Alexa grabs a hot meal and starts to have a conversation with Maria. They start talking about music again and Alexa feels comfortable enough to share her dream about becoming a nurse and starts to open up about her stress of trying to support her family.

Alexa shares that she's struggling to afford food and medical care. She's never applied for public benefits before and doesn't know how to start. She relies on Maria to direct her to the program flyers and forms that make the most sense.

Alexa submits her applications through the BeneficalCal website. Maria recommends that they call after 5:00 PM to apply for CalFresh as she has had more success with calling at that time.

STAFF JOURNEY

Maria recognizes and greets Alexa when she comes in to the drop-in center. They've learned about each other's interested and bonded over their shared love of music.

Based on what Alexa has shared in the past, Maria shares about a few services and programs that Alexa can apply for. Maria helps Alexa set up an email and a BeneficalCal account. She also uses ChatGPT to help her draft a cover letter/ career computer to research specific eligibility requirements and services when questions come up.

Maria gives guidance on what programs Alexa most senior for Alexa to enroll in. She also tries to walk Alexa through the services that her family can enroll in, but Alexa is hesitant to share more information about her family. She fears that if they enroll in services they may be targeted or found by ICE.

When the time comes for Alexa's eligibility interview, Maria stays by her side, offering reassurance and helping her answer questions. Maria also advocates directly with the case worker to clarify Alexa's eligibility and ensure her application is processed. Maria also refers Alexa to jobs, a career coach.

TOOLS

Google | Google, ChatGPT | BeneficalCal | Forms

THOUGHTS & FEELINGS

Successful new benefits empowers youth to navigate
When staff provide clear, personalized guidance on how to apply for public benefits, undocumented youth and students can build confidence and agency. Alexa's support gave Alexa a starting point, a critical act of trust that helped her overcome fear and take the intimidating processes for the first time.

PROGRAMS AND PROCESSES

DPSS: SFHA, Medical

LA County: CalFresh

Career Planning

CLIENT JOURNEY

Alexa shares her goals and that she's looking for a job she can get as soon as possible to support her family, since she is the only one in her family who can work right now.

Alexa feels torn. The CNA program sounds promising, but she needs money now. Her family is behind on rent and groceries, and she's worried about losing their apartment. Alexa also doesn't have a computer to attend the CNA training classes online.

Looking for more immediate pay, Alexa applies for a retail job at a local clothing store. The interview goes well, but Alexa is upset and defeated. It's another reminder of how hard it is to find stable work without experience or connections. But because she's built a strong relationship with Jake and Maria, she doesn't shut down. Instead, she opens up more about what's going on at home.

Alexa appreciates the programs Maria shares, but says she's only comfortable with telehealth mental health referrals to keep her family safe from ICE.

Alexa applies for the cashier position that Jake suggests, but is nervous because she doesn't have a resume and doesn't own a computer to work on one.

Alexa gets hired as a full-time cashier. She's relieved to have a steady paycheck and starts saving money. With her earnings free, she enrolls in the CNA training program and begins attending classes.

Alexa completes her CNA training and secures a full-time job at a local clinic. She's saving money and planning to enroll in a Licensed Vocational Nurse (LVN) program next year.

STAFF JOURNEY

Jake learns more about Alexa's goals and dreams. He shares about an intense, two-week Certified Nurse Assistant (CNA) Training Program organized by another Community Based Organization. He also gets Alexa's contact information so he can scan job boards for positions that she may be interested in.

Jake follows up with Alexa and shares a few immediate job openings that don't require experience and can help brings up the CNA training program again.

Maria continues to check in with Alexa weekly, offering emotional support and helping her navigate transportation and scheduling challenges.

Jake reassures Alexa that rejection is common and not a reflection of her worth. He shares his own stories of setbacks and reminds her that she's building skills with every step.

Maria comforts Alexa and reminds her of her strengths. She encourages Alexa to keep trying.

Maria listens carefully and affirms Alexa's concerns. She gently introduces the idea of applying for Medi-Cal and In-Home Supportive Services (IHSS) for her father. Maria explains that these programs are designed to help families like hers and offers to walk through the process together.

Maria listens and connects her to confidential services that can support her family from home.

Jake watches online for a job that matches what Alexa is looking for and finds a cashier position at a local fast food restaurant. Jake shares the position and they meet to build her resume and practice interviewing. Maria also takes Alexa shopping for interview clothes.

Maria and Jake celebrate Alexa's new job and helps her coordinate transportation. Evening classes and connects her to a local tech lending library where she can borrow a laptop to make sure Alexa is balancing work, training, and self-care.

Maria encourages Alexa to share her story with other staff at the drop-in center and helps her stay connected to community resources.

TOOLS

Jobs | Google Maps | Google Calendar

THOUGHTS & FEELINGS

Support that adapts to youth needs empowers stability
When staff provide tools like transportation support to navigate logistical barriers like transportation and scheduling, it can reduce engagement. Maria's ongoing check-ins and gentle offer to help with scheduling reflect a trauma-informed approach that is flexible, youth-centered approach that meets Alexa where she is.

Structural barriers make workforce entrance inaccessible to youth
Many workforce and training programs assume youth have access to basic tools like computers and stable income, overlooking the structural barriers that prevent participation. Alexa's challenges with limited CNA technology access, financial relief, and flexible deadlines, presenting opportunities like CNA training remain out of reach for youth facing urgent family and economic pressures.

PROGRAMS AND PROCESSES

DPSS: In-Home Supportive Services (IHSS)
Provides in-home supportive services to qualified elders (65+) and disabled individuals, including those who are aged, blind, or disabled.

Javier Morales, 23, he/him

Population
Opportunity Youth

Demographic
Gen Z

Location
San Fernando Valley

Education
High School Diploma

Work
Unemployed

"I'm in that process of where, like, **I'm lost... I really don't know what I want for myself**."

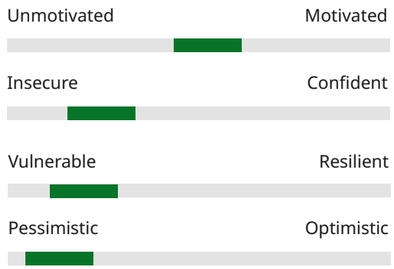
BIO

Javier faced significant challenges throughout high school, ultimately managing to graduate despite struggling academically. At home, he experienced financial and emotional instability, which intensified after he came out as gay to his unsupportive family. Looking for a fresh start, Javier moved to the San Fernando Valley.

Unemployed and living in a friend's car, Javier picks up random neighborhood jobs but the inconsistent income leaves him struggling to make ends meet. Surrounded by people who aren't great influences, he feels the weight of his circumstances. He is trying to figure out what careers align with his interests and skills to help him achieve a brighter future.

Javier dreams of finding a job that allows him to express his creativity and contribute meaningfully to his community. He's looking for programs that can help him build skills, secure housing, and connect with mentors who understand his lived experience. With the right support, Javier believes he can move beyond survival mode and begin building a life rooted in purpose, safety, and self-acceptance.

PERSONALITY



STRESS

SERVICES & PROGRAMS

- Regularly visits youth drop-in centers to connect with their workforce support staff, meet with therapists, have meals, and connect with peers with similar challenges.
- Mentoring and support through the LGBTQ center, when time allows for the trip to Hollywood.

PRIMARY TASKS

- Working random jobs in his neighborhood like walking dogs, fixing fences, mowing lawns, etc.
- Researching different career paths and industries.
- Attending therapy at the drop-in center.
- Connecting with the drop-in center workforce staff to discuss different career paths.
- Working with mentors for guidance and support.

GOALS

- Identify a career path that aligns with his interest and skills.
- Find a stable job within his ideal field that puts him on the path to a meaningful career.
- Find safe and stable housing close to his job.
- Build a support network with positive influences.
- Rebuild confidence.

NEEDS

- Coaching and mentorship to help identify career paths and opportunities that match his interests.
- Financial support/resources to help with living expenses, food, clothes, and other basic needs.
- Assistance in finding stable and supportive housing.
- Access to mental health resources to help cope with past trauma and disconnection from family.
- Workforce programs with tangible results (like stable job offers) post-graduation.

CHALLENGES

- Difficultly in maintaining stable income due to the nature of random jobs.
- Lack of support in his immediate environment, hindering his motivation and self-esteem.
- Struggling with the emotional impact of family rejection.
- Feeling lost and unsure about what career options are available or suitable for him.
- Unstable living environment, making it challenging to focus on personal growth.

Behavioral Health: Opportunity Youth Disconnected from Work

JAVIER'S JOURNEY

Javier Martinez, a young Latino man from South Los Angeles, has a passion for cooking and dreams of one day opening his own restaurant. Despite his talent and drive, he struggles with anxiety and depression, often feeling overwhelmed and unsure how to move forward. Navigating these challenges while trying to find employment and his identity is his biggest challenge. Fortunately, he has a supportive family and community, allowing him to remain hopeful and optimistic.

INNER CIRCLE

- **Stacey** — Javier's friend

STAFF SUPPORT

- **Jordan** — Guidance Counselor, Lincoln
- **Maria** — Outreach Staff, Drop-In Center
- **Lilah** — Drop-Haven Staff
- **Amanda** — Job Coach, Goals
- **Jake** — Career Coach, Drop-In Center
- **Vincent** — Career Coach, Drop-In Center
- **Aprils** — Career Coach, Drop-In Center

CHANNEL

- In Person
- Desktop
- Phone
- Chat
- Cell Phone

THOUGHTS & FEELINGS

- Positive
- Negative

CLIENT JOURNEY

Background and Context

Javier grew up in a household marked by financial instability and emotional tension. As a creative and sensitive teenager, he often felt unseen in school. Teachers focused on discipline rather than support, and his academic performance suffered. His home life was riddled once and frequently harassed. On days he couldn't make it, school staff assumed he was disengaged.

Living in one of Los Angeles' most dangerous neighborhoods, Javier's daily journey to school was fraught with risk. With limited access to district busing, he often walked miles, crossing multiple gang territories. He was robbed once and frequently harassed. On days he couldn't make it, school staff assumed he was disengaged.

Despite the odds, Javier graduated high school. However, the achievement was overshadowed by personal turmoil. After coming out, his family reacted with hostility, and he was forced to leave home.

With nowhere to go and no formal support system, he began bouncing between temporary stays - sleeping on couches and occasionally outside. Each night was uncertain, and the emotional toll of rejection and instability weighed heavily on him.

Housing Instability

One of Javier's childhood friends, Stevie, offers a place to sleep in his car. It wasn't comfortable, but it was safe. Javier felt seen and understood by this friend, who had witnessed his struggles over the years. The gesture gave him a temporary sense of security, but it was far from sustainable.

Javier spent his days in survival mode, visiting drop-in centers for food, laundry, and a safe place to nap. He didn't have the energy to think about jobs or school. His focus was on getting through each day and staying safe.

Javier also searches online for help. He didn't know exactly what to look for, but he typed in phrases like "housing help" and "resources for homeless." He walked into public housing centers and resource hubs, asking questions and trying to understand what was available.

At one center, Javier learned about a hotel voucher program for unhoused youth. The idea was promising—he could stay in a motel for a few nights while they worked on next steps. Javier is assessed and Javier is also entered into the HMIS. That night, Javier slept in a bed for the first time in weeks. It was a turning point - he felt human again.

Temporary Housing Program

Javier was eventually enrolled in a temporary housing program, but it took persistence. He called the center multiple times to check on housing options. Staff followed up, calling around to find open beds and eventually got him into a shelter. Because Javier was couch surfing - not sleeping in a shelter or on the street - he was considered lower priority in the CES, making him ineligible for some programs and delaying access to others.

After weeks of persistence - calling the center, checking waitlists, and navigating eligibility barriers - Javier was finally placed in a temporary housing program. He had spent nights on couches, in his car, and in motels, never knowing where he'd sleep next. Now, he had a room, a bed, and a door he could close. Javier described it as one of the better moments he'd had in a long time.

During his first week in the temporary housing program, Javier met with his assigned case worker for an initial check-in. Together, they reviewed what Javier needed to stabilize his situation. The case worker helped him reapply for MediCal, food stamps (CalFresh), and General Relief (GR). Javier completed the applications and submitted them that same day. It was one of the first tangible steps toward rebuilding his life.

In his next meeting with his case worker, Javier is asked what kind of job or career Javier was interested in. Javier paused. He admits he didn't know - he had been focused on surviving day by day and hadn't had the space to think about the future. He said he wanted to do something creative, but couldn't name a specific path. Javier felt pressured and dismissed during his conversation with his case worker.

Drop-In Center Visit

Javier attended his first therapy session through the housing program. It wasn't mandatory, but his case worker strongly encouraged it. Hesitant and unsure, Javier showed up, not ready to share his story. The therapist, trained in trauma-informed care, didn't push. She focused on building trust - asking about his interests, routines, and what made him feel safe. Javier appreciated the space to just be himself. Over time, the sessions became a place where he could breathe.

During one of his therapy sessions, Javier's therapist recommends Job Corps - a program that could offer training and career support. She sent him the application link, and Javier applied that same day. Within hours, he received a phone call from the program.

After receiving the call, Javier looked through the training options offered by Job Corps. He saw programs in healthcare, IT, construction, and culinary arts—fields that spoke to some of them felt right. Javier had always been creative - he liked filming things on his phone, editing videos, and posting to TikTok. He wasn't interested in science, medical fields, or tech. He worried that enrolling in a program that didn't align with his interests would lead him down a path he couldn't finish.

While Javier considers his next steps, he visits a local youth drop-in center after hearing from a friend that the meals they served were really tasty. Staff encouraged him to engage with services, including career coaching. His assigned coach quickly recommended a bus driver training program.

Disappointed with his interaction with the career coach, Javier withdrew and just focused on eating.

Javier thrived in the photography class. He built a relationship with the teacher, who recognized his raw talent. However, his unstable housing and lack of transportation made consistent attendance difficult. Also, the only equipment Javier has is his iPhone. Additional editing software could only be accessed through the center's computer library which had limited access.

Through mentorship and creative exploration, Javier began to envision a future in film and photography. He started building a portfolio and researching career paths. He expressed a desire to find stable housing near the drop-in center and build a support network of positive influences.

STAFF JOURNEY

Jordan, the guidance counselor at Javier's school, observes Javier's frequent absences and tardiness but lacked the time and resources to investigate the underlying causes. Overwhelmed by caseloads and systemic constraints, she often misinterpreted his behavior as apathy. When Javier mentioned film and photography as an interest, Jordan told him that a creative career was unrealistic.

Maria, a staff member at one of the drop-in centers, recognizes Javier as one of many youth who came in regularly but didn't always engage with services beyond basic needs. Maria understands that survival mode makes it difficult for youth to think about next steps and tries to offer consistency and a sense of safety without pressure.

Maria sees Javier's determination and persistence. She understands how CES prioritization can overlook youth like Javier, who are still experiencing homelessness but don't fit the system's strict definitions. Maria advocates on his behalf, working to find a program that will accept him despite the barriers.

Lilah, a case worker, understood that Javier's basic needs had to be addressed immediately. She prioritized helping him re-establish benefits so he could access food, healthcare, and minimal financial support. It was a small but critical win in Javier's first week.

Lilah recognized Javier's uncertainty but also knew the urgency of his situation. With limited time and resources, she felt responsible for helping him find a viable path forward before his housing expired. The push wasn't about control - it was about trying to protect Javier from falling back into homelessness.

After a week in housing, Lilah grew concerned. Javier met requirements but remained emotionally distant and unsure of his future. With time running out, Lilah referred him to the program's therapist - hoping it would help him process his experiences and find direction.

Amanda, the therapist, recognized Javier's guardedness and knew that trust had to come before progress. She approached their sessions with patience, letting Javier set the pace. Her goal was to meet him where he was - not where the system expected him to be.

Seeing Javier's potential, Amanda understood he needed more than just housing - he needed a pathway forward. She introduced Job Corps as a next step, knowing it could offer structure, skill-building, and a sense of direction.

Vincent, a career coach in the drop-in center heard about Javier's situation and aimed to connect him with a stable job. There was a city bus driving program that offered good pay and benefits. However, Javier showed little interest, which Vincent interpreted as resistance or lack of motivation.

Jake, a mentor at the drop-in center, noticed Javier's discomfort and chose a different approach. He took time to build trust, listening to Javier's story without judgment. When Javier mentioned his interest in film and photography, Jake connected him to a photography class offered at the center taught by Apollo.

Apollo saw Javier's natural eye for storytelling and encouraged his growth. But he was concerned about Javier's inconsistent attendance and the barriers he faced outside the classroom. Apollo wishes there were more supports in place to help him stay engaged.

Jake believed Javier needed a pathway that aligned with his strengths and interests - not just any job, but one that could lead to long-term fulfillment. Since he had a rapport with Javier, they worked on a plan that would in the short-term grant some financial stability with enough flexibility for Javier to grow his photography skills.

TOOLS

- **Intake**
- **Google**
- **Coordinated Entry System (CES)**
- **Homeless Management Information System (HMIS)**
- **CES**
- **Phone Calls**
- **CES**
- **HMIS**
- **HMIS**
- **Housing Program Intake**
- **BenefitsCal**
- **JobCorps**
- **Program Research**

THOUGHTS & FEELINGS

"I was homeless, becoming second from place to place."

"Basically we just searching up things, trying to find out. Public resources I guess. Like where we can go, where we can go walk in, check it out."

"Where they said they were giving vouchers for hotel rooms... it was a hotel voucher program for youth who were sleeping in the houses I can."

"The moment that I'm having right now is basically... one of the better moments I've had in a while."

Support systems fail when eligibility is met with discipline
Schools and families often lack the tools to support LGBTQ+ youth, leading to disengagement when students struggle with challenges. For students like Javier, discipline is prioritized over understanding, and emotional needs are overlooked - especially when compounded by fear of rejection at home. This reflects a broader systemic failure to create affirming, trauma-informed environments where youth can be seen, supported, and safe.

Safety concerns are misread as disengagement in high-risk communities
Youth living in high-risk neighborhoods often face daily safety threats just to access education, yet school systems rarely account for these realities when interpreting attendance or performance. Without transportation support or trauma-informed staff training, students like Javier are misread as disengaged rather than endangered. Overburdened counselors and low trust environments where youth can't be seen, supported, and safe.

Lack of affirming support paves identity disclosure into reinforcement
Youth who are at heightened risk of family rejection and homelessness, yet systems often lack the preventative supports needed to intervene before crisis. Javier's hesitation to disclose his identity reflects a broader pattern, fearing resources he could help prevent with housing and emotional connection - turning a moment of personal truth into a pathway to displacement.

Systems expect engagement before meeting basic needs
Programs often expect youth to engage in services before their basic needs or emotional safety are addressed. For young people like Javier, who are focused on surviving day to day, this creates barriers to participation. This reflects a need for destigmatizing disengagement rather than meeting them where they are.

Staff who go beyond the minimum make lasting connections
Javier's consistent follow-up by both youth and staff can make a difference in navigating complex housing systems, especially when staff are willing to advocate and track down resources. This reflects a broader need for trauma-informed practices and staff who go beyond the minimum to help youth access shelter.

CES declarations could confine youth during their vulnerability
The Coordinated Entry System (CES) often deprioritizes youth who are couch surfing, despite their instability and vulnerability. This rigid system can overlook young people in need of assistance for many young people, reinforcing the false notion that only visible homelessness warrants urgent support.

Persistence and advocacy make housing access possible
Javier's youth finally access stable housing after prolonged instability. It can be a transformative moment that restores dignity, safety, and hope. This reflects the critical role of persistent assistance for many young people, reinforcing the false notion that only visible homelessness warrants urgent support.

Youth heal when theyre listened to, their voice and experiences
Youth participants are trained in trauma-informed care and allow youth to set the pace. It creates a new space for emotional safety and authentic healing. Amanda's trauma-informed approach created a safe space where Javier helped Javier begin to see therapy not as a system demand, but as a space where he could finally exhale.

Support must align with youth interests to build momentum
Career services often prioritize quick job placement over youth-centered exploration, leading to mismatches between opportunities and personal goals. When youth aren't supported in finding work that aligns with their interests or quality rather than a sign that the system isn't listening, which reinforces disengagement instead of fostering motivation.

Youth thrive when short-term stability aligns with long-term vision
Career coaches take time to understand a young person's passions and align short-term stability with long-term goals. It creates a pathway that feels both achievable and meaningful. Javier's growth didn't have to be mutually exclusive - a role but powerful shift in how systems can support youth holistically.

PROGRAM AND PROCESS

Used in the journey

- Process
- Program
- Resource

LAHSA: Find a Shelter App

LA County: Interim Housing Resources

LA County: Interim Housing Resources

LA County: Coordinated Entry System

LAHSA: Coordinated Entry System
Developed to efficiently connect individuals experiencing homelessness with necessary resources and housing.

Various CBOs: T&Y Drop-In Center
Designed to provide T&Y with low-barrier access basic needs like food and clothes and connect them with a suite of social, education, and workforce services.

LA Job Corps: Jobcorps Eligibility
Application based program that supports youth in achieving their career goals by providing educational support, training, counseling, and for some programs housing, medical, meals, supplies, and more.

Various CBOs: T&Y Drop-In Center
Designed to provide T&Y with low-barrier access basic needs like food and clothes and connect them with a suite of social, education, and workforce services.

Department of Arts and Culture: Creative Pathways Study
Designed to develop pathways that prepare youth for careers in the arts and creative industries, including work-based learning and apprenticeship models.

Safe Place for Youth: Hayden Arts Encouragement
Designed to provide a nurturing environment for creative expression.

Jamal Williams, 19, he/him

Population
Opportunity Youth

Demographic
Gen Z

Location
Watts

Education
Some High School

Work
Unemployed

"**How many more straws gotta go on the camel's back** until I or the County finally breaks down?"

BIO

Jamal is a 19-year-old opportunity youth from Watts, navigating life without stable housing, employment, or formal education. He grew up in a neighborhood marked by generational poverty, systemic neglect, and limited access to resources. As a teenager, Jamal faced intense financial strain at home, often stepping into adult responsibilities to support his grandmother, who raised him with love but couldn't provide the male guidance he craved.

School was never a safe or supportive space. Jamal struggled academically and emotionally, and after being expelled from all LAUSD campuses following a fight triggered by stress, he disconnected from education entirely. The system never asked why - only how fast it could remove him.

With no clear path forward, Jamal found belonging in his neighborhood, where gang culture offered food, protection, and a sense of identity. Now at 19, Jamal has little interest in pursuing his GED or seeking employment. He feels disconnected from formal systems, including social services and job programs, and spends most of his time with his neighborhood friends who share similar feelings of disconnection. The influence of the gang culture around him acts as a powerful social network, providing a sense of belonging but also limiting his access to positive opportunities and contributing to a cycle of instability in his life.

PERSONALITY

Unmotivated — Motivated

Insecure — Confident

Vulnerable — Resilient

Pessimistic — Optimistic

STRESS

Low — High

SERVICES & PROGRAMS

- None, Jamal does not engage with County or CBOs for services or supports.

PRIMARY TASKS

- Maintaining personal safety in his direct environment, which can be unpredictable.
- Earning income through informal jobs, oftentimes made in illegal ways.
- Accessing basic needs without relying on formal systems like social services.
- Identifying opportunities for additional revenue streams.

GOALS

- Safety and stability for himself and his close friends.
- Increase financial independence by finding consistent ways to earn income that don't involve illegal activities.
- Find a pathway out of his high-risk environment to reduce gang exposure but keep social acceptance.

NEEDS

- Access to safe environments where he won't feel judged or pressured to engage with formal systems.
- Peer mentors with lived experience who can offer guidance and coaching based on a shared understanding of what Jamal is going through.
- Flexible, informal education or vocational training that are not tied to traditional schooling.
- Access to basic resources like food, clothing, hygiene, and safe housing.

CHALLENGES

- Distrust in formal systems resulting in not accessing services he's eligible for that could help overall stability and connection.
- Fear of being judged or stigmatized by peers or community members if he seeks help.
- Lack of education and no work experience translating to limited skills.
- Lack of support in his immediate environment, hindering his motivation, self-esteem, and ability to make decisions for himself.

Behavioral Health: Opportunity Youth Disconnected from Work

JAMAL'S JOURNEY

Jamal (he/him), a disconnected youth expelled from all LAUSD schools, initially turns away from education, relying on his neighborhood and hustling to survive. Despite facing significant challenges from a local CBO, he begins to re-engage with education and vocational training, navigating systemic barriers and emotional challenges along the way.

INNER CIRCLE

- **Liam** — Jamal's Neighbour
- **Danna & Kahlil** — Jamal's Friends
- **Chris** — Jamal's Neighbour

STAFF SUPPORT

- **Michael** — Guidance Counselor, LAUSD
- **Ms. Amy Jerod** — Teacher, LAUSD
- **Carlos** — Peer Mentor, CBO

CHANNEL

In-Person · Desktop · Phone · Form

THOUGHTS & FEELINGS

Positive · Negative

PROGRAM AND PROCESSES

Used in the journey · Applicable to the journey · Process · Program · Resource

Background and Context

CLIENT JOURNEY

Jamal spends most of his days navigating his neighborhood in Watts, where gang culture offers him food, protection, and a sense of belonging.

Jamal was raised by his grandmother, whom he deeply respects. She gave all she could, and he's grateful. But she couldn't show him how to be a man. Jamal felt the gap - strong as she was, she wasn't someone he could turn to for male guidance.

Jamal learned survival and loyalty from older men in his neighborhood. His older friend Liam, who sees the gang as protection and community care, made sure Jamal had food when he didn't. Loyalty, to Liam, means never letting someone from the block go without.

STAFF JOURNEY

TOOLS

Attendance Tracker

THOUGHTS & FEELINGS

"It takes a village to raise a man, too... My grandmother didn't know how to raise a man."

"All my business is my childhood trauma... they see me, all the BS I've been through since I was a little kid, so they understand me."

Lack of community investment makes gang culture a choice
In neighborhoods with high levels of poverty and violence, gang involvement often fills the void left by under-resourced systems, offering youth food, safety, and a sense of belonging. For young people like Jamal, the absence of accessible, affirming community spaces and economic opportunities makes gang culture not just a risk, but a survival strategy. This reflects a systemic failure to invest in place-based, youth-centered alternatives that meet basic needs and foster identity, purpose, and connection.

Lack of male mentorship leaves youth searching for identity elsewhere
Many boys growing up in female-led households lack access to affirming, emotionally available male role models - a gap that systems rarely address. While caregivers like Jamal's grandmother provide love and stability, the absence of culturally grounded male mentorship leaves youth searching for identity and guidance elsewhere, often in environments that reinforce harmful norms or expose them to risk.

Informal networks meet youth needs when systems don't
In the absence of accessible food, safety, and mentorship, youth often turn to informal networks, like gangs, to meet basic needs and feel protected. For Jamal, relationships with older peers like Liam filled critical gaps left by underfunded systems and disconnected institutions. This reflects a systemic failure to provide community-rooted, culturally relevant alternatives that offer belonging without risk.

School Experience

CLIENT JOURNEY

After weeks of missed classes, Jamal is called into a meeting with the school counselor. Already overwhelmed, he snaps when blamed for his absences. No one asks about the danger he faces getting to school. His pain is misread as aggression. He leaves feeling even more alienated.

After a tense meeting with the counselor, Jamal returned to class upset. Ms. Jerod noticed and quietly offered her room as a lunch break space. Jamal accepted. In the quiet, he found peace - not a solution, but a moment of relief. It mattered.

Ms. Jerod suggested therapy, but Jamal shut it down. He didn't need it. His last experience with therapy, the school counselor, left him feeling judged. Therapy felt weak - and Jamal didn't want his friends thinking he couldn't handle life.

Later that week, police raid Jamal's neighborhood to arrest Liam—the friend who once fed him. Seeing kindness punished confirms Jamal's belief that systems harm his community. He and his friends agree: loyalty to the block comes first. Jamal's trust in outsiders fades.

After a stressful day - no food, long commute - Jamal snaps and gets into a fight at school. He's overwhelmed, angry, and exhausted. The system doesn't ask why. He's kicked out - not just from school, but from all LAUSD campuses.

STAFF JOURNEY

Michael sees Jamal's reaction as defiance. He doesn't know Jamal walks through gang territories or was recently robbed. With no tools to understand Jamal's reality, Michael assumes disengagement, unintentionally reinforcing Jamal's distrust in school.

Ms. Jerod saw something in Jamal that others missed. She didn't need to know every detail to recognize that Jamal was carrying something heavy. By offering his classroom as a safe space, Ms. Jerod created a small pocket of trust.

Ms. Jerod offered a referral, knowing Jamal needed more support. But she saw his resistance. Without trusted mentors or culturally relevant care, therapy felt out of reach. She wished Jamal had someone he could truly relate to.

Michael, the school counselor, gives up on Jamal. No follow-up, no support. Jamal's friends hear the news and see it as proof: the system doesn't care. Jamal's loyalty to his neighborhood grows.

TOOLS

THOUGHTS & FEELINGS

"When I wasn't at home, school was an escape. I could hang around teacher's rooms, they were more like parents to motivate me to do certain things. Once they knew our situation, they would try to help us more and they would actually look online to try to find resources for me."

"If someone's been through it, I'll listen."

Unsafe environments shape behaviors schools fail to understand
School systems often misinterpret trauma-related behaviors and survival-driven absences as defiance, especially for youth navigating unsafe environments. Without mechanisms to understand the external realities students face like walking through gang territories, educators may unintentionally reinforce alienation and distrust, pushing youth like Jamal further from the support they need.

Trust grows when care is offered without demands
When educators create low-pressure, emotionally safe spaces, it can offer youth a rare moment of calm and connection. Ms. Jerod's quiet act of care helped Jamal feel seen without needing to explain himself, building trust through presence rather than pressure.

Trauma-informed support: Left to chance
School systems often lack structured, trauma-informed practices to support students in crisis, leaving emotional care to individual staff discretion. Without systemic support, moments like Jamal's are only possible when a caring adult notices and acts.

Recognizing self-protection builds safety and connection
When educators recognize resistance as self-protection rather than defiance, they can respond with empathy instead of pressure. Ms. Jerod's effort to offer a referral while respecting Jamal's boundaries reflects a trauma-informed approach that honors youth autonomy.

Support must feel safe to be effective for youth of color
Therapy is often stigmatized among young men of color, especially when past experiences with school-based mental health feel judgmental. Mental health support remains out of reach - not because they don't need it, but because the system hasn't earned their trust.

Law enforcement fractures informal safety nets
When law enforcement actions target individuals who serve as informal caregivers or protectors in under-resourced communities, it reinforces the belief that systems punish rather than protect. For youth like Jamal, witnessing someone like Liam - who once helped him survive - being criminalized deepens distrust and strengthens loyalty to peer networks over institutions. This reflects a broader failure to invest in community-rooted safety and healing, leaving youth to rely on each other in the absence of trusted systems.

Zero-tolerance policies punish youth in crisis
Zero-tolerance discipline policies often remove youth from school without addressing the root causes of their behavior like trauma, hunger, or chronic stress. Jamal's expulsion from all LAUSD campuses reflects a punitive system that prioritizes removal over repair. Without restorative practices or follow-up support, youth are pushed further into isolation, reinforcing the belief that systems abandon rather than invest in them.

GED Program

CLIENT JOURNEY

Kicked out of LAUSD schools, Jamal disconnects from education and finds comfort in his neighborhood. He hustles for cash and leans on his community to survive. His bond with Liam and others deepens—they've been through the same and have his back.

Jamal sees Chris from his block getting picked up by a local org. Curious, he learns Chris is earning a GED and taking a welding class there. Chris likes the smaller, more engaging setup and offers to bring Jamal next time.

Jamal tags along with Chris to his GED program. He meets Jordan, the program coordinator who gives him a tour and a hot meal. Jamal is hesitant because he needs money now. Why sit in class when he could be earning?

STAFF JOURNEY

Jordan sees Jamal's hesitation and meets it with patience. She introduces him to other staff - some from the neighborhood. She connects him with Carlos, a peer mentor, at the program.

TOOLS

BenefitsCal

THOUGHTS & FEELINGS

Peer connections open doors, formal systems can't
Peer connections can serve as powerful entry points into education and workforce programs, especially when trust in formal systems is low. Chris's invitation to Jamal reflects the importance of youth-led outreach.

Youth need early, accessible info - not last-minute flyers
Youth often learn about alternative education and training opportunities informally, rather than through proactive outreach from schools or systems.

Peer mentorship and patience create trust
When programs offer warm welcomes, peer mentorship, and culturally grounded staff, they create a bridge for youth who are hesitant to reengage. Jordan's patience and the introduction to Carlos reflect a trauma-informed approach that prioritizes trust-building over immediate enrollment.

Education feels out of reach when survival comes first
Many programs underestimate the urgency of financial need for youth disconnected from school, making education feel like a luxury rather than a lifeline. Without integrated pathways that combine income generation with learning, youth like Jamal may disengage - not because they don't care, but because survival comes first.

County Benefits

CLIENT JOURNEY

Jamal's unsure about starting the GED program - he needs money now. School feels like a delay.

Jamal hesitates to apply for benefits - he's wary of dealing with government systems. It feels risky and unfamiliar. Carlos reassures him: "You're not asking for favors - you're owed this." Together, they fill out online applications for General Relief, CalFresh, and Medi-Cal.

The benefits process is slow and frustrating. Jamal misses a scheduled call from DPSS while handling something urgent. When he calls back, he's stuck on hold for hours - time he could've spent hustling. He turns to Liam to find quick jobs, distancing himself from Carlos and the system.

Jamal's benefits application is denied. Frustrated and tired of calling county offices, he starts to pull away. The hours on hold feel like wasted time - time he could've spent hustling. He turns to Liam to find quick jobs, distancing himself from Carlos and the system.

Jamal's trust in the system is eroding. Denied benefits and long wait times feel like disrespect. He's losing patience and sees even Carlos as part of the same broken system.

STAFF JOURNEY

Carlos understands Jamal's situation - he's lived it. He explains how education can lead to better pay long-term but doesn't push. Instead, Carlos listens, shares his story, and helps Jamal apply for General Relief, CalFresh, and Medi-Cal.

Carlos sees Jamal's hesitation and meets it with empathy. He knows the fear of systems that haven't always helped. He walks Jamal through each step, making sure he feels safe and informed. Carlos shows that support means standing beside someone, not ahead of them.

The DPSS worker, David, is overwhelmed, juggling a massive caseload. They didn't mean to call late - but with back-to-back appointments and limited resources, it happens. David wants to help, but the system leaves little room for real connection.

Carlos sees Jamal slipping away. He understands the disappointment - he's been there. He encourages Jamal to try again, explaining that it sometimes takes multiple attempts. Carlos reminds Jamal he's always there if he needs help or just a ride.

Carlos doesn't give up. His empathy and lived experience help him stay grounded. Though Jamal steps back, Carlos leaves the door open. That steady presence could be what brings Jamal back when he's ready.

TOOLS

BenefitsCal

THOUGHTS & FEELINGS

"It's a runaround, it's a call this number, then that, then hold for 30 minutes... When the phone hangs up."

"All my money is through, like, myself and I am stuff."

Peer mentorship turns fear into empowerment
When peer mentors walk youth through intimidating systems step by step, it transforms fear into empowerment. Carlos's approach - grounded in empathy and shared experience - helped Jamal feel safe enough to access benefits he was entitled to.

Fear and stigma keeps youth from accessing benefits they deserve
Many youth avoid applying for public benefits due to fear, stigma, or past harm from government systems. Without culturally responsive, peer-led navigation, critical supports remain underutilized - not because youth don't qualify, but because the system doesn't feel safe.

Long wait times and missed calls block youth from urgent support
Public benefits systems are often inaccessible to youth in crisis with long wait times, missed-calls, and overburdened staff creating barriers to basic support. Jamal's experience reflects a broader systemic failure to design youth-friendly, responsive services where one missed call can mean weeks of delay and a growing sense of distrust.

Benefit delays push youth toward survival strategies over systems
Bureaucratic delays and benefit denials often push youth back toward informal economies and survival strategies, reinforcing cycles of disconnection. For young people like Jamal, one setback can confirm long-held beliefs that systems are unreliable, especially when the cost of trying again feels higher than the risk of hustling.

PROGRAM AND PROCESSES

Various CBOs: TAY Drop-In Center
Designed to provide TAY with low-barrier access basic needs like food and clothes and connect them with a suite of social, education, and workforce services.

Youth Justice Coalition: Fight for the Revolution that Will Educate and Empower (FREE) Los Angeles
Designed for youth ages 16 to 24 to build stronger youth leadership and increase students' core academic skills through a curriculum that trains young people in direct action organizing, campaign research, media and communications, activist arts, public policy development and advocacy, and transformative justice (to heal from violence and to prevent future violence).

Various CBOs: TAY Drop-In Center
Designed to provide TAY with low-barrier access basic needs like food and clothes and connect them with a suite of social, education, and workforce services.

DOMAIN: Housing & Homelessness

Transition Age Youth

Em Rodriguez, 19, they/them

Population

Transition Age Youth
Former Foster Care

Demographic

Gen Z

Location

Florence

Education

High School Diploma, attending college

Work

Unemployed

"There were so many different people I had to go through for different things. It took a lot of energy, I would get stressed out easily, **I felt like at this point I just didn't want services anymore**."

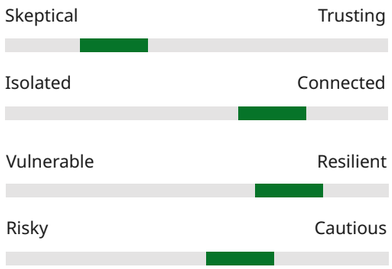
BIO

Em entered foster care at 13 and experienced numerous placements, working with over 30 social workers throughout their journey. At 17, feeling done with the system and yearning for independence, they were adopted by their grandmother. However, after their grandmother passed away and other family members moved in, Em chose to move out and began couch surfing with friends.

A turning point came when a friend who was in a THP invited Em over to see her apartment. Experiencing the living space firsthand helped Em realize that the program wasn't as daunting as they had thought. This positive experience encouraged them to call the hotline and opt back into the system under AB 12.

Despite their challenging past, Em is resilient and determined to create a stable life. They learned to navigate the complexities of the foster care system largely on their own, relying on networking and their resourcefulness to access services. Em has a strong desire to help others in similar situations, believing that lived experience is crucial in serving these populations. As a former foster youth, Em attending college for free and is connected with the Guardian Scholars program to pursue a degree in nursing to help their community. They remain focused on building a stable, independent life while advocating for expanded support for youth transitioning out of the foster care system.

PERSONALITY



STRESS

SERVICES & PROGRAMS

- THP
- AB 12
- Medi-Cal
- CalFresh
- Guardian Scholars Program
- Mental Health Services

PRIMARY TASKS

- Attending classes to pursue their degree in nursing with the support of Guardian Scholars.
- Completing assignments and engaging in coursework to enhance their knowledge.
- Maintaining a budget to manage their allowance and save up for their own place.
- Engaging in workshops to improve independent living skills.

GOALS

- Successfully earn their degree in nursing to help their community.
- Transition from the THP to independent living with a stable housing situation.
- Establish connections with professionals in nursing and related fields to enhance career opportunities.
- Attain financial stability through savings and employment.

NEEDS

- Access to safe and affordable housing options post-THP.
- Continued financial support through scholarships, grants, or increased funding from AB 12.
- Guidance from experienced professionals in nursing to navigate their career path.
- Information on services available for youth transitioning out of foster care, including mental health support and job training.
- Opportunities to connect with peers and mentors who understand their experiences.
- Access to transportation for commuting to college classes and internships.

CHALLENGES

- Difficulty understanding and accessing available resources and services.
- Coping with the loss of their grandmother and the instability of their past living situations.
- Juggling college, personal life , and ILP classes while maintaining focus on their goals.
- Managing living expenses while saving for the future.
- Overcoming past experiences with numerous social workers and developing trust in new support systems.

Homelessness & Housing: TAY (Foster Care - Successful Plan)

EM'S JOURNEY

Em (they/them) re-entered foster care through AB 12 after losing their grandmother and facing an unstable living situation. With support from their friend Jenna and social worker Marisol, they navigated housing, college enrollment, and benefits, while processing grief and rebuilding their future.

INNER CIRCLE

- Heather – Em's Grandma
- Jenna – Em's Friend, AB 12 Youth

STAFF SUPPORT

- Amanda – Social Worker, DCFS
- Jennifer – Social Worker, DCFS
- Timothy – Social Worker, DCFS
- Thomas – RFA Social Worker, DCFS
- Caitlin – Adoption Social Worker, DCFS
- Judge Marshall – Judge, Superior Court of California
- Jeremiah – Hotline Operator, DCFS
- Marisol – AB 12 Social Worker, DCFS
- Denise – Eligibility Worker, DPSS

CHANNEL

- In-Person
- Desktop
- Phone
- Form

THOUGHTS & FEELINGS

- Positive
- Negative

PROGRAM AND PROCESSES

- Used in the journey
- Applicable to the journey
- Process
- Program
- Resource

Transition Planning

CLIENT JOURNEY: A year after entering foster care, Em began formal transition planning at age 14. They met with their social worker to discuss goals for adulthood, such as education, employment, and housing. At this stage, Em was focused on surviving the foster care system (feeling safe, accessing basic needs) not what their plan would be at 18.

STAFF JOURNEY: Amanda, a social worker with 2 years of experience, spends her first meeting with Em getting to know them. Together, they develop Em's TILP to set goals. Amanda can sense Em's disengagement but is hopeful they will start to open up more.

TOOLS: Child and Adolescent Needs and Strengths (CANS); Transitional Independent Living Plan (TILP)

THOUGHTS & FEELINGS: **Planning before emotional readiness** – Transition planning often begins before youth feel emotionally safe or developmentally ready to think about adulthood. For youth focused on surviving the system day-to-day, early planning can feel abstract or irrelevant - especially when it's driven by timelines rather than readiness.

PROGRAM AND PROCESSES: DCFS: Introduction to Transition Planning
- Beginning at 14, provide an overview of the structured pathway for TAY aging out of foster care
- Coordinate with ILP, TSP, SHD, LAHSA, SSI Unit, etc.

CLIENT JOURNEY: During the second meeting, Em can tell that Amanda is making an efforts and tries to engage but remains focused on immediate needs and are not yet ready to invest emotionally in long-term planning.

STAFF JOURNEY: At their next meeting, Amanda reviews Em's progress on the TILP and checks in about any changes in Em's circumstances or goals. Amanda notices that Em remains somewhat disengaged, responding briefly and avoiding deeper discussion the future. Amanda also asks Em about any challenges they're facing at school or in their placement, offering to connect them with additional supports if needed.

TOOLS: CANS; TILP

THOUGHTS & FEELINGS: **Planning without basic needs met** – Transition planning often assumes youth are ready to engage in long-term goal setting, even when their basic needs or emotional safety haven't been addressed. Without flexibility to meet youth where they are, planning can feel performative - more about meeting system timelines than supporting real readiness.

STAFF JOURNEY: After several months, Amanda feels the emotional toll of high caseloads and secondary trauma. She gives notice and meets with her supervisor to initiate a formal case transfer for Em.

TOOLS: Case Management System (CMS)

CLIENT JOURNEY: Em approaches the meeting with Jennifer cautiously, they're wary of investing emotionally in another new adult. There's a sense of "here we go again" - Em expects to have to retell their story and isn't sure if Jennifer will understand their unique needs.

STAFF JOURNEY: Jennifer, Em's new social worker, schedules her first in-person meeting with them soon after taking over the case. She arrives prepared, having thoroughly reviewed Em's history, TILP, recent CANS assessment, and notes from Amanda. Jennifer introduces herself to Em and their caregiver, acknowledging the recent transition and expressing her commitment to continuity and support.

TOOLS: CMS; CANS; TILP

THOUGHTS & FEELINGS: **Disrupted trust from turnover** – Frequent staff turnover forces youth to repeatedly rebuild trust and retell their stories, often leading to emotional fatigue and disengagement. Without structured, trauma-informed transition practices, each new worker can feel like a reset which reinforces the belief that relationships in the system are temporary and conditional.

PROGRAM AND PROCESSES: DCFS: Early Transition Preparation
- At 15, CSW initiates discussion around independent living skills, identifies key resources for youth and care givers, and provides intro to ILP
- At 16, ILP educates youth on available ILP services, encourages participation in life skills training, career exploration, and employment resources, and starts tracking TAY progress through periodic assessments

CLIENT JOURNEY: At age 16, Em begins to think seriously about permanency. Through ongoing transition planning meetings with their social worker, who is now Timothy, Em expresses a strong preference to be adopted by their grandmother, who has been a consistent and supportive figure throughout their life.

STAFF JOURNEY: Following the turnover of Em's previous social worker, Timothy acknowledges the disruption caused by the transition and reassures them of his commitment to supporting their goals. He recognizes the importance of family connections and initiates a kinship adoption assessment, explaining the steps to both Em and their grandma. Timothy coordinates with the Resource Family Approval (RFA) unit to begin the home study and ensures they understand their rights and responsibilities.

TOOLS: CANS; TILP

THOUGHTS & FEELINGS: "I just wanted it to be over with... after so long being in the system, I just wanted it to be done."

Relational permanency strengthens stability – When staff prioritize permanency planning rooted in youth voice and family connection, it strengthens long-term stability and belonging. Timothy's proactive coordination with kin and cross-agency partners reflects what's possible when systems center relational permanency, not just placement.

Turnover disrupts permanency progress – Staff turnover can delay or disrupt permanency planning, especially when new workers must rebuild trust and reestablish momentum which risks losing progress toward the very outcomes that offer them long-term stability and belonging.

PROGRAM AND PROCESSES: DCFS: Transition Planning and Skill Development
- At 16, TILP updated every 6 months with CSW
- Youth is referred to ITSP and is assigned a Transition Development Specialist (TDS)
- Supplemental Security Income (SSI) is conducted at 16 1/2 by CSW, with support from SSI; if eligible, application process begins with caregiver and youth participation
- Youth is informed about public benefits and is provided support in applying for medical insurance
- Transitional Conference is conducted either Senior Year or any time as needed to explore funding and support options, discuss AB 12, and provide Dependency Letter to access benefits

DCFS + Probation: Individualized Transition Skills Program (ITSP)
Developed to enhance daily life skills and to promote Self-Sufficiency of the TAY served.

Adoption Process

CLIENT JOURNEY: Heather completes the RFA application and attends an orientation about the process. She also participates in a home environment assessment and safety inspection and submits to background checks (fingerprinting) for herself. She works with Thomas to attend pre-approval training sessions and interviews to discuss her readiness and ability to care for Em.

STAFF JOURNEY: Thomas works closely with Heather to guide her through application and orientation, explaining each step. He conducts the home inspection and so all safety standards are met, including coordinating and reviewing background checks. Once all requirements have been met, he prepares a written report that approves Heather a Resource Family - clearing the way for Em's adoption.

TOOLS: RFA Written Report

THOUGHTS & FEELINGS: **Clear RFA support enables stable placements** – When caregivers are supported through the RFA process with clear guidance and consistent communication, it supports successful, stable placements. Thomas's hands-on support and transparency helped Heather navigate a complex system, clearing the path for Em's permanency with someone they already trust.

Overwhelming RFA process delays permanency – The RFA process can be lengthy, bureaucratic, and overwhelming for kin caregivers - especially those unfamiliar with child welfare systems. Without dedicated support and clear communication, families may struggle to complete the process, delaying or derailing permanency for youth who already have strong relational ties.

CLIENT JOURNEY: Em listens quietly, absorbing the information. There's a mix of relief and cautious optimism; after months of uncertainty and paperwork, the path to permanency feels real.

STAFF JOURNEY: Timothy, having just received confirmation from the Resource Family Approval unit, picks up the phone to call Em. Timothy shares the good news: Em's grandma has officially been approved as a Resource Family, meaning all the necessary assessments, background checks, and training are complete.

TOOLS: CANS; TILP

CLIENT JOURNEY: Em and Heather meet with Caitlin, excited that the process seems to be moving along as desired.

STAFF JOURNEY: After Timothy initiates the adoption process, Caitlin steps in. As the case transitions, Caitlin connects with Em and their grandma to assemble the adoption petition packet which includes Em's written consent, the RFA Written Report/home study, and the drafted Adoption Agreement. She double-checks attachments, then routes the packet for filing.

TOOLS: Adoption Agreement

THOUGHTS & FEELINGS: **Transparent transitions preserve progress** – When case transitions are handled with transparency, continuity, and clear communication, they can preserve momentum toward permanency.

Fragmented transitions feel like restarts – Even in well-managed transitions, the need for multiple handoffs between workers can introduce delays and emotional uncertainty for youth and caregivers. Without streamlined processes and relational continuity, each new step in the adoption process risks feeling like a restart rather than a progression.

CLIENT JOURNEY: Em feels frustrated and stuck, describing the process as slow and impersonal. The delay adds to their anxiety and longing for stability, as Em just wants the adoption to be finalized and their time in the system to end.

STAFF JOURNEY: After Caitlin submits petition and documents, the court begins processing the case. During this stage, a clerical error is discovered - Em's grandma's name is misspelled, meaning the court cannot set a hearing date until corrected. Caitlin updates the paperwork and resubmits.

THOUGHTS & FEELINGS: **System mistakes delay closure and stability** – Clerical errors and bureaucratic delays in the court process can stall critical milestones like adoption, adding emotional strain to youth already longing for closure. For youth like Em, even minor mistakes can feel like major setbacks which reinforces the perception that the system is slow, impersonal, and out of touch with their urgency for stability.

CLIENT JOURNEY: When the adoption is approved, Em feels overjoyed and deeply relieved. The long wait and uncertainty are finally behind them, and they can look forward to a stable, loving home with their grandma. There's a sense of happiness, comfort, and hope for the future - Em feels safe, wanted, and excited to start this new chapter surrounded by family.

STAFF JOURNEY: Once the paperwork is corrected, the court sets a hearing date. At the hearing, Em and their grandma appear before Judge Marshall, sign the Adoption Agreement, and then he issues the Order of Adoption. With the adoption approved, Em officially moves in with their grandma as their legal parent.

THOUGHTS & FEELINGS: **Aligned systems make permanency real** – When the adoption process is completed with care and clarity, it offers youth a powerful sense of closure, belonging, and emotional safety. Finalizing Em's adoption with their grandmother affirms that permanency is possible when systems align around youth voice, family connection, and timely coordination.

CLIENT JOURNEY: At 17, Em's adoption was finalized and they felt a sudden and unexpected silence from the system that had shaped so much of their life. The regular check-ins and guidance from social workers stopped abruptly, leaving Em to navigate new responsibilities and opportunities on their own.

THOUGHTS & FEELINGS: "Even though I was adopted, doesn't mean I have all of the supports that are provided to transition age youth... I feel like there's a drop off the second you are no longer part of the system"

No aftercare leaves youth adrift – Post-adoption support is often nonexistent or abruptly withdrawn, leaving youth to navigate adulthood without the guidance they've come to rely on. For youth like Em, the sudden silence after case closure can feel disorienting and isolating - a stark contrast to the system's previous oversight. This lack of aftercare planning reflects a broader failure to recognize that permanency doesn't end with paperwork; it requires ongoing, developmentally appropriate support.

PROGRAM AND PROCESSES: Part of Roots in Motion – DMH (partnership): LA Rooted
A youth advocacy program focused on addressing equitable access and empowerment, empowering youth for transformation, providing holistic education, fostering positive relationships, and promoting self-healing and self-love

Crisis & Displacement

CLIENT JOURNEY: At 18, Em's grandma passed away and extended family moved in. They quickly recognized that this living situation wouldn't work for them. Without a job or experience, and no savings, Em reached out to an old friend to stay with them until they figured out a new plan.

THOUGHTS & FEELINGS: "After the adoption was done, the social workers... just left me alone. No one reached out anymore."

"The bridge or veil to knowing where resources are has been put up again and I don't know where to start."

No safety net after adoption – Post-adoption support systems often fail to account for long-term stability, leaving youth vulnerable when unexpected life changes occur. When Em's grandmother passed away, there were no built-in safety nets or follow-up supports to help them navigate grief, housing instability, or shifting family dynamics, exposing a critical gap in permanency planning that assumes stability ends with legal finalization.

CLIENT JOURNEY: Feeling lost, Em texted Jenna (their longtime friend from foster care) to talk. Jenna invited Em over to her apartment, a THP through AB 12 that allowed visitors. Em was pleasantly surprised by Jenna's place and how nice her roommate was. Jenna encouraged Em to call DCFS to see if they could help them.

THOUGHTS & FEELINGS: "She gave me courage to call the hotline."

Lived experience bridges system distrust – Peer support plays a critical role in re-engaging youth with systems they've grown to distrust. Jenna's stability and encouragement offered Em a relatable, low-pressure entry point into AB 12 which shows how lived experience can bridge the gap between disconnection and reengagement.

Peer networks fill system outreach gaps – Youth often learn about reentry options like AB 12 through peers rather than through proactive outreach from the system itself. This reliance on informal networks reflects a broader failure to ensure that all eligible youth are consistently informed and supported in accessing extended care.

Initial Contact & Referral

CLIENT JOURNEY: A few days later, Em and Jenna meet back at Jenna's so Em can call DCFS. They feel anxious about the unknown, but also hopeful that they will have a good experience like Jenna.

STAFF JOURNEY: Jeremiah asks Em a few questions to verify their eligibility for AB 12.

TOOLS: CMS

THOUGHTS & FEELINGS: **Unclear reentry guidance deters eligible youth** – Reentering extended foster care can feel intimidating and uncertain, especially when youth associate the system with past trauma or instability. Without clear, youth-friendly guidance and relational support, even eligible young people may hesitate to reconnect with services that could offer stability.

STAFF JOURNEY: Jeremiah notifies the appropriate regional office and Marisol is assigned.

CLIENT JOURNEY: Em speaks with Marisol to share more information about their experiences as a former foster youth and why they want to re-enter.

STAFF JOURNEY: Marisol receives the referral and calls Em the next day to schedule an intake meeting.

PROGRAM AND PROCESSES: DCFS: AB 12 initiation
- Social worker initiates this process
- Assigned social worker informs the youth that AB 12 is voluntary, and that they can terminate their case and re-enter at any point prior to 21
- Client is then provided the forms necessary to reinstate (including the 391 document for court report)
- Social worker hold a case transfer conference meeting

[If adopted]
- Adoptive child initiates the call to the hotline
- Adoption social worker would review documentation

[If child goes into legal guardianship prior to 16 or moves to LA County]
- Child does not qualify for AB 12 or ILP

Intake & Re-Entry

CLIENT JOURNEY: Emily meets with Marisol for an intake meeting. They sign re-entry documents and shares their story.

STAFF JOURNEY: Marisol explains AB 12 and takes her time to carefully explain everything. Although it's not the most efficient, she knows it's important. She talks about housing and they decide that a THP and ILP is a good fit.

TOOLS: CANS

THOUGHTS & FEELINGS: "It took time to re-enter foster care, and I had to find a place to rest my head at night while I waited."

Eligibility checks retraumatize youth – Youth reentering care are often required to recount personal histories to verify eligibility, which can feel retraumatizing or burdensome. Without streamlined, trauma-informed intake processes, even necessary steps like eligibility checks can become barriers to reengagement.

CLIENT JOURNEY: Em prepares for their intake interview with a housing provider in SPA 6. They're nervous, unsure what to expect, and doesn't have experience with interviews. Feeling uneasy and unsure who to call, they call Jenna for advice and tips.

STAFF JOURNEY: Marisol compiles the following information to email to THP providers: application, case plan, ILP plan, and any additional forms. She knows that Em is hoping to stay nearby so they can attend Los Angeles Southwest College to become an RN.

THOUGHTS & FEELINGS: **Peer support eases intimidating processes** – Peer support can play a vital role in helping youth navigate intimidating or unfamiliar processes like housing interviews. Jenna's guidance gave Em a sense of reassurance and preparation that systems often fail to provide directly, highlighting the importance of relational, youth-informed support.

Unprepared youth struggle with reentry – Youth reentering care are often expected to navigate complex intake processes without adequate preparation or coaching. The lack of system-led readiness support leaves many young people feeling anxious and underprepared - increasing the risk of disengagement or denial.

PROGRAM AND PROCESSES: DCFS: THP Application + Additional Referrals
- Application gets completed by the youth and (ideally) the social worker and is emailed to different THPs
- Social worker may explore additional referrals for other housing options (including those outside of what the county offers)

DCFS + Probation: Individualized Transition Skills Program (ITSP)
Developed to enhance daily life skills and to promote Self-Sufficiency of the TAY served.

CLIENT JOURNEY: Em is so excited that they've been accepted. Em feels optimistic about what their future holds and is looking forward to more stability so they can focus on their future.

STAFF JOURNEY: 3 days after Em's interview, Marisol is informed that Em has been accepted to the THP. She calls Em to share the good news.

Navigating Services

CLIENT JOURNEY: On a string of good luck, Em tries to apply for Medi-Cal and CalFresh on their own, but is confused about how to answer the questions. They call Marisol for help.

STAFF JOURNEY: Marisol is also confused, noticing that there's been a disconnect on who qualifies for programs and how youth should be answering the questions. Their office has been without a consistent DPSS liaison for months due to turnover.

TOOLS: BenefitsCal

THOUGHTS & FEELINGS: **System confusion risks missed support** – Inconsistent coordination between child welfare and public benefits systems (especially due to staff turnover) creates confusion about eligibility and access. Without a dedicated DPSS liaison or clear guidance, both youth and providers are left to navigate complex systems with limited support, increasing the risk of missed benefits and delayed stabilization.

PROGRAM AND PROCESSES: DPSS: DPSS Website

LA County: 211LA

STAFF JOURNEY: Inundated by her other cases, Marisol takes the efficient route and reaches out directly to Denise, a DPSS worker she's worked with in the past. Together, they get Em applied for Medi-Cal and CalFresh.

TOOLS: LEADER

PROGRAM AND PROCESSES: DCFS: Warm hand-off to DPSS

DPSS: Caseworker helps with application to CalFresh and Medi-Cal; housing is handled by a separate housing worker

DPSS: for intake, have 30 days to fully process a case

Stabilizing

CLIENT JOURNEY: Once Em moves into their THP at 19, they begin talking about college with Marisol. They've always wanted to be a nurse and heard from a peer that foster youth can go to college for free.

STAFF JOURNEY: Marisol talks to Em about pathways to college and she takes them on 3 different campus tours - a task she doesn't have time for during work, so she does it on the weekend. At each tour, she and Em visit the academic advising center and connected with a representative from the Guardian Scholars program.

CLIENT JOURNEY: Em applied and was accepted to their #1 choice. Although excited, they were overcome with emotion when thinking about how proud their grandma would be. In that moment, Em realized that they had been in survival mode and hadn't processed their grief or trauma.

STAFF JOURNEY: Marisol connects them to a trauma-informed provider through DMH.

TOOLS: Referral; CANS

THOUGHTS & FEELINGS: "I gave up on getting my education but I had a quick turnaround. I might as well push myself to be better."

Hands-on support makes college feel achievable – When social workers actively support youth in exploring postsecondary options including campus visits and program introductions, it transforms college from an abstract idea into a tangible, achievable goal. Marisol's hands-on approach helped Em connect with resources like Guardian Scholars, reinforcing that higher education is not only possible, but supported.

CLIENT JOURNEY: Em starts their first day at Los Angeles Southwest College as a nursing student. Excited but anxious and wishing they could call their grandma, Em calls Marisol for encouragement. They're excited to meet with the Guardian Scholars after class to connect with other foster youth.

STAFF JOURNEY: Marisol takes this moment to truly be present for Em - this is a big step forward and a win worth celebrating.

Jordan Smith, 21, he/him

Population
Transition Age Youth
Former Foster Care

Demographic
Gen Z

Location
Los Angeles

Education
Some High School

Work
Unemployed, but searching

"If I had gotten the support I needed when I asked, I would have been better off... **I wouldn't have sought out drugs to take care of me**... A lot of that was because they're **going to look at my face sheet or say that that stuff isn't really going on**."

BIO

Jordan entered foster care at age 14 after his mother was denied access to a shelter due to rules that prohibit mothers from bringing teenage sons into certain facilities. With no safe housing options and no stable male figures in his life, Jordan was placed into care, beginning a cycle of instability that deeply shaped his life.

His relationship with his mother had been strained from a young age, and the instability of multiple placements only compounded his sense of disconnection and mistrust. Each move meant a new therapist, new staff, and the painful task of retelling his story again and again. Over time, Jordan began to feel like his story wasn't even his own anymore - which chipped away at his sense of identity and made it harder to trust that healing was possible.

Without consistent support, Jordan began using drugs to cope with the emotional toll of his environment. When he turned 18, he moved back home with his mom, believing it would be different and bring stability. But their relationship remained unchanged, and the disappointment led to couch surfing.

Jordan regularly visits a local drop-in center for support and is actively seeking sober housing and employment. His transient lifestyle and emotional challenges, especially anxiety, hopelessness, and exhaustion from having to constantly start over, make progress difficult.

PERSONALITY

Skeptical — Trusting

Isolated — Connected

Vulnerable — Resilient

Risky — Cautious

STRESS

Low — High

SERVICES & PROGRAMS

- Drop-in centers
- Peer mentorship
- Sober living programs
- Mental health services

PRIMARY TASKS

- Searching for sober, affordable housing that will accept him in early recovery.
- Attending drop-in centers for basic needs and emotional support.
- Applying for jobs that accommodate his current life circumstances and recovery goals.
- Maintaining sobriety while managing emotional triggers and instability.
- Navigating complex systems (housing, education, benefits) with limited guidance.
- Building trust with providers and advocate for his own needs, even when it's exhausting.

GOALS

- Secure stable, sober housing that supports his early recovery and provides a foundation for rebuilding his life.
- Find meaningful, stable employment that aligns with his goals and supports his independence.
- Establish consistent mental health support, ideally with a provider he can build trust with over time.
- Reclaim ownership of his story and begin healing without having to constantly relive trauma.
- Build a sense of connection and belonging, whether through community, peers, or chosen family.

NEEDS

- Access to sober living environments that don't require long-term sobriety to qualify - he's in the early stages of recovery and needs housing that offers structure, support, and understanding -not punishment for where he is in his journey.
- Consistent mental health support that doesn't reset every time he moves.
- An emotionally-safe space where he doesn't have to constantly relive his past to access help.
- Support that helps him reclaim his story and feel seen beyond his "file" or "face sheet."
- Providers who understand the emotional toll of system-induced instability and can build trust over time.

CHALLENGES

- Housing instability disrupts every aspect of his life, from employment to mental health to sobriety.
- Therapy fatigue from having to restart his healing process with every new placement or provider.
- Retelling his story so many times has made it feel like it no longer belongs to him.
- Strict program requirements (e.g., sobriety length, full-time school/work) often exclude him from the very support he needs.
- Emotional exhaustion from navigating systems that feel impersonal, judgmental, or slow to respond.
- Being labeled "troubled" or "at-risk" has shaped how others treat him, especially in group homes or job settings.

Homelessness & Housing: TAY (Foster Care - Unsuccessful Plan)

JORDAN'S JOURNEY

After leaving his biological mother's home, Jordan (he/him) couch surfed until reconnecting with a friend who led him to a drop-in center. He began accessing basic resources, exploring sobriety, and considering sober living. Despite deep mistrust in systems and emotional exhaustion, Jordan found a space where healing felt possible.

INNER CIRCLE

- Tanya – *Jordan's Biological Mom*
- Chris – *Jordan's Friend*

STAFF SUPPORT

- Michelle – *Intake, Women's Shelter*
- Denise – *Social Worker, DCFS*
- Jerrod – *Group Home Staff*
- Lilah – *Group Home Staff*
- Beth – *Group Home Staff*
- Simone – *Social Worker, DCFS*
- Maria – *Outreach Staff, Drop-In Center*

CHANNEL

- In-Person
- Desktop
- Phone
- Form

THOUGHTS & FEELINGS

- Positive
- Negative

PROGRAM AND PROCESSES

- Used in the journey
- Applicable to the journey
- Process
- Program
- Resource

early intervention, distrust of system, lack of TAY-specific sober living options

Background and Context

CLIENT JOURNEY

When Jordan was 14, he and his mother tried to access an emergency women's shelter during a housing crisis. She was denied entry since the shelter did not allow teenage sons. Tanya pleaded. She asked if they could make an exception, just for one night. She offered to sleep in the lobby, to stay quiet, to do anything. But the rules were clear. Teenage boys weren't allowed. Liability. Safety. Policy.

Tanya stayed parked outside of the shelter for a few hours, trying to figure out her next move. Jordan sat in the passenger seat, silent. Tanya protested when Denise showed up and asked Jordan to get out of the car. Tanya said she wasn't abandoning him. She just needed time. A few days. A motel voucher. Anything.

Jordan was taken into protective custody that night. No one explained what would happen next. He was driven to a temporary shelter, then placed in a foster home the next day.

Jordan's first night in temporary shelter was quiet, but not peaceful. It was clean, the bed was made, but everything felt unfamiliar. He didn't know the rules, the routines, or the people. He didn't ask questions. He'd already learned that questions didn't always get answers.

STAFF JOURNEY

Michelle sat at her desk after Jordan and Tanya left, filling out the incident log. "Referral to child welfare," she typed, knowing full well what that meant. She didn't want to make the call, but protocol required it. A teenage boy without housing. A mother with nowhere to go. The system would step in.

Denise, the on-call emergency response social worker, arrived quickly - protocol required immediate action when a youth was unsheltered. The worker explained that Jordan couldn't stay with her without a stable address.

Denise gave Tanya a packet of paperwork and a list of services. She was told to stay in touch with her social worker.

Jerrod noticed Jordan as soon as he walked in - hoodie up, backpack half-zipped, eyes scanning the room like he was bracing for impact. He showed Jordan to his room with clean sheets, a dresser, and laminated list of house rules. He offered dinner but Jordan said he wasn't hungry.

TOOLS: Incident Log; DCFS Referral; Child and Adolescent Needs and Strengths (CANS)

THOUGHTS & FEELINGS

Shelter policies separate families
Shelter policies that exclude teenage boys force families into impossible choices between staying together and accessing safety. Gendered age restrictions, often rooted in liability concerns, disproportionately impact single mothers with sons and can trigger unnecessary child welfare involvement. These policies reflect a broader systemic failure to design emergency housing that supports whole families without criminalizing or separating them.

Emergency response prioritizes removal over support
Emergency response protocols often prioritize immediate system involvement over family preservation, especially when housing instability is involved. Without flexible crisis resources like motel vouchers or short-term family stabilization supports, social workers are left with few options beyond separation. This reflects a broader systemic failure to invest in prevention and reinforces the pipeline from homelessness to child welfare involvement.

System response prioritizes compliance over compassion
Youth are often removed from their families and placed into care without clear communication, emotional preparation, or transparency about what comes next. The default response to housing instability is system separation, not family stabilization - and caregivers are frequently handed paperwork instead of support. This approach prioritizes procedural compliance over relational care, deepening trauma for both youth and parents.

PROGRAM AND PROCESSES

LAHSA: Find a Shelter App

Navigating the Foster Care System

CLIENT JOURNEY

Over the next few years, Jordan moved through multiple placements - foster homes, group homes, temporary shelters. Each move meant a new therapist, new staff, and the painful task of retelling his story. Again and again. He began to feel like his story wasn't even his own anymore. It lived in files, in face sheets, in court reports.

Jordan stopped opening up. Therapy became a chore. Intake became a performance. He learned to say just enough to get through it, but never enough to be vulnerable. Vulnerability wasn't safe and Jordan was tired. Tired of being moved and tired of being misunderstood.

Jordan started using drugs to cope - not to rebel, but to survive. The noise, the instability, the constant resets wore him down. But he kept it hidden. He'd seen what happened to friends who got caught - kicked out of placements, labeled even more harshly. He used quietly, carrying the weight alone.

Jordan was tired - not just physically, but emotionally. Tired of numbing himself to survive. Tired of pretending he was okay. He asked for rehab once. He didn't shout it. He didn't break down. He just said it quietly to one of the staff during a late-night check-in.

A few days later when his social worker, Simone, came to visit, Jordan found the courage to ask her about rehab.

Eventually, Jordan stopped asking. He kept using, not because he wanted to, but because it was the only thing that made the noise bearable. The group home was loud. The therapy was shallow. The staff were rotating. And every time he moved placements, he had to start over.

STAFF JOURNEY

Each time Jordan changed placements, the staff had already seen a dozen youth come and go that month. His file said "guarded" and "at-risk." But what they saw was a quiet kid who didn't unpack his bag.

Beth nodded and said she'd look into it, but never followed up.

Simone said she'd explore options, but nothing came. The system was slow, and Jordan's needs didn't fit neatly into its timelines or criteria. He wasn't sober long enough for some programs. He wasn't "in crisis" enough for others.

TOOLS: CANS; CANS

THOUGHTS & FEELINGS

"They get your report, your face sheet, and behind it is all these notes describing how you are as a juvenile."

"Foster care takes away your positive connections."

"I couldn't deal with what was going on around me in these group homes... I was going to go numb myself."

Frequent moves reset trust and deepen trauma
Frequent placement changes disrupt continuity of care and force youth to repeatedly relive their trauma through retelling, often to strangers. Each move resets relationships, services, and trust, while case files reduce complex human experiences to labels like "guarded" or "at-risk." This cycle of instability reflects a system that prioritizes placement over permanence and documentation over dignity.

Labels that limit, not lift
The labels in Jordan's file did more than describe him; they defined him. They shaped how staff treated him, how peers saw him, and eventually, how he saw himself. Over time, he stopped expecting support or understanding, because the system had already decided who he was. These words, repeated across placements and reports, set the stage for a life where he was more likely to be managed than mentored, judged than genuinely known.

Zero tolerance, zero support
Youth who use substances to cope with trauma often face harsh consequences instead of support. Most foster homes have zero-tolerance policies - getting caught can mean immediate removal. This forces young people to hide their pain, knowing that honesty could cost them their placement. The system criminalizes coping, leaving little room for healing.

Instability and trauma fuels substance use to cope
Youth in unstable placements often turn to substance use not out of rebellion, but as a coping mechanism for chronic stress, disconnection, and emotional exhaustion. The system frequently overlooks the mental health toll of constant transitions, failing to provide consistent, trauma-informed support that could prevent self-medication and further system involvement.

Support only comes in crisis, not vulnerability
When youth express a quiet or non-crisis request for help, systems often fail to respond with urgency or follow-through. Staff are rarely trained or resourced to recognize subtle disclosures as critical intervention points, leading to missed opportunities for timely care. This reflects a broader systemic issue where help is only mobilized in crisis, not in quiet moments of vulnerability.

PROGRAM AND PROCESSES

DCFS: Early Transition Preparation
- At 15, CSW initiates discussion around independent living skills, identifies key resources for youth and care givers, and provides intro to ILP
- At 16, ILP educates youth on available ILP services, encourages participation in life skills training, career exploration, and employment resources, and starts tracking TAY progress through periodic assessments

DCFS: Transition Planning and Skill Development
- At 16, TILP updated every 6 months with CSW
- Youth is referred to ITSP and is assigned a Transition Development Specialist (TDS)
- Supplemental Security Income (SSI) is conducted at 16 1/2 by CSW, with support from SSI; if eligible, application process begins with caregiver and youth participation
- Youth is informed about public benefits and is provided support in applying for medical insurance
- Transitional Conference is conducted either Senior Year or any time as needed to explore funding and support options, discuss AB 12, and provide Dependency Letter to access benefits

DCFS + Probation: Individualized Transition Skills Program (ITSP)
Developed to enhance daily life skills and to promote Self-Sufficiency of the TAY served.

DPH: Substance Abuse Service Helpline (SASH)
Designed to have Clinicians/Counselors conduct a screening and connect the caller to a treatment provider where a SASH operator works with the treatment provider to schedule an appointment or provide referral options.

Transition Planning

CLIENT JOURNEY

Jordan was nearing 18, and the system was preparing to close his case. He wasn't opting into AB 12. He didn't want more programs, more paperwork, or more strangers. He wanted to go home. He told his social worker that he didn't want to stay in a group home or transitional housing. He wanted to be with family. It wasn't just about shelter - it was about identity. After years of being moved, monitored, and misunderstood, Jordan wanted to feel like a son again.

Tanya answered the phone, cautious but polite. She said Jordan could come home now that she felt more stable. She said she'd make it work. But her voice was tired. The social worker asked if she'd be open to a meeting to talk through expectations, boundaries, and what support might look like, but Tanya hesitated. She said she didn't want to be judged. She'd had enough of systems telling her what she was doing wrong.

Tanya declined and he said she didn't want strangers in her business. She said she and Jordan would figure it out.

Jordan didn't respond to Simone right away. He'd heard that before from staff, from therapists, from people who disappeared the moment things got messy. But Simone didn't fill the silence. She let it sit. He looked at the paper. It wasn't fancy. Just names, addresses, a few notes scribbled in the margins. But it felt different. It felt like someone had actually thought about him, not just his file.

STAFF JOURNEY

Simone paused. She'd heard similar plans before - youth wanting to return to family, hoping for healing. Sometimes it worked. Sometimes it didn't. But Jordan was clear, and she wanted to honor that. She asked Jordan what he needed to feel safe at home. He shrugged. He wasn't used to being asked. She asked if he and Tanya had talked about expectations, boundaries, or what support might look like. They hadn't. Jordan said he just wanted to try, and so Simone decided to call Tanya to discuss the plan for Jordan's return.

Simone reassured her: this wasn't about blame. It was about support. She offered to meet at a neutral location - a coffee shop, a park, wherever Simone felt comfortable. Tanya agreed, but canceled the morning of. She said she wasn't feeling well.

Simone tried again, offering to bring a family therapist into the conversation.

Simone documented the attempts. She validated Jordan's plan, noting that Tanya had agreed to house him. But she also flagged concerns: no formal supports, no mediation, no safety planning. She added a note to Jordan's file: "Youth is returning to biological parent. Recommend follow-up if possible." But there was no follow-up mechanism. Jordan was aging out. The case was closing. The system didn't have a pathway for post-exit family support.

Simone gave Jordan a list of resources - drop-in centers, food pantries, mental health clinics. She told him he could call her if things got hard and she meant it.

TOOLS: CANS; Transitional Independent Living Plan (TILP); Case Management System (CMS); CMS

THOUGHTS & FEELINGS

"As a minor, you don't have a voice."

"They didn't really tell me anything. It was very much a hand-off, like as you expect it."

Desire to reunite needs structured healing
As youth approach system exit, their desire to reconnect with family is often met with uncertainty rather than structured support. For youth wanting to return home, there's a lack of relational healing or tools to navigate expectations and boundaries. Without intentional family reunification supports, youth are left to hope for reconnection without the scaffolding to make it sustainable.

Small gestures signal care beyond compliance
When staff take the time to offer personalized, low-barrier resources and follow through with genuine availability, it signals care beyond compliance. A simple, thoughtful gesture - like a handwritten list or an open invitation to call - can restore a sense of dignity and remind youth that they are more than a case file.

PROGRAM AND PROCESSES

DCFS: Final Transition Planning
- At 17.5 , CSW holds 6-month transition meeting
- 90-days prior to age 18, CSW conducts 90-day transition meeting and completes required forms

Return to Biological Family

CLIENT JOURNEY

At 18, Jordan moved back in with his mother, Tanya, believing that being home will finally bring peace. After years in foster care, he's tired of institutions, tired of strangers, and tired of being a case number. He wants to feel like a son again.

But the apartment is tense. Tanya is emotionally distant, still carrying her own trauma. Jordan feels like a guest in his own home. The warmth he hoped for never arrives. After an argument, Jordan realizes he needs to leave - for his own good.

THOUGHTS & FEELINGS

"My mom is a great person, but she's not cut out to be a mom for me at least... I'll always keep her at arm's length since I love her, but that's as much as I can."

Reunification without healing risks retraumatization
Reunification without relational healing or therapeutic support often sets youth up for disappointment and re-traumatization. While returning home may meet a housing need, it doesn't address the emotional distance, unresolved trauma, or strained dynamics that can make home feel unsafe. Without post-reunification services, youth like Jordan are left to navigate complex family systems alone - often leading to another cycle of disconnection.

Couch Surfing

CLIENT JOURNEY

Jordan feels invisible. He's exhausted from surviving day to day. He thinks about calling his social worker, but the fear creeps in: *What if they institutionalize me? What if they think I'm a danger?* He's seen it happen before - youth in crisis being locked away instead of helped. He'd rather stay hidden than risk losing the little freedom he has.

Jordan had been couch surfing for weeks, drifting between friends' places. One afternoon, he ran into Chris, a friend from a group home they'd both lived in years ago. Chris looked different - clear-eyed, grounded. He told Jordan about a drop-in center he'd been going to.

THOUGHTS & FEELINGS

Help-seeking feels risky in punitive systems
Youth in crisis often avoid reaching out for help due to fear of punitive responses, including institutionalization or loss of autonomy. Systems have historically responded to emotional distress with containment rather than care, creating a culture where silence feels safer than seeking support. This fear-driven avoidance is not a failure of the youth - it's a reflection of how deeply systems have eroded trust.

Peer networks bridge gaps
Youth experiencing homelessness often rely on peer networks for survival, yet systems rarely invest in peer-led outreach or support models. Jordan's reconnection with Chris highlights how trusted messengers with shared lived experience can serve as critical bridges to services - a role that formal systems frequently overlook or underfund.

PROGRAM AND PROCESSES

LAHSA: Find a Shelter App

LA County: Interim Housing Resources

Accessing Drop-In Center Resources

CLIENT JOURNEY

Jordan hesitated. He'd been burned before by programs that promised help but made him feel like a number. But he trusted Chris. They'd been through the same system, the same chaos. If Chris said it was different, maybe it was.

Jordan is skeptical; he's been through enough systems to know how they usually work. But he's hungry, tired, and out of options. He walks in with his hoodie pulled tight, expecting judgment.

Jordan is met at the front door by Maria, a smiling face who doesn't ask for paperwork or a story. It's the first time in weeks Jordan feels like a person, not a problem.

Jordan returned to the center the next day for a shower and a meal. Once again, he's met by Maria's warm, welcoming presence. When it's time to complete intake paperwork, he's hesitant to share his full story.

STAFF JOURNEY

Maria offers Jordan him food a quiet place to sit. After he finishes eating, she gives him a tour of the center and shows him what services are available like hot meals, laundry, clothes, and showers.

After Jordan showers and eats, Maria offers him some gently used clothes from their community closet. She then sits down with Jordan to complete his intake paperwork.

TOOLS: Intake

THOUGHTS & FEELINGS

Youth expect judgment, not care, in new systems
Youth who have cycled through multiple systems often enter new spaces expecting judgment, not support - a reflection of how deeply institutional harm shapes self-protection. Without intentional efforts to create welcoming, low-barrier environments, even well-meaning services can feel like just another system to survive.

Judgment-free support restores dignity
When youth are welcomed without judgment and offered basic needs without conditions, it creates a foundation of trust that many systems fail to establish. Maria's approach - leading with care, not paperwork - models what trauma-informed, youth-centered engagement should look like.

Gatekeeping reinforces shame and delays support
Most systems require youth to disclose personal trauma or meet eligibility criteria before receiving help, reinforcing feelings of shame and unworthiness. This gatekeeping discourages engagement and delays access to critical resources, especially for youth who are already in survival mode.

Meeting needs before stories builds trust
When youth are met with consistency, warmth, and access to basic needs before being asked to share their story, it builds trust and reduces the emotional burden of intake. Maria's approach reflects trauma-informed practice - meeting immediate needs first, then inviting engagement at the youth's pace.

PROGRAM AND PROCESSES

Various CBOs: TAY Drop-In Center
Designed to provide TAY with low-barrier access basic needs like food and clothes and connect them with a suite of social, education, and workforce services.

Opening Up About Sobriety & Sober Living

CLIENT JOURNEY

Jordan began visiting the drop-in center more regularly. He still keeps his guard up, but Maria's consistency and warmth slowly chip away at his skepticism. She never pushes him to share more than he's ready to, and that makes all the difference. After a few weeks, Jordan told Maria he wanted to get sober. He asked if there was housing that could support him.

Jordan takes the referral slip from Maria and folds it carefully, slipping it into his pocket. He doesn't throw it away, but he doesn't call either. The idea of starting over with new staff, new rules, new expectations feels overwhelming. He's just begun to feel safe here. The thought of leaving that behind makes his chest tighten.

STAFF JOURNEY

Maria explained that the center didn't offer sober living - not because they didn't want to, but because they couldn't. The organization had looked into it before. Staff knew how critical sober housing was for youth like Jordan, especially in early recovery. But the funding structures were rigid. If they opened a sober living facility, they risked losing the funding that kept their drop-in center running. It was an impossible choice: expand services and jeopardize the core, or stay limited and watch youth fall through the cracks.

Maria worked to find a sober living program that accepts youth in early recovery. It's run by a different organization, but the staff there are known to be kind. She tells Jordan that she will make sure they understand his story so he doesn't have to tell it again, but doesn't push too hard. Maria writes down the contact info, offers to go over it with him later, and lets him know he's not alone.

THOUGHTS & FEELINGS

Inflexible systems force trade-offs over urgent needs
Rigid funding structures often force organizations to choose between sustaining core services and expanding to meet urgent, unmet needs like sober housing. Despite frontline staff recognizing the importance of recovery housing for youth, systemic inflexibility leaves critical gaps - forcing programs to watch young people fall through the cracks they're trying to close.

Youth feel dropped, not supported, in transitions
Systems often expect youth to transition between programs without recognizing the emotional toll of starting over - new staff, new rules, new expectations. Without continuity and relational bridges between services, even well-intentioned referrals can feel like abandonment, not opportunity.

PROGRAM AND PROCESSES

DPH: Substance Abuse Service Helpline (SASH)
Designed to have Clinicians/Counselors conduct a screening and connect the caller to a treatment provider where a SASH operator works with the treatment provider to schedule an appointment or provide referral options.

Darius Johnson, 20, he/him

Population
Transition Age Youth
Former Foster Care & Juvenile Detention

Demographic
Gen Z

Location
Lancaster

Education
High School Diploma

Work
Part-Time Job

"The system is **built to deplete you of your spirit and hope**. You have to have hope, which is hard because you're a kid. **It's hard to have that hope**."

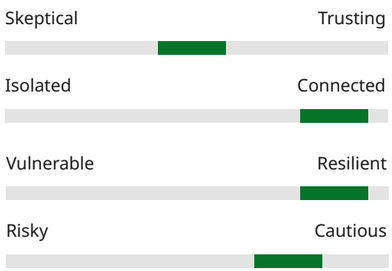
BIO

Darius is a resilient and entrepreneurial young adult who entered foster care early, spending much of his adolescence in group homes. His path shifted when he became justice-involved. Despite pressure to take a plea deal, Darius stood firm in his innocence, guided by faith. While incarcerated, he joined youth mentorship programs and connected with CBOs that offered him belonging and support. He discovered a passion for entrepreneurship, learning to cut and style hair from peers in detention.

After release, Darius entered a strict THP. Though the structure felt overwhelming and restrictive at first, he leaned into the consistency and mentorship it provided. The program gave him stability and a safe place to grow which is something he hadn't had in years. Living in the Antelope Valley added challenges: services were hard to access, transportation was limited, and resources were stretched thin. But the THP helped bridge those gaps, connecting him to employment support, mental health services, and a strong network.

Now working part-time at a local barber shop, Darius uses the skills he learned in detention to earn income and build relationships. He remains grounded in faith, driven by purpose, and surrounded by a community that believes in him. His journey is far from easy, but he's committed to rewriting the narrative - one that too often defines young men like him by their charges instead of their choices.

PERSONALITY



STRESS

SERVICES & PROGRAMS

- THP
- ILP
- Medi-Cal
- CalFresh
- Mental health services

PRIMARY TASKS

- Maintaining housing stability within the THP while navigating its rules and structure.
- Participating in ILP workshops and coaching to build life skills and prepare for independent living.
- Building professional skills and experience through part-time work at a barber shop.
- Continuing to develop entrepreneurial skills and business ideas for his future barbershop.
- Staying connected with mentors and CBOs for emotional and practical support.
- Managing transportation challenges to access services and work in the Antelope Valley.
- Engaging in mental health support to promote healing from his experiences.

GOALS

- Open his own barbershop and create opportunities for other youth to learn business and trade skills.
- Transition from THP to independent living with confidence and stability.
- Build financial independence through entrepreneurship and employment.
- Stay connected to mentors and continue growing his support network.
- Heal from past trauma and maintain emotional and spiritual well-being.
- Be a role model for other justice-involved and foster youth.

NEEDS

- Continued access to structured environments that offer guidance without excessive surveillance.
- Accessible services, especially in the Antelope Valley, where transportation and program availability are limited.
- Business coaching, startup resources, and mentorship to launch his barbershop.
- Consistent, trauma-informed therapy and emotional support tailored to justice-involved youth.
- Spaces where he feels seen, heard, and valued.
- Opportunities to connect with spiritual mentors and practices that reinforce his resilience.

CHALLENGES

- Limited access to services and transportation in the Antelope Valley.
- Landlords may be hesitant to rent to him in the future due to his background.
- Navigating THP rules while trying to build independence.
- Managing the emotional toll of being justice-involved and formerly in foster care.
- Unsure of pathways for youth with records to pursue entrepreneurship.
- Processing trauma while maintaining motivation and focus.

Homelessness & Housing: TAY (Juvenile Justice - Successful Plan)

PERSON'S JOURNEY

Darius thinks sometimes he loves Marcus more than his own father. He considers Transitional Housing Program (THP) his home and the staff his family. He applied through a referral from his probation officer, Marcus, and went through a similar screening process as other THP participants, including a home visit to meet Darius's parents and a group interview with Darius and other THP participants currently participating.

MARCUS'S PLAN

Darius
Client (Youth Manager - DM)

Marcus
Owner (Full Circle - DM)

Joel
Owner (Marcus & Darius)

STAFF SUPPORT

Wanda
Probation Officer - Probation

Trudy
Case Manager - THP

Nicole
Owner (Nicole's Hut) - THP

Sasha
Owner (Sasha Services - DM)

CHANNELS

In Person
Texting
Phone
Zoom

THOUGHTS & FEELINGS

Positive
Negative

Background and Context

CLIENT JOURNEY

At 14, Darius was charged with a crime. Choosing to stand firm on his innocence, he rejected a plea deal despite pressures to take it, a decision that led to incarceration but also elevated his strength.

While in custody, Darius met Taylor, a critical messenger who regularly visited youth in juvenile detention.

At first, Darius kept his guard up. He'd seen too many people come and go - well-meaning professionals/volunteers who, in the end, were professional or impersonal. But Taylor was different. He showed up consistently, remembered Darius's name, and asked about his goals. He didn't push Darius to share his trauma or prove his worth. He simply listened.

Darius chose to attend. In those circles, he wasn't a case file, but a young man with a voice, a vision, and a story worth telling. Over time, Darius built a series of failures, but as chapters in a story still being written. He started asking questions, not just about what came next, but about what kind of man he wanted to become.

STAFF JOURNEY

Taylor came with premium patience, and lived experience, not with clipboards or checklists. His role was to build trust, offer guidance, and connect youth to opportunities both inside and beyond the facility. He spoke about survival, but also about healing.

Taylor began inviting Darius to restorative circles and peer-led groups inside the facility. Taylor explained what the groups were about: spaces where youth could speak openly, listen to one another, and begin to process their experiences in community.

Taylor noticed the change. He understood that the mindset Darius was building inside needed to be nurtured once he was released. Without structure and support, motivation could fade. So Taylor began preparing Darius for what came next.

TOOLS

THOUGHTS & FEELINGS

"The system is hard to digest. I'm glad I have someone I trust."

Gratitude; decision without trusted realness
Youth facing serious charges often navigate high-stakes legal decisions with limited support, guidance, and lived experience. The pressure to accept plea deals - especially when innocence is on the line - can be overwhelming. Having a provider developmentally appropriate legal support. The lack of trusted realness can lead to fear-driven decision-making, particularly for youth who maintain their innocence but feel abandoned by the very systems meant to protect their rights.

No positive relationships; most custody- to-system
Even when messengers are embedded inside facilities, their impact is limited by the environment they're operating within. Youth may still distrust other struggle to trust adults due to past abandonment, and the transactional nature of institutional relationships can reinforce custody relationships risk being perceived as temporary or performative. Without consistent, authentic connection, the gap between detention and community-based support fosters youth unsure if anyone will still be there once they're out.

Consistent, relational support disrupts, mindset changes
Over time, consistent, personal, and non-transactional, individuals the system can't provide can begin to shift how youth see themselves. Taylor's steady presence and relational approach challenged Darius's self-perception and gave him space to process what often had cold and procedural.

Trust takes time after abandonment in the home
Even with consistent support, youth often struggle to trust that care is unconditional and not just temporary. Past experiences of abandonment by systems rarely account for the emotional labor it takes to rebuild trust. Without time, space, and repeated, hands-on & their care, even well-intentioned efforts can feel risky or unsafe.

Transition Planning

Darius was 17 when the staff mentioned Transitional Housing Program (THP). Taylor and Marcus, he was already familiar with what the process would look like and where he wanted to go.

Darius met with Tracie, Mahlon, and Taylor. Unlike most of the other youth, Darius didn't dread these sessions. Taylor and Marcus had already prepared him for what to expect, so he knew what to bring and what to ask. He was more prepared than most. He came to each meeting with questions and ideas - sometimes about housing, sometimes about school, sometimes just about what life could look like outside. The process wasn't always easy, but having people he trusted in the room made it less intimidating.

On the day of his release, Darius woke up with a mix of nerves and disbelief. The walls that had held him for years finally felt like they were closing in on him instead of keeping him safe. Joel was too many young men walk out with nothing but a plastic bag and a probation appointment. He feared being one of them. But when he stepped through the gates, Marcus was already there.

On the day of release, Marcus met Darius at the gate. There was no gap, no waiting period. Darius stepped out of custody and into a plan.

Marcus had already coordinated the THP placement. The paperwork was handled. The staff were expecting him. The room was ready. Darius didn't have to prove he was worthy of housing - he had been seen, prepared for, and welcomed.

Marcus walked in with room to move Nicole, who greeted Darius by name. They knew he was coming. His room was ready. A binder set on the desk with program guidelines, curfew times, and a welcome note. It wasn't fancy, but it was prepared. That mattered.

As they drove to the Antelope Valley, the silence between them wasn't heavy. It was grounding. Darius looked out the window, watching the world move past, unsure of what it would feel like to sleep in a real bed again. That day marked more than a release. It marked the moment Darius stopped being seen by the system and started being supported by people who believed in him before he believed in himself.

When they pulled up to the THP, the building didn't look like much. A modest complex tucked behind a row of trees, with a small office and a few units scattered around. But it wasn't like the structure that mattered; it was the people waiting inside.

The shift from custody to community was disorienting. The THP had strict rules - limited movement, curfews, and mandatory check-ins. At first, it felt like another institution. But Darius remembered what Taylor and Marcus had told him: structure wasn't the enemy, it could be a foundation.

When Darius began meeting with his probation officer after entering THP, he was hesitant to engage. He'd been conditioned to see probation officers as hostile, surveillance-driven, and mostly focused on rules, violations, and consequences. He expected the same. His time a checklist of expectations and a warning about what would happen if he slipped.

Meilen approached supervision with a balance of accountability and support. Their bi-weekly meetings were structured but relational and focused on maintaining Darius' probation requirements.

Behind the scenes, Marcus was already working to shift the dynamic. He had been in conversation with the probation officer and THP staff, sharing updates on Darius's progress, goals, and areas of growth. Marcus emphasized that Darius wasn't just complying, he was actively working toward stability.

As Darius settled into THP and began showing consistency in his routine, he started to talk to Marcus about his future. He had a vision for himself, but didn't have it pave him focus, and have the dreamed of opening his own chop one day. He also began attending weekly counseling sessions with a provider trained in working with justice-involved youth.

Darius was quiet at first, unsure how much to share. But he showed up with focus and humility. He listened, took notes, and began connecting learning by sweeping floors, cleaning stations, and gradually cutting hair. Over time, he earned more responsibility and began building relationships with clients and staff.

Joel welcomed Darius, gave him a tour, and asked about his aspirations. He didn't focus on Darius's past but focused on his potential. After watching Darius give a quick shape-up to one of the barbers, Joel offered him a part-time position starting with basic shop duties and sweep.

Marcus remained a steady presence, helping him balance work, housing, and long-term planning.

Joel became a mentor and entrepreneurial inspiration Darius.

His probation officer, once a source of hesitation, became a part of a coordinated support system - checking in not just on compliance, but on progress.

Intake & Continuity

With Marcus helping him navigate THP requirements and Mel providing steady employment, Darius was able to meet program expectations and maintain his housing placement. He began to shift from surviving to envisioning. The barber shop became more than a job and was a space where he felt trusted, where his skills were valued, and where he could imagine building something of his own.

TOOLS

Transitional Independent Living Plan (TILP)

THP

Intake

Welcome Binder

Call-Fresh Application

Medi-Cal Application

THOUGHTS & FEELINGS

Youth shows when given the space, can process
When staff with lived experience share their own struggles and growth, it can help youth feel less alone and more willing to engage. Taylor's steady presence and relational approach challenged Darius's self-perception and gave him space to process what often had cold and procedural.

Youth aren't ready when they're not invested
Transitions between custody and community-based support can be fragile, especially when the continuity of care dependent on individual initiative. Without system-level handoffs, youth are left to navigate complex systems on their own, increasing the risk of overlooking diagnosis and emotional self-protection.

From conference to partnership - with details and payment
When youth are released from custody with no coordinated plan, no trusted adult, and no clear next steps, the transition can feel like being dropped from big cold. When reentry begins with a briefed 'Bye and a clear next step, it signals that the youth is not being released into a void, but into a system of care that's ready for them. Structured transitions can help youth feel supported, with their loved ones, needing from a sink point into a relational turning point.

Interagency care makes reentry unnecessary
When reentry planning is proactive and coordinated before release, youth are more likely to engage with services and stay on track. Without it, youth often don't have to prove his worth or scramble for housing because the system had already prepared for his arrival - a core example of what it looks like when care is coordinated, not crisis-driven. Reentry should begin before release, not after, showing that stability is not something youth must earn, but something they deserve.

Early reentry and service linkage makes every visibility
The transition from custody to community-based housing often replicates institutional patterns. Youth may be released with a bus pass and a court date, but no housing, no job, or service directly without transportation or nearby resources. youth face additional barriers to stability. At the same time, navigating public benefits like CalFresh and Medi-Cal is often overwhelming for young people without support. Without help, youth can be left to be designed with youth in mind - making trusted and advocacy essential, but not guaranteed.

Early reentry and supervision-based support disrupt rush dumped
Probation systems often emphasize rule enforcement over relationship-building, which can limit the effectiveness of supervision. When probation officers can't consume can create a false binary between stability and punishment, making it difficult for youth to trust that supervision can be both accountable and supportive. Probation can be a powerful tool for reentry when it's grounded in appropriate, probation roles reinforcing the very disconnection it aims to prevent.

Culturally affirmed care turns therapy into healing
Trauma therapy is delivered by providers with lived experience and cultural alignment, it becomes more than treatment - it becomes a space where youth can make body-to-engage when they don't have to explain their identity from scratch. Healing can't happen in a room that feels foreign.

Reconnection based into build confidence and belonging
When youth are welcomed into employment settings that value their perspectives, they begin to see themselves in their potential. A build confidence and motivate identity. Support their system involvement. Community-based employment can be a powerful tool for reentry, offering not just jobs, but belonging and purpose.

Youth dreams need support, not sacrifice
Justice-involved youth with entrepreneurial or creative ambitions often have big ideas but limited access to capital and guidance to pursue their goals. Without flexible support, these dreams can remain unrealized. Programs that invest in youth's vision - not just their survival - can unlock opportunity - a reminder that sometimes both stability and growth.

"Without that component of faith, I wouldn't be here."

Program and Processes

Program is part of the Youth Justice Reimagined ecosystem

Various CBOs: Crisis & Messenger Program
Implement an intensive, trauma-informed program who work full-time in LA County, juvenile facilities. These trained facilitators under stand the challenges youth face both inside and outside the facility and meet them where they're at and support them through the system.

BHS Program: Juvenile Diversion Center
A forensic/justice mentoring initiative designed to support youth in transitioning to adulthood.

Probation: Early Identification
AB 29, DPO conducts initial risk and resiliency assessment and develops a case plan to address criminogenic needs. Coordinated services to support youth in the community.

DCFS + Probation: Collaborative Court
Specialized court for dependent youth who are in probation that collaboratively of the child welfare.

Probation: Individualized Transition Plan (ITP)
AB 29, DPO conducts Private Family Agency (PFA) screening for 6 month's transition. Focusing on education, employment, housing, and connection to community. Using tactics, system case's & benefits.

Probation: Final Transition Planning
AB 27 & AB 1686 Youth & transition meeting.
Within 90 days of release, DPO conducts 90-day transition meeting and completes required forms.

Various CBOs: Aftercare Mentorship & Life Coaches
Programs designed to provide a range of support for clients' aftercare journeys.

ACFA (partnership / contracts): THP, NMD - spells out rules and expectations via MOU

Probation: Previously Involved in progress such as those that Probation Officer Supervision
Identifying programs where Meulien were delivering cognitive behavioral therapy to clients, letting goals, accessing risks.

Probation: Just explicitly stated a shift from rehabilitation to Supervision

Aaron Rivera, 19, he/him

Population
Transition Age Youth
Former Juvenile Detention

Demographic
Gen Z

Location
Boyle Heights

Education
Some High School

Work
Unemployed

"[The lifestyle] chooses us. **You get addicted to it... it's like drugs**."

BIO

Aaron grew up in a cramped apartment in Boyle Heights, raised by his aunt after his parents disappeared from his life. At age 11, he was sexually abused by a family friend - a trauma he never spoke about and never received help for. The pain and confusion hardened into anger, and Aaron began acting out, pulling his younger cousin into trouble and finding belonging in local gang activity.

By his early teens, Aaron was running errands for older gang members, watching corners, delivering messages, and sometimes acting as a lookout. The gang offered him a sense of family and protection he couldn't find at home but also demanded loyalty and risk. Aaron's all-or-nothing personality made him quick to prove himself, and he was often the first to volunteer for dangerous tasks. He started carrying weapons and participating in petty crimes that escalated over time.

At 13, Aaron was arrested for armed robbery during a botched break-in with older boys. He spent years in juvenile detention, refusing therapy and disengaging from staff and programs. After a brief, unsuccessful attempt at a THP, Aaron left, overwhelmed by the rules and structure. With nowhere safe to go and no family able to take him in, he quickly fell back into old habits by rejoining his crew, couch surfing, and relying on the streets for survival. For Aaron, the gang remained his main source of belonging, even as it kept him trapped in cycles of risk and instability.

PERSONALITY

Skeptical — Trusting

Isolated — Connected

Vulnerable — Resilient

Risky — Cautious

STRESS

Low — High

SERVICES & PROGRAMS

- Probation

PRIMARY TASKS

- Attending probation check-ins and complying with conditions to avoid further legal trouble.
- Maintaining loyalty and status within his gang, which provides a sense of belonging and protection.
- Avoiding therapy, programs, and most forms of adult support, keeping emotional distance from staff and mentors.
- Navigating daily survival like finding places to stay, food, and safety often through risky or illegal activities.
- Managing intense emotions and trauma alone, without professional help or healthy coping strategies.

GOALS

- Gain respect and security within his peer group and gang.
- Avoid further incarceration or legal consequences, even while engaging in risky behaviors.
- Maintain independence and control over his life, resisting authority and outside intervention.
- Protect his cousin and maintain family loyalty, even as relationships remain strained.
- Find a sense of stability or safety, though he struggles to imagine what that could look like outside the streets.

NEEDS

- Trauma-informed support that feels safe and nonjudgmental, offered at his pace.
- Opportunities for genuine connection with adults who understand his experience and won't push too hard.
- Alternatives to gang involvement that offer real belonging and purpose.
- Safe, stable housing that doesn't come with rigid rules or exposure to unsafe environments.
- Emotional safety and patience from service providers, recognizing his all-or-nothing approach to trust.

CHALLENGES

- Deep distrust of systems, staff, and authority figures due to repeated disappointments and unresolved trauma.
- All-or-nothing thinking makes it hard to accept imperfect relationships or boundaries.
- Refusal to engage in therapy or programs, limiting access to healing and support.
- High exposure to violence, substance use, and negative influences through gang activity and unstable housing.
- Family unable to welcome him back, increasing isolation and sense of betrayal.
- Anxiety, depression, and trauma interfere with decision-making, motivation, and ability to envision a different future.

Homelessness & Housing: TAY (Juvenile Justice - Unsuccessful Plan)

AARON'S JOURNEY

Aaron (he/him) grew up in a tough neighborhood, raised by his hardworking aunt after his parents disappeared from his life. After experiencing trauma and falling in with local gangs, he was incarcerated at 13 for armed robbery and spent years in juvenile detention, never trusting staff or engaging with support. When released to transitional housing, Aaron quickly returned to couch surfing and risky behaviors, unable to reconnect with family or accept help from those who tried to reach him.

INNER CIRCLE

- Carla – *Aaron's Aunt*
- Damian – *Aaron's Cousin*
- Jake – *Aaron's Friend*

STAFF SUPPORT

- Jamie – *Program Staff, Juvenile Hall*
- Taylor – *Critical Messenger, CBO*
- Marvin – *Probation Officer, Probation*
- Tracie – *Case Manager, THP*
- Nicole – *Outreach Staff, THP*
- Trevor – *Case Manager, THP*
- Marcus – *Senior Life Coach, CBO*

CHANNEL

- In-Person
- Desktop
- Phone
- Form

THOUGHTS & FEELINGS

- Positive
- Negative

Background and Context

CLIENT JOURNEY

Aaron grew up in a cramped apartment on the edge of a neighborhood where sirens and streetlights marked the rhythm of daily life. His aunt (his only real family) was a single mom, juggling two jobs and the constant worry that came with raising kids in a place where trouble was always close. Aaron's parents were absent, their names rarely spoken, their faces fading memories.

Aaron was a quiet kid, but after being sexually abused by a family friend at 11, something inside him shifted. He didn't have the words to explain what happened, and his aunt, overwhelmed and exhausted, couldn't see the storm brewing beneath the surface. Aaron started acting out - first at home, then at school. He picked fights, skipped class, and pushed boundaries, searching for something that felt like control.

His younger cousin watched everything, and soon Aaron's anger and defiance became contagious. Together, they started hanging out on the block, drawn to the older boys who ran with local gangs. The gang members noticed Aaron's edge, his willingness to do what others wouldn't. They offered him a sense of belonging, a place to channel his pain and confusion.

One night, Aaron and a group of older boys broke into a local store, armed and looking to prove themselves. The robbery went sideways, and Aaron was arrested and charged with armed robbery at 13. Because of the seriousness of the crime and the involvement of a weapon, the court ordered Aaron to a secure youth facility.

THOUGHTS & FEELINGS

"Why do they have to work two jobs? Why doesn't one suffice?"

"You cannot tell a child how to process their pain."

System blind spots delay critical intervention
Lack of trauma-informed screening and early intervention in schools and pediatric care settings meant Aaron's behavioral changes were pathologized rather than understood as signs of trauma. Systems failed to detect or respond to early indicators of abuse.

"I was trying to be someone I wasn't... I just needed a hug."

"Even if it's bad love, it's still love (and we need it)."

Lack of community-rooted prevention fuels vulnerability
Absence of community-based, culturally relevant prevention programs left Aaron and his cousin vulnerable to gang recruitment. The system failed to provide safe, affirming spaces for identity formation, belonging, and healing - especially for youth navigating trauma and disconnection.

Trauma-informed alternatives overlooked for youth of color
Overreliance on incarceration for youth of color charged with serious offenses, even when trauma histories are known, reflects a punitive rather than rehabilitative approach. Secure placement became the default, despite evidence that community-based alternatives are more effective and less harmful.

Disengagement While in Custody

CLIENT JOURNEY

Aaron entered the juvenile facility at 13, already carrying more pain than most adults could name. From the start, he kept his distance. The staff tried to get him into programs like anger management, life skills, even art therapy. Aaron saw it all as a waste of time. He'd learned early that showing emotion was dangerous, and talking about your problems was a sign of weakness.

STAFF JOURNEY: Jamie made her morning round, stopping at each door with a clipboard and smile. She invited Aaron to join today's anger management group and tried to entice him to participate with the offer of donuts from the bakery down the road.

THOUGHTS & FEELINGS: "When you're a gang member and seeking therapy, you are either soft or telling... or both."

Institutional programs lack emotional safety and relevance
Programs inside juvenile facilities are often compliance-driven, not trauma-responsive. Youth are expected to participate without first being offered emotional safety, cultural relevance, or trust-building. Resistance is labeled as noncompliance rather than a survival response to institutional harm.

CLIENT JOURNEY

He noticed Taylor, one of the older guys who came in sometimes. People said Taylor had been locked up before, that he was there to help. Aaron didn't buy it. He'd seen too many people come and go, too many promises that didn't mean anything once you were out. When Taylor sat down nearby, Aaron kept his guard up, waiting for the pitch.

STAFF JOURNEY: Taylor saw Aaron sitting alone, shoulders tense, eyes distant. He recognized the look since he'd worn it himself years ago. Taylor made it a point not to crowd the kids, so he sat a few seats away. He knew that trust took time.

CLIENT JOURNEY

After weeks of keeping his distance, Aaron finally decided to give Taylor a chance. Something about Taylor's steady presence, the way he didn't push or judge, made Aaron wonder if maybe this time would be different. He found himself lingering near the dayroom when Taylor was around, listening more closely to the stories he shared with other kids. One afternoon, Aaron stayed behind after group, letting his guard down just enough to ask a few questions - nothing deep, but enough to signal he was willing to try.

STAFF JOURNEY: Taylor noticed the shift. He responded with the same patience, answering Aaron's questions and sharing a bit more about his own journey. Before leaving, Taylor told Aaron he'd be back next Tuesday, same time, same place. For the first time in a long while, Aaron felt a flicker of hope. Maybe someone really would show up for him.

THOUGHTS & FEELINGS (Positive)

Genuine connection builds trust at youth's pace
For Aaron, Taylor's steady presence offered something rare - a space where he could be curious without fear of judgment. The simple act of lingering after group, asking questions, and being met with patience allowed Aaron to experience what trust could feel like. In that moment, connection wasn't forced or transactional; it was genuine, and for the first time Aaron glimpsed the possibility of support that respected his pace and his boundaries.

CLIENT JOURNEY

Tuesday came. Aaron waited, trying not to look like he was waiting. The minutes dragged on, then the hours. Taylor never came. Aaron told himself it didn't matter, but the disappointment settled heavy in his chest. He felt stupid for believing things could be different, for letting himself hope.

STAFF JOURNEY: When Taylor finally returned the following week, apologizing for being sick, Aaron shut down completely. The wall went back up, thicker than before. He barely acknowledged Taylor, refusing to engage or even make eye contact. The message was clear: trust was a luxury Aaron couldn't afford, and he wasn't about to risk feeling let down again.

Lack of continuity and unclear expectation-setting weakens healing and growth
Inconsistent mentorship and lack of continuity in supportive relationships reinforce distrust in systems. Programs often rely on under-resourced staff or volunteers, making it difficult to sustain the kind of long-term, relational support that youth like Aaron need to heal and grow. Unclear expectation setting can blur boundaries and set youth up for disappointment.

PROGRAM AND PROCESSES

Various CBOs: Critical Messenger Program
Comprised of formerly incarcerated mentors who work full-time in LA County juvenile facilities. These trained facilitators understand the mindset of incarcerated youth and use their own lived experiences to relate and support

Program is part of the Youth Justice Supports and Services provided by DYD

DYD: Program - Credible Messenger Program
A transformative mentoring initiative designed to support youth in juvenile facilities.

Transition Planning

CLIENT JOURNEY

Aaron was 15 when the staff first mentioned "transition planning." It sounded like another set of meetings, another round of paperwork. Aaron was called into a small office where his probation officer and a THP case manager sat waiting. Aaron kept his answers short, not trusting that any of it would work out.

STAFF JOURNEY: Tracie and Melvin knew that transition planning was a critical responsibility. Policy required them to start early with intensifying efforts as he neared his 18th birthday. They saw Aaron as a youth with potential, but also as someone who struggled to trust adults and engage with support.

TOOLS: Transitional Independent Living Plan (TILP)

Standardized aftercare ignores individual needs
Aftercare for justice-involved youth is treated as a standardized process, but every young person's journey requires a different pace, level of support, and relational depth. Youth with higher needs are expected to "play the game" to access help, navigating a revolving door of programs that feel more like surveillance than support.

PROGRAM AND PROCESSES

Probation: Early Identification
- At 15, DPO conducts initial risk and resiliency assessment to identify youth under probation supervision who require transitional services to support independent living.

Probation: Individualized Transition Plan (ITP)
- At 16, DPO and youth develop a personalized roadmap for a youth's transition, focusing on education, employment, housing, and independent living skills; update every 6 months

DCFS + Probation: Individualized Transition Skills Program (ITSP)
Developed to enhance daily life skills and to promote Self-Sufficiency of the TAY served.

CLIENT JOURNEY

Over the next few years, the meetings became routine. Every six months, Aaron was called into a small office to talk about his future. He'd sit across from his probation officer and case manager, arms folded, eyes drifting to the clock. They asked about school, jobs, and staying out of trouble. When they talked about housing options, especially a THP with its curfews and expectations, he only heard more rules and restrictions. It sounded just like the facility, only with a different address.

STAFF JOURNEY: Each meeting, the team tried to connect Aaron to resources: finishing school, finding a job, and preparing for independent living. They explained the benefits of THP and knew Aaron was resistant, but hoped that consistent planning and clear communication would help him see the possibilities.

TOOLS: TILP

THOUGHTS & FEELINGS: "Many black and brown men are failed by the system and organizations because we didn't change at the rate of other people."

Procedural planning without trust misses the mark
Transition planning is often procedural, not relational. Youth are expected to engage in future planning with adults they don't trust, in systems that have failed them. Plans are developed to meet policy timelines, not to reflect youth readiness or voice.

CLIENT JOURNEY

As his 17th birthday approached, the pressure ramped up. The meetings got longer, the questions more pointed. Aaron felt boxed in by plans he didn't believe in. The plan was set: he'd be released to a THP placement, where he'd have a room, some structure, and a chance to start over. But all Aaron could think about was how little control he had over any of it.

STAFF JOURNEY: As the 90-day transition plan deadline approached, Tracie and Melvin worked to personalize Aaron's plan, outlining every available support and making sure the court would review it before his exit. They wanted him to succeed, but recognized the barriers: his distrust, his history, and his reluctance to engage.

TOOLS: TILP

THOUGHTS & FEELINGS: "You're leaving us hanging out to dry. Lots of opportunities are offered to other people and there's a different quality of life for the people given opportunities for jobs and careers. What if those resources were evenly poured to all of us or even those who aren't changing as fast?"

PROGRAM AND PROCESSES

Probation: Final Transition Planning
- At 17.5 , DPO holds 6-month transition meeting
- 90-days prior to age 18, DPO conducts 90-day transition meeting and completes required forms

Re-Integration & A Lack of Stabilization

CLIENT JOURNEY

Aaron arrived at the THP with a duffel bag and a head full of doubts. The staff greeted him, showed him to his room, and walked him through the rules - curfew, chores, mandatory meetings. Aaron nodded, but his mind was elsewhere. The place felt sterile, like another version of the facility he'd just left.

STAFF JOURNEY: Nicole greeted Aaron by name. They knew he was coming. His room was ready. A binder sat on the desk with program guidelines, curfew times, and a welcome note. It wasn't fancy, but it was prepared.

Institutional routines retraumatize youth post-release
The environment replicated the control and surveillance of carceral settings. Rules, curfews, and rigid structures can retraumatize youth who associate institutional routines with punishment, not support.

CLIENT JOURNEY

The first few days, Aaron tried to keep his head down. He went to orientation, listened to the case manager talk about goals and support, but the words barely registered. The structure felt suffocating, and every interaction reminded him of the years he'd spent under watchful eyes.

STAFF JOURNEY: During those first few days, Trevor tried to build rapport. He talked about goals, support, and the opportunities available in the program. He explained how THP could be a stepping stone, a place to regroup and plan for the future. But Aaron's body language spoke louder than his words. He kept his distance, rarely engaging, and seemed to view every interaction as another test of his patience.

THOUGHTS & FEELINGS: "You do need someone to hold your hand like a baby all over again because you are returning to society that you left already underdeveloped."

Disengagement misread as defiance, not trauma
Systems interpret disengagement as resistance or lack of motivation. When programs don't account for trauma responses or emotional readiness, youth miss key information, and staff misread silence as failure - deepening the divide and harming both the young person and the organization's impact.

CLIENT JOURNEY

By the end of the week, Aaron was restless. The rules grated on him, and the sense of isolation grew. He missed the familiarity of his old neighborhood, the feeling of belonging, even if it came with risk. One night, after a tense exchange with another resident, Aaron left. He walked out, ignoring curfew, and made his way back to the streets he knew best.

CLIENT JOURNEY

When Aaron left the transitional housing program, his aunt felt a familiar ache settle in her chest. She'd hoped the program would give him a fresh start, but now she worried he was slipping back into old patterns. She called, left messages, and even drove by places she thought he might be, hoping to catch him before things got worse. Each unanswered call made her fear she was losing him all over again.

STAFF JOURNEY: Melvin saw his exit from THP as a red flag. The officer increased check-ins, reminding Aaron of the conditions he needed to meet to stay out of trouble. The meetings were tense - Aaron was distant, barely responding, and the officer struggled to find common ground. The officer considered referring Aaron to another program, but knew that without trust, it was just another box to check.

THOUGHTS & FEELINGS: "In this world, you're the police or not the police."

Surveillance-based probation deepens disconnection
Probation systems prioritize surveillance over support. Increased check-ins are used as a risk management tool, not a relational strategy. Without trust or meaningful engagement, these efforts often deepen disconnection rather than prevent recidivism.

PROGRAM AND PROCESSES

Probation: Contact should be made 5-7 days upon release. Today, officers may not be informed about a case until 4-5 months post release.

Probation: Clients are seen at least once per month. Officers should provide connections to services within the community, mental health services, job supports, training centers, and colleges in the area. These services are provided to staff through a list based on zip code.

Various CBOs: TAY Drop-In Center
Designed to provide TAY with low-barrier access basic needs like food and clothes and connect them with a suite of social, education, and workforce services.

CLIENT JOURNEY

Back in his neighborhood, Aaron felt the pull of old connections. His friends welcomed him back without questions, and the comfort of shared history made it easy to slip into familiar routines. The streets felt like home, even if they came with risk.

CLIENT JOURNEY

After leaving the THP, Aaron found himself with nowhere to go. His aunt, who had spent years trying to keep the family together, had finally managed to get his younger cousin on the straight and narrow. She couldn't risk bringing Aaron back into the house, not with everything she'd fought for, and not with the tension that always seemed to follow him.

STAFF JOURNEY: Taylor, remembering the flicker of hope Aaron had shown years earlier, refused to give up. He reached out, trying to set up a meeting between Aaron and Marcus, a life coach with lived experience. Taylor sent messages through mutual contacts and stopped by places Aaron was known to hang out. The invitation was clear: there was still a chance to connect, to talk, to try again. But Aaron never showed up.

System trauma deepens family disconnection
There is no systemic support for family reunification or healing fractured relationships. Caregivers are left to navigate complex dynamics without therapeutic or material support, and youth are left to interpret rejection as abandonment.

CLIENT JOURNEY

With no stable place to land, Aaron started couch surfing - crashing with friends, acquaintances, anyone who had a spare bed or a floor to offer. The streets pulled him back in, and the comfort of old routines made it easy to slip into risky activities. He kept bad company, running with the same crowd that had shaped his early years, drawn to the sense of belonging they offered, even if it came with trouble.

No safety net for disengaged youth reinforces instability
There is no safety net for youth who disengage from programs. Once a young person exits THP, there are few reentry pathways, no flexible housing options, and no system of relational follow-up. The system treats disengagement as failure, not as a signal for deeper support.

PROGRAM AND PROCESSES (legend): Used in the journey · Applicable to the journey · Process · Program · Resource

DOMAIN: Child Welfare and Family Well-Being

Women with Young Children

Lucia Torres, 19, she/her

Population	Demographic	Location	Education	Work	Household Income	Household Size
Women with Young Children	*Gen Z*	*Lancaster*	*Part-Time College*	*Part-Time Job*	*$18,500*	*1*

> **“I wish the programs understood how much we’re already juggling**. I’m working, studying, and trying to be a good mom - just give me a little grace.”

BIO

Lucia is a pregnant woman navigating the challenges of single motherhood while pursuing her dreams. Despite her financial challenges, Lucia is determined to have a healthy pregnancy and create a loving environment for her child

As Lucia prepares for motherhood, she recognizes that she needs to prioritize healing from her past traumas as young child in foster care, including a strong distrust of the system. Faced with no other options for support, she puts her own feelings aside to engage with County services for the health of her baby.

PERSONALITY

Unmotivated — Motivated

Insecure — Confident

Vulnerable — Resilient

Pessimistic — Optimistic

STRESS

Low — High

SERVICES & PROGRAMS

- Medi-Cal
- CalFresh
- Women, Infants, and Children (WIC)
- Prenatal care from local clinic
- Education scholarships for former foster youth
- Faith-based support and resources

PRIMARY TASKS

- Managing basic needs like food, clothing, and baby supplies like diapers and formula.
- Attending prenatal appointments at her OBGYN's office.
- Attending classes and studying for her degree in social work.
- Working her part-time job.
- Attending her church's support group to connect with other expecting mothers.

GOALS

- Have a healthy pregnancy, birth, and child.
- Earn degree in social work to get a more secure and stable job for her and her child.
- Find stable, affordable housing in a safe neighborhood with parks and a good school system.
- Provide a high quality of life for her baby after birth.

NEEDS

- Access healthcare and nutrition services like Medi-Cal, CalFresh, WIC, and low-barrier care.
- Access to financial support for when she is out of work following birth.
- Safe, stable housing for her and her baby.
- Counseling to overcome her past traumas with the foster care system.
- Childcare resources for when she needs to return to work and school.
- Sense of community to help her feel supported.

CHALLENGES

- Low income makes it difficult to cover living costs that are not covered by County benefits.
- Balancing time between school, work, doctor's appointments, and support groups.
- Uncertainty of the future and not being able to provide for her child once they are born.
- Fear that her child will end up in foster care like she did.

Child Welfare & Family Well-Being: Pregnant Woman

LUCIA'S JOURNEY

Lucia's (she/her) journey begins with instability and trauma, but through her pregnancy, she finds the motivation to seek support and rebuild her life. With help from a trusted case worker and county services, she gains access to stable housing, healthcare, and education, ultimately creating a stable foundation for herself and her baby.

STAFF SUPPORT

- **Michael:** Guidance Counselor, LAUSD
- **Dr. Patel:** Obstetrician
- **Denise:** Eligibility Worker, DPSS
- **THP Staff**
- **Georgia:** Group Home Staff

CHANNEL

- In-Person
- Desktop
- Phone
- Form
- Flyer

THOUGHTS & FEELINGS

- Positive
- Negative

Lucia's Foster Experience

CLIENT JOURNEY

Lucia's childhood was marked by instability and frequent moves. Her behavior became increasingly erratic, leading a judge to order her placement in a group home. The group home provided her with structure and stability she desperately needed. However once she left, she fell into old habits and became pregnant.

STAFF JOURNEY

Georgia recognized Lucia's need for stability and worked to build trust, offering a safe space for Lucia to share her worries and seek guidance.

TOOLS

Google, Chat GPT

Flyers

THOUGHTS & FEELINGS

Surveillance and overload isolate youth in vulnerable moments

Youth exiting care systems are often left to navigate complex health decisions without guidance or trust in professionals. Lucia's fear of judgment and surveillance, especially as a young, pregnant woman reflects a broader systemic failure. The overwhelming flood of information, paired with the disproportionate scrutiny of young mothers of color, turns what should be a moment of support into one of isolation and risk. When systems don't proactively build trust, youth are forced to choose between silence and vulnerability.

PROGRAM AND PROCESSES

Used in the journey

Applicable to the journey

Process

Program

Resource

Information Finding

CLIENT JOURNEY

After Lucia left her DCFS group home, she ended up getting pregnant. She starts looking for resources online by Googling and also starts talking to family members about their pregnancy experiences. One cousin recommends a local clinic that she can go to for her first doctor's visit.

Lucia made an appointment at a local clinic recommended by her cousin. She arrived late, relying on her cousin for a ride. Dr. Patel, her OB, had limited time but recognized Lucia's challenges and suggested she apply for WIC and other services, handing her a flyer.

Lucia misplaced the WIC flyer Dr. Patel gave her. Days later, she found it crumpled in her bag and tried to sign up online. The website was full of unfamiliar terms and steps. She wasn't sure where to begin or whether she qualified. She clicked around but didn't complete the application.

STAFF JOURNEY

Dr. Patel saw many patients like Lucia, juggling transportation and life challenges. Dr. Patel wished for more time to connect Lucia to resources, but tried to offer actionable next steps.

TOOLS

BenefitsCal

WIC

Google (searching "how to apply for WIC in LA")

BenefitsCal

WIC

THOUGHTS & FEELINGS

Rushed visits and no follow-up deepen isolation

Clinic visits for young, system-involved patients like Lucia are often rushed and transactional, shaped by overburdened providers and under-resourced systems. Despite her effort to show up, Lucia received a flyer instead of a warm handoff. The lack of time, trust-building, and coordinated follow-up reflects a broader systemic failure where care is fragmented, and youth are expected to navigate multiple systems alone, often without guidance or support.

"You have to make time, too, Ms. She, learn about all these resources, and then when you're juggling children and jobs and all this other stuff, you don't even have the time to look!"

Design flaws turn access into a guessing game

Even with digital tools, public benefits systems often remain inaccessible to young people like Lucia. The WIC website was filled with jargon, unclear steps, and no guidance tailored to her situation. Her confusion wasn't a personal failure, it was a design flaw. When systems assume familiarity with bureaucratic language and processes, they exclude those most in need, reinforcing barriers instead of removing them.

PROGRAM AND PROCESSES

DPH: Nurse-Family Partnership
A free, voluntary, evidence-based program for first-time, low income (200% FPL) mothers. Clients can receive *tailored home visits by a trained Public Health Registered Nurse from birth until the child turns 2.

DPH: Early Head Start
Provides early, continuous, intensive, and comprehensive child development and family support services to low-income infants and toddlers and their families, pregnant women and their families.

First 5 LA: Welcome Baby
Offers an in-hospital visit, a personal Parent Coach, information around breastfeeding, home safety, and other topics, in-home nurse appointment, referrals to additional resources, and baby and mom-friendly items.

Various CBOs: Parenting Enrichment Services
Designed to provide low-barrier support to establish a strong attachment with their children, prenatal to 5 years, to avoid abuse and neglect.

DPSS: DPSS Website

LA County: 211LA

CA: Women, Infants, & Children Program

DPSS Office Visit

CLIENT JOURNEY

Lucia visits a local DPSS office, hoping to get help with WIC. After waiting in line, she's told that WIC isn't handled there. Denise, an eligibility worker, explains that she can help with CalFresh, CalWORKs, and General Relief. Feeling pressured to do something, Lucia gets in line for General Relief but leaves after learning she'll have to repay it.

Lucia reached out to former staff at her former group home, Georgia, who coaches her on what to ask for at the DPSS service center next time and sends her online resources. Georgia advises Lucia to mention her pregnancy and foster youth status.

With another ride from her cousin, Lucia returns to the DPSS center and meet with Denise, an eligibility worker. Denise was initially annoyed by Lucia's persistence for certain programs, but helps Lucia enroll in the programs Georgia recommended. She hands her flyers for other services but doesn't have time to explain them.

STAFF JOURNEY

Denise sees many young mothers like Lucia – overwhelmed, under-informed, and unsure where to start. She wants to help but is constrained by time and limited training on non-DPSS programs like WIC. After Lucia leaves, Denise brings up her case with her supervisor, asking for clearer guidance on how to refer clients to WIC. She's determined to be more prepared next time.

Georgia stays up with Lucia and through a combination of her own DCFS knowledge, Googling, and ChatGPT they are able to create a plan. Georgia is aware of the programs she works with in DCFS, but only has a surface level knowledge of DPSS programs.

Denise wants to do more for clients like Lucia. She sees how overwhelmed she is and wishes she had time to walk her through each flyer. But the office is busy, and she's expected to move quickly. After Lucia leaves, she brings up with her supervisor that she'd like to learn more about WIC and learns that WIC is managed by a different department. She updates her referral notes and adds WIC contact info to her desk folder.

TOOLS

DPSS Office

Flyers

BenefitsCal

WIC

Google (searching "how to apply for WIC in LA")

BenefitsCal

WIC

BenefitsCal

THOUGHTS & FEELINGS

"I felt lost. Every office had a different answer, and the websites were confusing...Sometimes that first visit can be a little frustrating, and you don't end up getting the services that you were expecting to get."

Siloed systems leave youth lost in a maze of services

Public benefits systems are often siloed, leaving young people like Lucia to navigate a maze of disconnected services. Despite her effort to seek help, she was met with confusion, long lines, and limited guidance. Denise wanted to help, but lacked the training and tools to do so. This reflects a systemic failure: when programs operate in isolation, youth fall through the cracks because the system makes it too hard to start.

"It's like, you're just a number in an application, and then you're just a number in an appointment, and if you don't, until you're not. They don't go above and beyond to get you other resources and stuff like that, or any other connections."

Overburdened systems place navigation on vulnerable youth

Public benefits systems often rely on overburdened staff to fill gaps in coordination and training. Lucia's experience - being handed flyers without explanation and nearly enrolling in a repayable program out of pressure - reflects a system that places the burden of navigation on the most vulnerable. Denise wanted to help, but the lack of cross-program training and time constraints left Lucia with partial information and lingering confusion. When systems are siloed and rushed, youth fall through the cracks despite showing up and asking for help.

PROGRAM AND PROCESSES

DPSS: Greater Avenues for Independence (GAIN)
Helps individuals receive employment-related services to help them find a job, stay employed, and move on to higher paying jobs

DCFS Services

CLIENT JOURNEY

Encouraged by the GAIN program to pursue education or employment, Lucia visited her former high school to ask about re-enrolling. She met with a school counselor, hoping to find a way back into classes. But the counselor, overwhelmed by a large caseload and distracted by other students, dismissed Lucia's request. Lucia left feeling judged and discouraged.

Disheartened by her school experience, Lucia calls Georgia who listens without judgment. Georgia recommended a local GED program that offered flexible hours and childcare support. She explained how the program could help Lucia earn her diploma while preparing for motherhood.

When Georgia, her former group home case worker, suggested reconnecting with DCFS to access transitional housing, Lucia's body tensed. The idea of being "known to the system" again stirred up old fears - memories of being labeled, monitored, and shuffled through placements. She imagined her future child being flagged, watched, or taken away.

In the end, Lucia chose not to pursue AB12 or any DCFS-related programs, determined to find another path forward.

STAFF JOURNEY

Michael the school guidance counselor was overwhelmed by a large caseload and, seeing Lucia's situation, doubted her likelihood of success, focusing attention on students perceived as more likely to graduate.

Georgia genuinely wanted to help Lucia find stability and saw DCFS as a practical pathway to transitional housing. But after seeing Lucia's reaction - tense, guarded, and visibly upset - Georgia worried that even mentioning DCFS may have damaged the trust they had built. She regretted not framing the option more gently and wondered if Lucia would now pull back from seeking help altogether.

THOUGHTS & FEELINGS

Support must be earned in systems built on judgment

Re-entry into education is often blocked by institutional bias and overburdened staff. Lucia's counselor, overwhelmed and operating within a system that prioritizes students deemed "more likely to succeed," dismissed her potential. This reflects a broader failure: when schools don't invest in re-engagement strategies or trauma-informed care, young parents like Lucia are pushed out instead of welcomed back - reinforcing cycles of exclusion and discouragement.

"This is a scary situation. I would not put myself in that situation... To expect a victim to be what... just to get housing? No, no, no. There's... there's other alternatives."

"She needs housing, she's not suitable and boom. It got turned on me. [They] automatically label you and it sticks to you."

Youth rely on informal networks when systems feel unsafe

Young mothers like Lucia often rely on informal networks to access support because formal systems feel unsafe or inaccessible. Her hesitation to reach out to professionals reflects a broader failure of institutions to build trust with system-involved youth. When care is only accessible through personal connections, it reinforces inequity and leaves too many young people navigating critical transitions without a safety net.

Mistrust drives youth to opt out of support they need

The decision to opt out of AB12 and DCFS-related programs often stems from mistrust, fear, and past harm, not a lack of need. For Lucia, disengaging was a way to avoid further surveillance and judgment, even if it meant losing access to resources. This reflects a systemic failure: when programs meant to support youth are experienced as punitive or unsafe, they push young people away at the very moment they need connection and care.

Jasmine Carter, 31, she/her

Population	Demographic	Location	Education	Work	Household Income	Household Size
Women with Young Children	*Millennial*	*Inglewood*	*High School Diploma*	*Part-Time Job*	*$30,000*	*3*

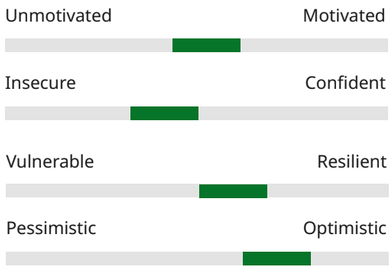
"I want [my children] to be in an environment that **supports them and applauds them**."

BIO

Jasmine is a hardworking mother navigating the challenges of single parenthood with her one-year-old, Desiree. After becoming pregnant again, she moved back in with her mom to save money and have extra support during/after her pregnancy. While Jasmine appreciates her mom, she doesn't want to be a burden since her elderly mom doesn't work anymore and watches Desiree full-time.

Jasmine skillfully juggles work, parenting, and childcare while adhering to a strict budget. She is motivated to contribute more to the family's financial stability but is afraid to get a new job that pays more and lose their County benefits. Jasmine's primary focus is on creating a safe and stable environment for Desiree while improving the long-term quality of life for the family.

PERSONALITY



STRESS

SERVICES & PROGRAMS

- Medi-Cal
- CalFresh
- Women, Infants, and Children (WIC)
- Food bank

PRIMARY TASKS

- Caring for Desiree to make sure her developmental needs are met.
- Attending pediatric appointments for Desiree.
- Working part-time job.
- Budgeting and planning for household expenses and sticking to a strict budget.
- Maintaining eligibility for County benefits (including renewal appointments) and using them for food and basic living expenses.

GOALS

- Find a new job that pays higher and includes benefits so the family doesn't need to rely on County benefits anymore.
- Maintain a safe, loving environment for Desiree to support her growth and development.
- Contribute more to the household so she feels like less of a burden on her mom.
- Send Desiree to the best schools possible and start planning for college so she is set up for longer-term success.

NEEDS

- Access healthcare and nutrition services like Medi-Cal, CalFresh, WIC, and low-barrier care.
- Access to local food banks to support her family on weeks when the budget is extra tight.
- Opportunities for job training or education to enhance her skills and employability.
- Emotional support or counseling to help manage the stress of single parenthood.

CHALLENGES

- Anxiety about finding a higher-paying job that could jeopardize her family's eligibility for County benefits.
- Balancing time between parenting, work, doctor's appointments, and renewals for County benefits.
- Fear of being a burden to her elderly mother, who is already providing full-time childcare.
- Lack of personal time to recharge and rest results in her feeling run-down and overwhelmed.

Child Welfare & Family Well-Being: Woman with Young Children

JASMINE'S JOURNEY

Jasmine (she/her) has a one-year-old and is pregnant with her second. She is overwhelmed by postpartum stress and parenting challenges, opened up about her depression during a home visit. With fresh support, she began therapy, started ABA services, and was referred for further evaluation - taking key steps toward emotional and family stability.

INNER CIRCLE

- **Desiree** — *Jasmine's First Daughter*
- **Amara** — *Jasmine's Second Daughter*

STAFF SUPPORT

- **Dr. Patel** — Obstetrician
- **David** — OBGYN, GPSC
- **Rosa** — Doula/ Coach, CBO
- **Tiffany** — Nurse, Welcome Baby Program
- **Gemma** — Coordinator, Regional Center

CHANNEL

- In-Person
- Desktop
- Phone
- Form

THOUGHTS & FEELINGS

- Positive
- Negative

Prenatal Experience

CLIENT JOURNEY

During a prenatal visit, Jasmine saw a table at her clinic handing out flyers about a home visiting program. Jasmine appreciated the information but felt overwhelmed - she was juggling work, pregnancy, and caring for her daughter. The flyer ended up buried under paperwork.

Before her next prenatal visit, Jasmine was chatting with another mom in her neighborhood while walking to the corner store. The mom spoke warmly about a home visiting program that had helped her after giving birth - she described how a nurse came to her house, helped with breastfeeding, and even connected her to food and diaper resources. Jasmine was intrigued but skeptical. She had a lot on her plate and wasn't sure she'd have time to follow up.

STAFF JOURNEY

Dr. Patel checked in with Jasmine to make sure she understood what recovery would look like after her birth. She is not directly connected to the home visiting program, but has heard good things from some of her patients.

TOOLS

Word of Mouth

THOUGHTS & FEELINGS

"You're overwhelmed with so many different flyers and so much information. That sometimes you could, like, throw them in the air, so yes, you're not alone in this either you know, or maybe you forget about it."

Birth Experience

CLIENT JOURNEY

After giving birth via C-section, Jasmine was recovering in the hospital when a home visiting program liaison approached her at bedside and reminded her about the home visiting program. This time, Jasmine was ready to listen. She agreed to participate.

STAFF JOURNEY

Tiffany visited Jasmine at her home and checked up on how she was recovering from her c-section. She also provided helpful advice on how to care for her baby and with breastfeeding. They keep in touch over text to see if Jasmine has any other questions.

TOOLS

Medical Notes

Text, Phone Call

THOUGHTS & FEELINGS

"Why home visitor want an angel over from God knows how many [expletive]."

Rebiode outreach creates low barrier entry to postpartum support
When home visiting programs are integrated into postpartum care and offered at bedside, they create low-barrier entry points for new mothers. Jasmine's readiness to engage reflects how timing, tone, and relational outreach can make all the difference. Providers like Dr. Patel, even when not directly connected to these programs, play a key role in reinforcing trust and awareness. This kind of cross-system collaboration helps ensure families don't miss out on critical supports during vulnerable transitions.

Disconnected systems make postpartum support situational, not standard
Postpartum systems often rely on chance encounters to connect families to support. Jasmine's access to the home visiting program depended on a liason being available - not on a coordinated, guaranteed process. Providers like Dr. Patel, though well-meaning, are rarely equipped with the time or tools to ensure follow-through. When systems lack integration and rely on individual effort, families risk missing out on care that should be standard, not situational.

Home Visiting Experience

CLIENT JOURNEY

Jasmine wasn't sure what to expect with the home visiting program, but was grateful when a Tiffany, a home visiting nurse, visited her at home a week after discharge. The nurse was also a lactation consultant, which made Jasmine feel supported and understood.

After Tiffany, Jasmine was connected with a parent coach named Rosa from the home visiting program. Rosa gently asked Jasmine about her emotional well-being as part of a routine postpartum screening. Jasmine hesitated - she'd been feeling anxious and despondent about her job search but feared being seen as unstable. Thanks to the trust Rosa had built, Jasmine gradually opened up about the stress of supporting her family, fears of losing benefits, and the challenges of parenting two children with developmental needs.

When Rosa suggested speaking with a therapist, Jasmine agreed. Rosa helped schedule the appointment through the Department of Mental Health and explained the process.

STAFF JOURNEY

Rosa knew that mental health screenings were just the beginning. She saw how much Jasmine had been carrying and was honored that Jasmine felt safe enough to open up. Rosa made sure the referral to DMH was smooth and followed up to ensure Jasmine felt supported throughout the process.

TOOLS

Postpartum Mental Health Screening

Referral Submission

Medical Notes

Ages & Stages Questionnaire

THOUGHTS & FEELINGS

Trauma-informed care builds trust before referrals
When home visiting programs include trauma-informed mental health screenings and build trust over time, they create safe spaces for mothers to share what they're carrying. Rosa's gentle approach and follow-through reflect a system that values emotional wellbeing as much as physical recovery. By ensuring a smooth referral to DMH and staying connected, Rosa helped transform screening into support by showing how relational care can be a gateway to healing.

Brief interactions miss deeper needs in postpartum care
Postpartum systems often rely on brief, surface-level interactions to flag developmental concerns, missing opportunities for deeper engagement. Jasmine's hesitation to share concerns about Desiree, shaped by fear of judgment or surveillance, reflects a broader systemic issue: when trust isn't built into care, early warning signs can go unnoticed. Without coordinated follow-up or integrated supports, families are left to navigate developmental questions alone.

Diagnosis

CLIENT JOURNEY

During a routine postpartum visit, Dr. Patel asked Jasmine how things were going with her baby Amara and her older child Desiree. Jasmine mentioned that Desiree wasn't speaking yet, but quickly added that everything was fine. She feared being judged or labeled as a bad mother, so she emphasized that she wasn't worried. Dr. Patel nodded and moved on, not wanting to push Jasmine further. Jasmine left the appointment feeling conflicted - she did have concerns, but didn't feel safe enough to share them.

During Jasmine's early postpartum visits, she was focused on recovery and adjusting to life with a newborn, unaware of any developmental concerns with Desiree. It was Rosa, her parent coach, who first noticed missed milestones and began screenings. Jasmine wishes they had started sooner but is grateful it was caught. Rosa gently explained the results, and with her support, Jasmine began Applied Behavior Analysis (ABA) therapy services and was referred to the Regional Center for further evaluation.

As Desiree neared her third birthday, Jasmine scheduled a psych evaluation through the Regional Center to qualify for continued services. The clinical setting overwhelmed Desiree, and she now becomes anxious during visits. Despite the stress, the evaluation confirmed moderate to severe autism, qualifying her for Early Start and initiating the path to Lanterman Services. Rosa explained the results, and with her support, Jasmine began ABA services and pursued further evaluation.

After Desiree's diagnosis, Jasmine was assigned a Regional Center coordinator to manage services for both children. Desiree began speech, occupational, and later ABA therapy. While Jasmine valued home-based care, navigating insurance, Regional Center, school district, and County benefits was overwhelming. She often felt lost between systems, unsure of coverage, referrals, or out-of-pocket costs. Even Rosa couldn't fully explain how Medi-Cal, private insurance, and Regional Center services overlapped.

As Desiree neared age three, Jasmine prepared for the transition to Lanterman Services, knowing a psych evaluation was needed to avoid service gaps. She began exploring specialized schools and self-determination programs, but felt overwhelmed by the decisions and lack of clear guidance. Jasmine worried about making the wrong choice and losing access to essential services. Navigating overlapping systems - Medi-Cal, private insurance, Regional Center - was confusing, even with Rosa's help. Coverage, referrals, and costs remained unclear.

As Amara grew, Jasmine noticed behaviors similar to Desiree's early delays. Rosa, her parent coach, confirmed the signs during a home visit - Amara wasn't responding to her name and had limited speech. This time, Jasmine acted quickly, requesting an in-home evaluation to avoid the stress Desiree experienced. Rosa supported the process, handling the referral and paperwork. Jasmine felt more confident but still relied on Rosa's guidance.

STAFF JOURNEY

Dr. Patel noticed that Desiree wasn't speaking and gently asked Jasmine if she had any concerns. When Jasmine said everything was fine, Dr. Patel respected her response and recommended that Jasmine make sure to have visits with her pediatrician to check on both her children.

Rosa took a proactive approach, using tools like the Ages & Stages Questionnaire to assess Desiree's development in addition to checking in on Jasmine's new baby. She knew how important it was to act early and made sure Jasmine understood the next steps. Rosa coordinated the referral to the Regional Center and helped Jasmine navigate the intake process, ensuring services could begin as soon as possible.

Rosa helped Jasmine prepare for the evaluation and explained why it was important to complete it before Desiree turned three. She supported Jasmine emotionally after the stressful appointment and reassured her that the diagnosis would open doors to more consistent services and long-term support.

Rosa continued to support Jasmine, helping her access the diaper program, respite care, and a certified water safety instructor. She also introduced Jasmine to parent cafés and baby sign language classes to build community. But Rosa acknowledged that even as a parent coach, she didn't have full visibility into all the insurance and service systems Jasmine was trying to navigate.

Rosa helped Jasmine understand the differences between IEPs and 504 plans and connected her to legal aid through the TIGER program. She emphasized that the Regional Center could be a powerful ally, but acknowledged that families often needed more structured support during transitions. Rosa encouraged Jasmine to keep asking questions and to advocate for what felt right for her family.

Rosa recognized the early signs in Amara and knew how important it was to act quickly. She used her experience from working with Desiree's case to guide Jasmine through the referral process again. Rosa also helped Jasmine prepare emotionally, knowing how difficult it can be to face a second diagnosis.

TOOLS

Google, ChatGPT

Insurance Documentation

Program Flyers

THOUGHTS & FEELINGS

Rapid evaluations burden families already in crisis
Early intervention systems often place the burden of coordination on parents, requiring them to navigate high-stakes evaluations under stressful conditions. Desiree's anxiety in the clinical setting and Jasmine's emotional exhaustion reflect a broader systemic issue: when access to services depends on rigid timelines and overwhelming environments, families are left to manage trauma while proving eligibility. Without relational support, these systems risk reinforcing distress instead of offering relief.

Fragmented systems overwhelm families and frontline staff
Families navigating disability services often face a maze of disconnected systems - insurance, Regional Center, school districts, and county benefits - each with its own rules, timelines, and jargon. Jasmine's confusion wasn't a personal failing; it was a reflection of systemic fragmentation. Even Rosa, a trained parent coach, couldn't fully explain how the pieces fit together. When care coordination depends on individual persistence rather than system design, families are left overwhelmed and unsupported.

Support that stays builds confidence and clarity
When parent coaches like Rosa build long-term relationships with families, they create continuity that makes early intervention more accessible and less traumatic. Rosa's ability to recognize signs in Amara and guide Jasmine through the referral process reflects a system that values relational care and proactive support. With Rosa's help, Jasmine was able to act quickly, avoid past stressors, and feel more confident navigating services - showing how trust and experience can transform outcomes.

PROGRAM AND PROCESSES

Used in the journey

Applicable to the Journey

Process

Program

Resource

DPH: Black Infants and Families Home Program
Provides free doula support to African American women.

DPH: Nutrition on Call Service
Offers nutrition support for women and families with children up to kindergarten with home visits twice a month and monthly group meetings. Strives to increase parent knowledge of early childhood development and improve parenting practices.

Various CBOs: Parenting Enrichment Services
Designed to provide low-barrier support to establish a strong attachment with their children, prenatal to 5 years, to avoid abuse and neglect.

Various CBOs: Home Visiting
Offers free, in-home, home-based, voluntary services for families using the Parents as Teachers curriculum to support caregiver-child interaction, caregiving skills, and family well-being.

Programs are part of a broader set of home visiting programs provided by DPH

First 5 LA: Welcome Baby
Offers 5 at-risk postpartum visits, a personal Parent Coach, information around breastfeeding, home safety, and other topics, in-home nurse appointment, referrals to additional resources, and baby and mom-friendly items.

DPH: Early Head Start
Provides early, continuous, intensive, and comprehensive child development and family support services to low-income infants, toddlers, and their families, pregnant women and their families.

DMH + CA DDS: Regional Centers for the Developmentally Disabled
Coordinates or provides community supports and resources and access to services for individuals with developmental disabilities and their families

DPH + First 5 LA: Help Me Grow LA
Offers information, resources, and connections to free or low-cost programs directly in the community for families raising children with special needs.

DPH + First 5 LA: Help Me Grow LA - Parent Cafés
Offers a safe space for parents to gather, share experiences, and learn about resources for child development.

DMH: Enhanced Care Management Program (ECM)
Focuses on addressing the clinical and non-clinical needs of Medi-Cal beneficiaries, enrolled in Medi-Cal Managed Care Plans (MCPs), with complex medical and social needs.

CA DDS (partnership): Lanterman Regional Center
Offers lifelong services and supports for individuals with developmental disabilities and their families.

Multi-Department (partnership): SHIELDS for families
SHIELDS' Healthy Start program provides case management and service planning; enrollment in health insurance; linkage to primary and behavioral medical care including health education and promotion, interconceptional care, and screening for a wide variety of maternal and child health conditions.

Monique Harris, 36, she/her

Population	Demographic	Location	Education	Work	Household Income	Household Size
Women with Young Children	*Millennial*	*Carson*	*Associate's Degree*	*Part-Time Job*	*$75,000*	*4*

"Black women are supposed to be strong, resilient. We get beaten down by life and **asking for help is not always chalked up to what it seems based on how we were raised** to be strong."

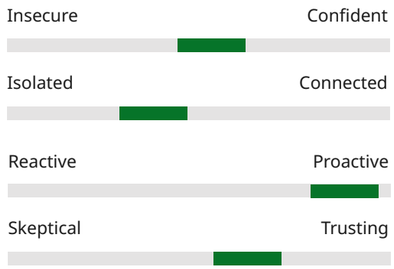
BIO

Monique is a determined mother of two young boys who works part-time as a community health worker - a role she chose to balance her career with her responsibilities as a mother and partner. Her husband, Al, works full-time, and together they bring in a combined household income of $75,000. On paper, they are not considered low-income, but in reality, they are one emergency away from financial collapse. Their income disqualifies them from essential programs despite the fact that they often struggle to afford food, childcare, and healthcare.

Monique's first pregnancy was supported by a home visiting program, which helped her feel prepared. Her second pregnancy was traumatic, and she didn't receive home visiting services but still doesn't understand why. Monique has considered going to therapy, but she's worried that anything she shares could be misinterpreted or used against her. She's aware of how black families are disproportionately reported which makes her cautious about seeking help, even though she needs it. A misclassified benefits application triggered a child support case that fractured her co-parenting relationship with Corey, adding emotional strain during an already vulnerable time.

Despite these challenges, Monique continues to show up for her family, her job, and her community. She's resourceful, resilient, and deeply committed to raising her children with love, boundaries, and care. But the reality is stark: even with a degree, a job, and a stable household, Monique lives on the edge.

PERSONALITY



STRESS

SERVICES & PROGRAMS

- Local food bank
- CBOs providing family support services, parenting classes, and referrals to other services

PRIMARY TASKS

- Providing peer-based support to families navigating healthcare, parenting, and social services.
- Managing daily household activities, routines, meals, and childcare.
- Budgeting household income to cover rent, food, and healthcare.
- Supporting her children's emotional and developmental needs.
- Navigating healthcare and insurance for the whole family.
- Monitoring her own mental health while avoiding systems she doesn't trust.
- Working with CBO staff for additional support for her family where available.

GOALS

- Raise emotionally healthy, well-supported children.
- Achieve financial stability and build savings, maybe even start a college fund for the boys.
- Heal from her traumatic birth experience.
- Access support without fear of surveillance or judgment.
- Balance the responsibilities of being a mom, co-worker, and wife while also allowing time for personal growth and development.
- Rebuild trust with Corey after the child support case fractured their co-parenting relationship.

NEEDS

- Affordable, high-quality childcare.
- High-quality education for her children.
- Accessible healthcare for the entire family, including mental health support without risk of reporting.
- Reliable transportation and financial support for basic needs
- Clear, empathetic guidance through County systems.

CHALLENGES

- "Cliff effect" from earning just above public benefit thresholds.
- Lack of postpartum care and mental health access.
- Fear of child welfare involvement due to racial bias.
- Inflexible work and care systems that don't support part-time caregivers.
- Although her work is meaningful, it's stagnant - there's no clear path for growth, no raises, and no recognition for the emotional labor she carries.
- Stigma around needing help despite being "middle income."
- Strained co-parenting with Corey due to the child support case and Corey's fractured relationship with Connor as a result.

Child Welfare & Family Well-Being: Woman with 2 Children Under 5

MONIQUE'S JOURNEY

Monique's (she/her) journey through motherhood was shaped by love, exhaustion, and systemic barriers. Early support helped her build confidence, but postpartum challenges, financial strain, and a misclassified benefits application triggered a child support case that fractured her co-parenting relationship. Despite being denied services and emotionally stretched, she turned her lived experience into advocacy. As a CHW, Monique now helps other mothers navigate the same systems that once failed her.

INNER CIRCLE

- **Al** – *Monique's Husband & Isaiah's Dad*
- **Corey** – *Monique's Ex-Boyfriend & Connor's Dad*
- **Sandra** – *Monique's Mom*
- **Connor** – *Monique & Corey's Son*
- **Isaiah** – *Monique & Al's Son*

STAFF SUPPORT

- **Gianna** – *Parent Coach, Welcome Baby Program*
- **Jenny** – *Parent Coach, Welcome Baby Program*
- **Raven** – *Community Engagement Lead, CBO*
- **Rachel** – *Eligibility Worker, DPSS*
- **Trina** – *Director, CBO*

CHANNEL

- In Person
- Desktop
- Phone
- Form

THOUGHTS & FEELINGS

- 🟩 Positive
- 🟥 Negative

PROGRAM AND PROCESSES

- Used in the journey
- Applicable to the journey
- Process
- Program
- Resource

The Birth of Monique's First Child & Welcome Baby Program

CLIENT JOURNEY

At 29, Monique gave birth to her first son, Connor. She was exhausted, overwhelmed, and unsure of what came next. The delivery had gone smoothly, but the reality of motherhood hit hard the moment she held him. She felt a mix of awe and fear - love so deep it scared her, and a quiet panic about whether she could do this right.

While recovering in the hospital, a nurse from the Welcome Baby program approached her gently. Monique wasn't expecting anyone. Her body ached and her mind was foggy. Monique stared at the ceiling, trying to process what had just happened. She had given birth. She was a mother now. But the weight of that truth hadn't settled yet.

Monique listened cautiously. It sounded too good to be true. She had grown up believing that asking for help was a sign of weakness, especially as a Black woman. Strength was survival. Vulnerability was risk. But she thought about the kind of mother she wanted to be: present, loving, capable. She thought about how little she knew, how much she feared. And then she nodded to Gianna, indicating she wanted to participate.

The first home visit came three days after Monique and Connor were discharged. She had barely slept. Her body still ached, and she was second-guessing every decision.

Monique began to trust herself. She started journaling between visits, noting Connor's progress and her own emotional shifts. She felt more confident advocating for herself at the pediatrician's office. She even joined a parenting circle at the CBO where Jenny worked, meeting other moms who were also navigating the chaos of early motherhood.

STAFF JOURNEY

Gianna knocked softly and entered with a calm, grounded energy. She introduced herself as part of the Welcome Baby program and asked if Monique had heard of it. Monique shook her head, wary but polite. The nurse explained the program: home visits, parenting support, and someone to talk to who wouldn't judge.

Gianna smiled, sensing the weight of that small gesture. She sat beside Monique's bed, lowered her voice, and began to explain what would happen next. Before leaving, the nurse gently adjusted Connor's blanket and told Monique she was doing a good job. It was the first time Monique had heard those words since giving birth.

Jenny, a warm and grounded presence, arrived with a soft voice and a calm presence. Jenny sat with Monique at the kitchen table while Connor slept nearby. They talked about breastfeeding challenges, sleep deprivation, and the emotional rollercoaster of new motherhood. Jenny showed her how to track feeding times, how to recognize signs of postpartum depression, and how to build a routine that felt manageable.

Over the next few months, the visits became a rhythm. Jenny helped Monique navigate pediatric appointments, understand developmental milestones, and prepare for returning to work. She brought handouts, but more importantly, she brought presence. After 9 months of support, Jenny's services wound down and she provided Monique with information about additional resources to support her family's wellbeing.

TOOLS

Bridges for Newborns/Universal Risk Screen

Welcome Baby Protocol Manual

THOUGHTS & FEELINGS

🟩 **Presence over pressure builds trust in vulnerable moments**
When Gianna entered Monique's hospital room with calm presence and no expectations, she offered more than a program - she offered connection. Her gentle introduction to Welcome Baby met Monique in a moment of vulnerability, honoring the emotional weight of new motherhood. By prioritizing trust and listening over information delivery, Gianna modeled how support can begin with presence, not pressure.

🟥 **Timing matters - support must honor recovery**
Postpartum outreach often begins with program explanations before emotional readiness is assessed. When new mothers are still physically recovering and emotionally overwhelmed, even well-intentioned support can feel intrusive. Without sensitivity to timing and state of mind, early engagement risks being experienced as transactional rather than relational.

🟩 **Hospital-based programs foster early trust and belonging**
When programs like Welcome Baby are embedded in hospitals and delivered by culturally responsive staff, they can interrupt cycles of isolation and mistrust. Gianna's approach reflects a systemic investment in relational care, one that recognizes how early, affirming engagement can shift generational patterns and build trust in systems.

🟩 **Practical tools and empathy redefine postpartum care**
When home visiting programs are designed to meet families in their lived realities - sleep-deprived, overwhelmed, and unsure - they become a form of systemic care that extends beyond clinical walls. Jenny's ability to offer practical tools and emotional validation reflects a public health model that centers dignity, not diagnosis. This kind of support helps dismantle the myth of self-sufficiency and replaces it with community-rooted care.

🟥 **Fear of surveillance blocks full participation**
Even within supportive programs, Black mothers like Monique often carry the weight of systemic mistrust. The fear that vulnerability could be misinterpreted or weaponized, rooted in the disproportionate reporting and surveillance of Black families in child welfare systems, which can make it difficult to fully engage.

🟩 **Consistent support creates stability during transition**
When programs offer consistent, long-term support, they help counteract the fragmentation often experienced in maternal care systems. Jenny's ongoing presence created continuity in a moment of life marked by instability and transition.

🟥 **Engagement demands emotional labor**
The burden of engagement often falls disproportionately on mothers. Each visit required Monique to perform - tidying her home, managing her emotions, and presenting herself as "coping."

PROGRAM AND PROCESSES

First 5 LA: Program - Welcome Baby
Offers an in-hospital visit, a personal Parent Coach, information around breastfeeding, home safety, and other topics, in-home nurse appointment, referrals to additional resources, and baby and mom-friendly items.

DPH: Program - Early Head Start
Provides early, continuous, intensive, and comprehensive child development and family support services to low-income infants and toddlers and their families, pregnant women and their families.

Various CBOs: Parenting Enrichment Services
Designed to provide low-barrier support to establish a strong attachment with their children, prenatal to 5 years, to avoid abuse and neglect.

Various CBOs: Home Visiting
Provides long-term, home-based, voluntary services for families using the Parents as Teachers curriculum to support caregiver-child interaction, caregiving skills, and family well-being.

The Birth of Monique's Second Child & Confusion About Services

CLIENT JOURNEY

A couple of years later, Monique married Al and gave birth to her second son, Isaiah, at a different hospital. The labor was longer, more complicated. She hemorrhaged after delivery and spent two days recovering in a shared room, surrounded by noise and fluorescent light. She kept waiting for someone to knock on the door and offer support like last time. But no one came.

She was discharged quickly, still emotionally raw. No home visitor followed up. No one asked how she was coping. She returned home with Isaiah and tried to remember everything that Jenny had taught her years ago. But this time, it felt different. She was older, more tired, and carrying more - physically, emotionally, financially.

Monique leaned heavily on her mom for support. Her mother came by most mornings to help with the boys by making breakfast, folding laundry, holding Isaiah so Monique could shower. It was a lifeline, but it wasn't enough. Monique felt like she was slipping. She didn't feel like herself. She didn't feel like she had space to fall apart.

Al worked full-time in logistics for a warehouse. He was reliable and deeply committed to their family, but he was stretched thin. His job didn't offer paid leave, and his schedule was rigid. He left before sunrise and returned after dinner, often too tired to engage fully.

Monique continued navigating co-parenting with Corey. They hadn't gone through the courts - just a mutual understanding that he'd help out financially and stay involved. It wasn't always perfect, but it worked well enough.

THOUGHTS & FEELINGS

"I don't know why I couldn't get services."

🟥 **Postpartum care is a privilege, not a guarantee**
Postpartum care remains deeply inconsistent across hospitals and regions, leaving families like Monique's vulnerable to gaps in support. Despite her previous experience with a home visiting program, no one came this time - a reflection of how access to relational care is often determined by geography, funding, and institutional priorities. These disparities reinforce a system where support is not a right, but a privilege.

🟥 **Support depends on silos, not family needs**
Despite being a previous Welcome Baby participant, Monique wasn't automatically re-enrolled. There was no system to track her across hospitals or pregnancies, and no mechanism to ensure continuity of care. She fell through the cracks - a reflection of how fragmented maternal health systems can be. When support depends on institutional silos rather than coordinated infrastructure, families are left to navigate critical transitions alone.

"I think that having someone there that's not a family member would be nice. I didn't have it... just having somebody else to support you would have been nice."

🟥 **Unpaid support carries emotional weight without backup**
Maternal health systems often overlook the emotional toll of caregiving, especially when support is informal and unpaid. Monique leaned on her mother daily, but the absence of formal follow-up left her without professional care during a vulnerable time.

🟥 **Workplace inflexibility undermines family wellbeing**
Family wellbeing is often undermined by labor systems that treat caregiving as a private issue rather than a public responsibility. Al's job didn't offer paid leave or flexibility, forcing him to choose between financial stability and being present during a critical time. When workplaces don't support fathers as caregivers, the burden falls disproportionately on mothers, and families are left stretched thin by design.

PROGRAM AND PROCESSES

First 5 LA: Program - Welcome Baby
Offers an in-hospital visit, a personal Parent Coach, information around breastfeeding, home safety, and other topics, in-home nurse appointment, referrals to additional resources, and baby and mom-friendly items.

DPH: Program - Early Head Start
Provides early, continuous, intensive, and comprehensive child development and family support services to low-income infants and toddlers and their families, pregnant women and their families.

Connection Through CBOs

CLIENT JOURNEY

A few months after Isaiah's birth, Monique reconnected with the CBO where she had once attended parenting classes. She wasn't sure what she was looking for, maybe just a place to breathe. The facilitator remembered her and invited her to join a new cohort. Monique sat quietly at first, listening more than speaking. But when another mom broke down in tears, Monique leaned in, offering gentle advice and sharing her own story.

Soon after, the CBO offered Monique a part-time role as a Community Health Worker (CHW). She would help other mothers navigate postpartum care, parenting stress, and access to resources. She was good at it. Families trusted her. Staff respected her. But the job was part-time, with no benefits, no raises, and no clear path for growth.

STAFF JOURNEY

Raven had been facilitating parenting circles at the CBO for nearly five years. She'd seen mothers come and go, some returning stronger, some returning quieter. When Monique walked through the door again, Raven recognized her immediately. Raven watched the moment unfold. Monique had shifted the energy in the room - not with authority, but with empathy.

When a CHW position opened up, Raven didn't hesitate to think of Monique. She spoke to her supervisor to recommend Monique for the role.

Navigating Benefit Eligibility

CLIENT JOURNEY

Monique earned just under $25,000 a year. Al's full-time job brought in about $50,000. Together, their household income was $75,000 which is just above the threshold for most public assistance programs. On paper, they were "middle income." In reality, they were one accident away from poverty. Rent in Carson ate up nearly half their income. Childcare for Isaiah, even part-time, was a stretch. Groceries, gas, insurance, and medical co-pays left little room for savings. They had no emergency fund. No cushion. No margin for error.

She called DPSS, hoping to speak with someone who could walk her through the process of applying for CalFresh. The automated voice greeted her with a long menu of options. The hold music looped endlessly. Isaiah cried in the background. Connor asked for a snack. Monique bounced between rooms, phone tucked under her chin, trying to stay patient. After 90 minutes, the line disconnected. She turned to BenefitsCal, the online portal. She uploaded her pay stubs, filled out every field, double-checked her entries, and submitted the application. A few days later, she received a notice: denied due to income.

She took a breath and decided to try again - this time for Medi-Cal. Maybe she could at least get coverage for the boys. Isaiah had been coughing more than usual, and Connor needed a dental check-up. Their current plan had high co-pays, and they couldn't afford another unexpected bill. Once again, she called DPSS, hoping to speak with someone who could walk her through the process. And once again, the hold music looped endlessly. After 72 minutes, she hung up, feeling frustrated. She turned to BenefitsCal, the online portal. Again. She uploaded her pay stubs, filled out every field, double-checked her entries, and submitted the application.

A few days later, she received a notice: denied. Their household income was above the limit. Unless one of the children had a qualifying condition, they didn't qualify. Monique stared at the denial letter. It didn't mention her caregiving. It didn't mention the $2,800 rent, the $400 grocery bill, or the $300 she'd spent last month on co-pays and prescriptions. It didn't mention the fact that she was still recovering from a traumatic birth while working part-time and raising two boys. She thought about calling again. But she didn't have another hour to spare. She had dinner to make and a parenting class to prepare for - one she was facilitating for other moms who were also trying to survive.

Because Al was listed as the head of household, his full-time income was the one that mattered most. His W-2, his tax filing status, his employer - all of it became the basis for eligibility. Monique's part-time income, her caregiving labor, her emotional load didn't count. The designation of "head of household" was supposed to be a technicality, but in practice, it erased Monique's role. It made her invisible in the eyes of the system. And it meant that every time she tried to access support, she was told: You make too much.

Monique leaned heavily on her mom for childcare and emotional support. Her mother was generous, but aging. Monique worried about how long she could keep asking. She considered going back to school, maybe getting certified in something that paid more. But the idea of juggling work, parenting, and classes felt impossible.

Determined to get answers, Monique decided to go in person to the DPSS office. She packed snacks for the boys, printed her pay stubs again, and waited nearly two hours in a crowded lobby before being called to the window. The caseworker was polite but brisk, flipping through her paperwork and asking about household income. Monique explained that Al worked full-time, and she worked part-time at the CBO. She also mentioned that Corey, her older son's father, helped out informally - about $500 a month.

A few weeks later, Corey received an envelope from the Department of Child Support Services. He opened it at work, expecting bills, maybe junk mail. Instead, it was a notice: his wages would be garnished. A case had been opened.

He stared at the letter, reading it twice. It didn't make sense. He hadn't missed a payment. He and Monique had an agreement. No courts. No paperwork. Just trust. He had been giving her money every month, showing up for Connor, doing what he could.

Corey stepped outside to call Monique, his thoughts were racing. Now without warning, Monique had betrayed him. Monique sounded confused, caught off guard by the whole thing. She said she hadn't asked for a case to be opened, that she had only mentioned the informal support during her application.

He hung up feeling like something had shifted. The trust they had built over years felt suddenly fragile. Over the next few weeks, Corey pulled back. He didn't call. He didn't visit. He needed space to process what had happened, but that space quickly turned into distance.

Monique noticed the silence immediately. Corey stopped texting, stopped checking in. The rhythm they had built - weekend visits, shared updates, small gestures of co-parenting - was gone. She didn't know how to reach him without making things worse. Every attempt felt like walking on glass.

Connor felt it too. He asked why his dad hadn't come by, why he didn't call. Monique didn't have an answer that made sense to a child. She told him Corey was busy, but inside, she worried the damage was already done.

Monique sat in the living room after putting the boys to bed. The house was quiet, but her mind wasn't. Bills were stacked on the counter. Isaiah's cough hadn't gone away. Her chest felt tight, her thoughts scattered. She was still recovering from childbirth physically, emotionally, hormonally. The postpartum fog hadn't lifted, and now the silence from Corey added another layer of weight.

She hadn't expected this. She had tried to do the right thing - apply for help, be honest, keep things stable. But instead, she had triggered a process that fractured her co-parenting relationship and left Connor confused and hurting. The guilt sat heavy in her body, mixing with exhaustion and anxiety. She knew she needed someone to talk to who could help her sort through the unraveling.

She looked up therapists online. Most were out of network. The few who accepted sliding scale payments still charged more than she could afford. Even if she found someone, she wasn't sure she could trust them. She had heard stories of mothers who opened up in therapy and ended up under investigation. Black families were disproportionately reported to child welfare. She knew the statistics. She had seen it happen. And she wasn't willing to risk it.

Monique carried her silence like armor. She smiled when she needed to. She listened when others cried. But inside, she was unraveling. She wanted therapy. She needed therapy. But she couldn't afford it. And she couldn't afford the risk.

STAFF JOURNEY

Amanda had only been on the job for a few months. She was still learning the rhythm - how to balance empathy with policy, how to manage the line of clients that never seemed to shrink. She noted as Monique told her everything, typing steadily, but her mind was racing. Was this CalFresh? Medi-Cal? CalWORKs? The lines between programs blurred sometimes, especially when clients had layered needs. She remembered something from training - if a parent disclosed financial help from a noncustodial parent, it might need to be flagged for child support. She hesitated. Monique's situation didn't fit neatly into any box. But the system didn't leave much room for nuance. She clicked through the next screen, flagged the case for follow-up, and moved on.

TOOLS

DPSS

BenefitsCal

DPs

BenefitsCal

Google

THOUGHTS & FEELINGS

"We can't even afford to get sick."

🟥 **Eligibility rules ignore real-life costs, leaving families unsupported**
Public assistance systems often rely on rigid income thresholds that ignore the true cost of living. On paper, Monique and Al were "middle income," but in reality, they were one emergency away from financial crisis. With rent, childcare, and basic expenses consuming most of their income, they were excluded from support they clearly needed. This disconnect reflects a systemic flaw - where eligibility is not based on lived economic realities, leaving working families without a safety net.

"Some programs felt very hard to access or not knowing if I even qualified. So that was the biggest challenge."

🟩 **Digital tools like BenefitsCal expand access and autonomy**
Digital tools like BenefitsCal can offer families a pathway to access support without navigating long phone queues or in-person appointments. Monique's ability to complete the application online reflects a growing shift toward accessibility and autonomy in public benefits systems. When designed with user experience in mind, these platforms can reduce friction and empower families to advocate for their needs on their own terms.

🟥 **System access requires persistence - and still falls short**
Despite her persistence, Monique encountered a system that was both emotionally and logistically exhausting. The long hold times, disconnected calls, and rigid eligibility criteria reflect a broader pattern of systemic inaccessibility. Even with digital tools, families are often forced to prove their need through complex, time-consuming processes, only to be denied based on income thresholds.

"Even when I asked for help, the process could feel somewhat overwhelming, you know, with lots of paperwork and not always given that clear communication."

🟥 **Bureaucratic hurdles make healthcare access exhausting**
Despite her persistence, Monique faced a system that demanded time, emotional energy, and digital literacy - all while parenting two young children. The endless hold music, disconnected calls, and complex online forms reflect a broader failure to design public benefits systems around the realities of working families. When access to healthcare depends on navigating bureaucratic hurdles, it reinforces inequity and leaves those most in need feeling defeated and alone.

"Everyone's just trying to survive."

🟥 **Income-based evaluations erase caregiving and real costs**
Monique and Al's household was evaluated based on total gross income, not on how that income was distributed or who carried the caregiving load. Because Al was listed as the head of household, his earnings became the primary factor - erasing Monique's role and rendering her invisible in the eyes of the system. The rigid structure ignored rent, co-pays, childcare, and recovery from birth. It simply added up the numbers and said: You make too much. This reflects a systemic failure to recognize economic vulnerability beyond income alone.

🟥 **Families that don't fit the mold are often harmed by the system**
Monique's walked into was fragmented system, all housed under one roof, yet governed by different rules, forms, and eligibility pathways. The burden of navigating that complexity fell entirely on her.

Amanda was new, overwhelmed, and expected to make sense of layered family structures, informal support arrangements, and nuanced caregiving roles - all while moving quickly and following rigid protocols. The system didn't support her in making thoughtful distinctions.

This reflects a systemic challenge to equip frontline workers with the training, time, and discretion needed to respond to real-life complexity. It also reveals how families like Monique's (those who don't fit neatly into program boxes) are often accidentally misclassified, misprocessed, and harmed as a result.

"It destroyed the relationship between [the kids] and him."

🟥 **Support should strengthen families, not split them**
The systemic failure to acknowledge and support informal caregiving arrangements penalizes families who work things out privately without fitting into rigid legal frameworks. The system doesn't ask whether enforcement is necessary - it assumes it is. And in doing so, it often fractures relationships that were functioning.

"They went out of their way to find him and we went to court and then the whole custody thing started happening. It just brought me more problems. My postpartum journey for [all of my kids] was so horrible and [the County] made it worse."

🟥 **Enforcement without context fractures co-parenting bonds**
By triggering a child support case without consent or context, it severed a co-parenting relationship that had been quietly working. The system didn't account for the relational labor of parenting across households. It didn't ask what harm might come from enforcement. It didn't consider the child's experience of loss - not of money, but of presence, reflecting a systemic failure to recognize family stability as more than financial compliance.

🟥 **Fear and cost turn therapy into a risk, not a resource**
Mental health care remains inaccessible and risky for many Black mothers. Monique's search for a therapist revealed a system where affordability is rare, and trust is fragile. The fear of being reported - rooted in the disproportionate surveillance of Black families in child welfare - turns therapy into a potential threat rather than a resource. When care is unaffordable and unsafe, the system reinforces silence instead of supporting healing.

PROGRAM AND PROCESSES

CA: Resource - BenefitsCal

DPSS: Resource - DPSS Website

LA County: Resource - 211LA

Advocating for Change

CLIENT JOURNEY

Monique sat at her desk at the CBO, reviewing intake forms for a new parenting group. She had just spent the morning helping a young mother apply for CalFresh, walking her through the same BenefitsCal portal that had denied Monique weeks earlier. The mother was hopeful. Monique wasn't.

She started noticing patterns. Mothers who worked part-time were penalized for earning "too much." Families with two incomes were disqualified, even if they lived in high-cost areas. The system didn't ask about rent, childcare, or unpaid caregiving. It didn't ask about mental health. It didn't ask about survival.

At a monthly staff meeting, Monique spoke up. The CBO was preparing a report for a local policy roundtable, and the director asked for frontline insights. Monique hesitated, then raised her hand to share her experience.

STAFF JOURNEY

Trina knew Monique didn't speak up often in meetings, but when she did, it was with clarity and conviction. Inspired by Monique's story, she asked her to support shaping the report's, to help decision-makers understand what it feels like to be denied support while helping others access it. She saw Monique not just as a CHW, but as a policy voice waiting to be heard.

THOUGHTS & FEELINGS

🟩 **Frontline voices drive meaningful policy change**
When frontline workers are invited to shape policy, it creates pathways for lived experience to inform systemic change. Monique's voice grounded in both personal and professional insight, brought depth to the CBO's report and helped bridge the gap between service delivery and policy design. This kind of inclusion reflects a growing recognition that those closest to the problem often hold the clearest solutions.

PROGRAM AND PROCESSES

NAMI: Support Groups
Offers Peer Support Groups for those living with mental health conditions, and Family Support Groups for family members and loved ones who are impacted by mental illness. They are free and provide a safe, judgment-free, and confidential environment for attendees to share their stories, learn from one another, and offer and receive support.

Staff Personas

STAFF PERSONAS

CBO Staff

Jake Thompson, 29, he/him

TITLE

Career Pathways Coach

Department

Department of Economic Opportunity (DEO)

Location

San Fernando Valley

Demographic

Millennial

Experience

6 years in workforce development

"Even finding out what you're **not interested in is a success**."

BIO

Jake is a career pathways coach at a drop-in center in where he supports disconnected youth ages 16–24 - many of whom are navigating homelessness, trauma, or system involvement. With six years in workforce development and lived experience as a formerly disconnected youth himself, Jake brings empathy and grit to his work.

But the job is demanding: his caseload is heavy, the systems he relies on are constantly changing, and referrals often stall due to long waitlists or unclear eligibility rules. He spends much of his day troubleshooting applications, chasing down updates, and trying to keep youth engaged despite setbacks. Burnout is real, but Jake stays committed, knowing that for some youth, he may be the only adult who hasn't given up on them.

PERSONALITY

Realist — Optimist

Indifferent — Enthusiastic

Casual — Professional

TECHNICAL COMFORT

Low — High

STRESS LEVEL

Low — High

TEAM COMPOSITION

- Workforce Navigator
- Mental Health Clinician
- Employer Liaison
- Peer Support Specialist

COMMONLY USED TOOLS

- **Student Information System (SIS)** – for tracking attendance and academic performance
- **LAUSD MiSiS** – for student records and case management
- **Referral Forms** – used to refer youth to external services

PRIMARY TASKS

- Conducting career assessments.
- Connecting youth to earn-and-learn programs.
- Facilitating job readiness workshops.
- Tracking progress and retention.

GOALS

- Increase youth enrollment in training programs.
- Identify mentors and coaches to support youth throughout their career journey.
- Improve job placement rates out of the training programs.
- Build youth confidence and self-sufficiency.
- Connect youth with careers in their area of interest and/or that will result in a job with a livable wage.

NEEDS

- Stronger employer partnerships to support youth entering the workforce.
- Good network knowledge of who has job opportunities and training programs.
- Transportation stipends for youth to access training and/or go to their jobs.
- Mental health supports for youth.
- Supportive team environment.
- Budget for participation incentives for youth to participate in and engage with job programming.

CHALLENGES

- Youth trauma and instability affecting focus and commitment to job training programs.
- Youth distrust of systems.
- Limited access to high-growth jobs and jobs that immediately pay a livable wage.
- Documentation barriers for enrollment, hindering participation in training programs.
- Job training programs not always resulting in positions that offer a livable wage.
- Inconsistent attendance and engagement.

Maria Sanchez, 26, she/her

TITLE
Youth Advocate, Program Coordinator

Department
CBO

Location
Hollywood

Demographic
Gen Z

Experience
3 years in youth homelessness services

"County is County, it's very regulated, and **not good in gray spaces**."

BIO

Maria is a compassionate and highly skilled support worker at a drop-in center serving TAY. As the first point of contact, she plays a critical role in welcoming youth into a safe, non-judgmental space where their immediate needs like food, hygiene, rest, and emotional support are met with dignity and care.

Her deep empathy and trauma-informed approach allow her to build trust quickly, even with youth who have experienced significant instability, homelessness, or system involvement. Maria understands that healing and engagement take time, and she meets each young person where they are, offering support without pressure.

Maria's work includes conducting intake assessments, connecting youth to housing and mental health services, facilitating workshops, and coordinating with outreach teams and community-based organizations. She's known for her resourcefulness, her ability to de-escalate tense situations, and her unwavering commitment to helping youth navigate complex systems with confidence.

PERSONALITY

Realist — Optimist

Indifferent — Enthusiastic

Casual — Professional

TECHNICAL COMFORT

Low — High

STRESS LEVEL

High

TEAM COMPOSITION

- Outreach Worker
- Mental Health Clinician
- Housing Navigator
- Employment Specialist
- Peer Support Specialist
- Guest Speakers & Workshop Leaders

COMMONLY USED TOOLS

- **Community Resource Directories** – local services for housing, food, clinics, legal aid
- **Intake Form** – assesses youth needs during first contact
- **Quick Resource Lists** – for immediate referrals to food, hygiene, shelter, and support

PRIMARY TASKS

- Greeting youth and creating a welcoming atmosphere.
- Assessing immediate needs (food, water, hygiene, safety).
- Building rapport to foster trust and open communication.
- Providing initial referrals to internal case managers.
- Facilitating workshops to support youth wellbeing.
- Support youth in redefining intimacy and boundaries.

GOALS

- Provide crisis intervention and stabilization.
- Connect youth to transitional and permanent housing.
- Facilitate access to education, employment, and health services.
  Build trust and resilience through trauma-informed care.
- Help youth navigate public systems by creating inclusive, non-stigmatizing environments.

NEEDS

- Access to comprehensive resource lists.
- Effective communication tools (phone, computer).
- Ongoing training (first aid, de-escalation, mental health).
- Support for managing vicarious trauma.
- Collaboration with outreach workers, mental health clinicians, housing navigators, and job support.
- Flexibility in grants to cover urgent needs (e.g., bus tokens).
- Infrastructure to support peers (HR, training, supervision).
- Time and space for youth to acclimate before paperwork.

CHALLENGES

- Managing high needs with limited resources.
- Safety concerns from client conflicts or external threats.
- High mobility of youth disrupting continuity of care.
- Burnout from working with deeply traumatized individuals.
- Bureaucratic barriers to simple referrals and service access.
- County systems are rigid and slow, especially on weekends.
- Intake systems often fail to capture youth nuance ("I'm fine" blocks access).
- Peers require intensive support and training; some lack basic skills.
- Institutional barriers (e.g., clinics closing early, lack of phones) damage trust.

Marcus Jones, 48, he/him

TITLE
Senior Life Coach

Department
CBO

Location
South LA

Demographic
Gen X

Experience
5 years at a CBO

"People always let them down and lie. **I pride myself in being that one person who won't let you down**. I'm going to get it done for them."

BIO

Marcus was raised in South LA amid instability, addiction, and trauma. He was raised by his grandma and drawn into gang life by 12. At 20, he was sentenced to 31 years for a crime he didn't commit. While incarcerated, he battled depression but found healing through mentorship and faith. He earned his GED, led therapeutic circles, and began to understand the roots of his pain and the systemic failures.

Released in 2021 through legislative reform, he returned with a mission: to be the person he needed growing up. He believes in the power of authenticity, accountability, and faith. He doesn't shy away from hard conversations, and he challenges youth to confront their trauma and shift their mindset.

Marcus is known for his fierce advocacy. He doesn't clock out at 5 p.m.; he answers calls at 3 a.m., shows up to court dates, and fights for youth who've been written off. His coaching blends tough love with deep compassion, challenging young people to confront their trauma while reminding them they are worthy of love, stability, and purpose. For Marcus, this work is sacred. It's not about saving anyone - it's about standing beside them, especially when no one else will.

PERSONALITY

Realist — Optimist

Indifferent — Enthusiastic

Casual — Professional

TECHNICAL COMFORT

Low — High

STRESS LEVEL

High

TEAM COMPOSITION

- Critical Messengers
- Life Coaches & Mentors
- Therapists & Behavioral Health Specialists
- Housing Navigators
- Employment Coordinators

COMMONLY USED TOOLS

- **Peer-Led Support Groups** - focused on trauma, accountability, and healing
- **Victim Impact Circles** - help youth understand the consequences of their actions
- **Welcome Home Kits** - essentials, clothing, and orientation for youth post-release
- **Accountability Plans** - used when youth struggle with program compliance
- **Spiritual Reflection Spaces** - optional, non-denominational support
- **Community Referrals** - for services beyond the CBO's scope (e.g., psychiatry, housing)

PRIMARY TASKS

- Reconnecting with youth post-release through relationships built by critical messengers during incarceration.
- Facilitating therapeutic and accountability groups with youth.
- Providing 1:1 coaching and 24/7 crisis support.
- Advocating for youth in court, parole hearings, and with service providers.
- Coordinating housing transitions and referrals.
- Tracking youth progress and maintaining monthly reports.
- Building trust through consistent, trauma-informed engagement.

GOALS

- Prevent homelessness among justice-involved youth exiting detention.
- Ensure youth feel seen, heard, and valued.
- Help youth build stable, independent lives through housing, employment, and healing.
- Shift youth mindset from survival to self-worth.
- Advocate for systemic reform through lived experience.

NEEDS

- Emergency and transitional housing options.
- Culturally competent mental health services, including psychiatric care.
- Flexible funding for wraparound services.
- Systemic support for youth with high trauma and low trust in institutions.
- Strong partnerships with County departments and other CBOs.

CHALLENGES

- Youth often enter programs with deep trauma, gang affiliations, and distrust of systems.
- Limited housing options for youth over 25.
- High rates of recidivism and substance use.
- County systems are slow, fragmented, and often gatekeep access to services.
- Compassion fatigue among frontline workers.
- Long wait times for therapy under Medi-Cal.
- Lack of spiritual and cultural integration in mainstream services.

Dr. Amina Patel, 42, she/her

TITLE
Obstetrician

Department
LA County Department of Health Services

Location
Van Nuys

Demographic
Gen X

Experience
15 years in maternal health

As an OB, I see how much more my patients need beyond medical care. **Time and resources are limited, but the need is endless**.

BIO

Dr. Patel is a dedicated prenatal care provider in Los Angeles County, specializing in serving low-income and disconnected pregnant women. With a strong commitment to maternal health, she collaborates closely with social workers, public health nurses, and other healthcare professionals so that her patients have access to essential services such as housing, nutrition, and behavioral health support.

Dr. Patel utilizes various tools, including the ORCHID electronic health record system, to streamline patient care and improve health outcomes. Her approach is characterized by a balance of realism and optimism, allowing her to navigate the complexities of her role while maintaining a hopeful outlook for her patients.

PERSONALITY

Realist — Optimist

Indifferent — Enthusiastic

Casual — Professional

TECHNICAL COMFORT

Low — High

STRESS LEVEL

High

TEAM COMPOSITION

- Public health nurse
- Social worker
- Nutritionist
- Behavioral health clinician

COMMONLY USED TOOLS

- **ORCHID (Online Real-time Centralized Health Information Database)** – LA County DHS electronic health record system
- **Prenatal Risk Assessment Form** – used to identify high-risk pregnancies
- **WIC Referral Protocol** – for nutrition support
- **CalAIM Enrollment Flyer**– for linking patients to community supports
- **Benefits Eligibility Flyer** – to help patients access Medi-Cal and other benefits
-

PRIMARY TASKS

- Conduct prenatal, intrapartum, and postpartum assessments to monitor maternal and fetal health.
- Diagnose and manage pregnancy-related conditions, including high-risk pregnancies and complications.
- Provide individualized treatment planning for labor and delivery, including birth plan discussions and pain management options.
- Conducting prenatal exams to monitor the health of mothers and their babies.
- Screening for social determinants of health that may impact pregnancy outcomes.
- Referring patients to WIC (Women, Infants, and Children) for nutrition support.
- Connecting patients with housing and mental health services.

GOALS

- Improve birth outcomes for low-income pregnant women.
- Reduce maternal stress and trauma through comprehensive support.
- Connect women to long-term resources and community supports.
- Foster coordinated care systems that address the multifaceted needs of patients.

NEEDS

- Access to coordinated care systems that facilitate collaboration among healthcare providers.
- Language access services to effectively communicate with diverse patient populations.
- Resources for housing and food security to support patients' basic needs.

CHALLENGES

- Managing high-risk pregnancies with limited access to wraparound services.
- Overcoming transportation and childcare barriers that hinder patients from attending appointments.
- Navigating the complexities of the healthcare system to ensure patients receive necessary benefits.
- Prioritizing medical care while remaining attentive to social determinants of health that may require external referrals.

Rosa Jimenez, 38, she/her

TITLE
Parent Coach

Department
Home Visiting Program

Location
Inglewood

Demographic
Millennial

Experience
12 years in early childhood and family services

"I have built that strong relationship with my clients. **They're able to trust me and tell me their personal issues** or things that they've been going through since they were children. And I always tell them, thank you for trusting me, and thank you for telling me this."

BIO

Rosa is a dedicated Parent Coach with over 12 years of experience in early childhood and family services. She specializes in supporting mothers with children under the age of 5, providing essential parenting education, referrals to early intervention, and support with public benefits. Rosa builds trust with families through culturally responsive care, utilizing tools to monitor child development and identify needs.

Rosa believes that knowledge is power, and is passionate about facilitating parenting workshops that empower mothers with knowledge and skills to enhance their parenting practices. Rosa's commitment to improving child developmental outcomes makes her an invaluable asset to her community, as she fosters strong parent-child attachments and advocates for mental health supports for mothers

PERSONALITY

Realist — Optimist

Indifferent — Enthusiastic

Casual — Professional

TECHNICAL COMFORT

Low — High

STRESS LEVEL

High

TEAM COMPOSITION

- Home Visitor
- Early Childhood Specialist
- Benefits Navigator
- Peer Parent Mentor
- Community Outreach Coordinator

COMMONLY USED TOOLS

- **Family Intake and Needs Assessment Form** – used during home visits
- **Early Childhood Development Screening Tools** – such as ASQ-3
- **211 LA Resource Directory** – for referrals to housing, food, and childcare
- **DCFS Benefits Eligibility Finder** – for navigating foster care-related supports

PRIMARY TASKS

- Conducting home visits to assess family needs and monitor child development.
- Facilitating parenting workshops to educate and empower parents.
- Connecting families to WIC, CalFresh, and childcare resources.
- Monitoring child development and strengthen parent-child attachment.
- Collaborating with other CBOs to enhance community resources and support networks.

GOALS

- Improve child developmental outcomes through early intervention and education.
- Reduce maternal isolation by providing support, resources, and community connections.
- Strengthen parent-child attachment to foster healthy relationships and emotional well-being.
- Advocate for systemic changes that improve access to services for low-income families.

NEEDS

- Infant supplies and diapers for families in need.
- Access to mental health supports for mothers, including counseling and support groups.
- Transportation and flexible scheduling to accommodate families' varying needs.
- Ongoing training and professional development opportunities to enhance her skills.

CHALLENGES

- Housing instability affecting families' well-being and ability to access services.
- Language and literacy barriers that hinder access to resources and information.
- Limited access to childcare, making it difficult for parents to attend workshops and appointments.
- Navigating complex bureaucratic systems to secure benefits for families.
- Caring for her own needs in addition to the needs of her family such as financial needs, personal needs, mental health needs, and family needs.

STAFF PERSONAS

County Staff

Marisol Ortega, 40, she/her

TITLE

AB 12 Social Worker

Department

Department of Children and Family Services (DCFS)

Location

SPA 6 (Compton-Carson, Wateridge, Hawthorne)

Demographic

Millennial

Experience

9 years in child welfare

"It's a difficult system to navigate... If it's difficult for me, **imagine how difficult it is for youth**."

BIO

Maria is an AB 12 social worker with almost a decade of experience in child welfare and is known for her steady presence in the lives of youth navigating the complexities of foster care, education, and early adulthood.

Maria is deeply committed to helping young people build autonomy while making sure they have the support to succeed. She finds herself balancing the urgency of housing crises with the slow-moving gears of interagency coordination. Maria is a fierce advocate, but she's also realistic - she knows that some youth won't engage until they're in crisis, and that some systems won't respond until it's too late. Maria's greatest frustration is the lack of housing options and the emotional toll it takes on youth who are already juggling school, work, and trauma.

Despite these barriers, Maria remains hopeful. She celebrates small wins: a youth securing a THP+ placement, re-enrolling in college, or reconnecting with a sibling. She believes that success looks different for every young person, and she's willing to meet them where they are, even if that means helping them fill out a job application at a shelter or driving across town to attend a college orientation.

PERSONALITY

Realist — Optimist

Indifferent — Enthusiastic

Casual — Professional

TECHNICAL COMFORT

Low — High

STRESS LEVEL

High

TEAM COMPOSITION

- Supervising CSW
- ILP Coordinator & ILP Staff
- THP-NMD and THP+ Providers
- SHD Social Workers
- DPSS & DMH Liaisons
- Education Liaisons & Guardian Scholars

COMMONLY USED TOOLS

- **Transition Conference Templates** – Used at 6-month and 90-day meetings to plan housing, education, and employment
- **Shared Living Agreements (SLA)** – Required for SILP placements
- **SOC 161 & SOC 162 Forms** – For AB 12 eligibility and mutual agreement
- **ILPonline.org** – Resource hub for youth and staff
- **Case Connect** – Multidisciplinary support tool for complex cases
- **Universal Job Application** – Used to connect youth with employment opportunities

PRIMARY TASKS

- Conducting monthly visits and documenting progress.
- Facilitating 6-month and 90-day transition conferences.
- Coordinating housing placements (THP-NMD, THP+, SILP, non-contracted THPs, shelters).
- Supporting youth with parenting, education, employment, and mental health needs.
- Collaborating with caregivers, attorneys, CASAs, and school staff.
- Manually completing and submitting required forms (e.g., SOC 161/162, DCFS 5204A), often with limited digital infrastructure.
- Tracking housing availability through email updates and word-of-mouth from providers.

GOALS

- Ensure youth exit care with stable housing, income, and a support network.
- Reduce the number of youth aging out of care without permanency.
- Promote educational attainment and workforce readiness.
- Build trusting relationships and elevate youth voice in planning.
- Foster stronger partnerships with DPSS, DMH, LAHSA, and other organizations to create a more integrated support system for youth.
- Work towards systemic changes to enhance support and resources available to foster youth.

NEEDS

- Early and consistent housing planning.
- Clear guidance on eligibility for THP+, SILP, and reentry.
- Streamlined inter-agency coordination across DCFS, DMH, DPSS, and LAHSA.
- Digital tools to replace manual paperwork and improve tracking of youth progress and housing options.
- More flexible funding for emergencies (e.g., transportation, furniture, food).
- Training on trauma-informed care, cultural humility, and youth engagement.
- More consistent access to liaisons and benefits specialists, especially in high-turnover offices.

CHALLENGES

- THP+ beds are limited and competitive; SILPs often fall through; non-contracted THPs may require rent.
- Youth must self-navigate systems with minimal guidance after 21; SHD offers resources but no funding.
- Reliance on paper forms, email chains, and phone calls slows down service delivery and increases errors.
- Miscommunication between departments on eligibility requirements, lack of data sharing, and inconsistent follow-through.
- Youth barriers like mental health, substance use, lack of life skills, distrust of systems, and trauma histories.
- Some placements don't serve LGBTQ+, undocumented, or high-needs youth effectively.
- High caseloads, emotional toll, and limited recognition for frontline workers.

David Rodriguez, 45, he/him

TITLE
DPSS Liaison

Department
Department of Public Social Services (DPSS)

Location
Lancaster

Demographic
Gen X

Experience
2 years in public benefits

I try to treat every client with respect, but **my role is very transactional**.

BIO

David works for DPSS where he helps process applications for CalWORKs, CalFresh, and Medi-Cal. He treats every client with respect, but the nature of his role is transactional. Benefits depend on income, school enrollment, or job activity, and without the right documentation, he can't move applications forward.

David encounters significant challenges working with systems-involved youth. These youth generally don't want to interact with county systems, making them hesitant to trust. With a caseload that exceeds 100 clients, David doesn't have time to build personal connections or follow up in depth. He feels overwhelmed by the need to chase down documentation and engage youth who are reluctant to participate. He does his best with the tools he has, but often feels frustrated when he can't offer more than a checklist and a deadline.

PERSONALITY

Realist — Optimist

Indifferent — Enthusiastic

Casual — Professional

TECHNICAL COMFORT

Low — High

STRESS LEVEL

Low — High

TEAM COMPOSITION

- Employment services counselor
- Housing navigator
- CalWORKs case manager
- Community-based outreach worker

COMMONLY USED TOOLS

- **BenefitsCal** - California's online portal for applying to and managing public assistance programs like CalFresh, Medi-Cal, and CalWORKs
- **EBT Edge** - an online platform where users can check their EBT card balance, view transaction history, and manage their food and cash benefits
- **Leader Replacement System (LRS)** - case management system used by DPSS staff to process and manage eligibility for public assistance programs

PRIMARY TASKS

- Processing expedited CalWORKs and CalFresh applications.
- Collaborating with the LAHSA and SHD to connect clients with available housing resources and support services.
- Assisting youth in navigating the Medi-Cal enrollment process to ensure they have access to necessary health services.
- Evaluating client needs to determine the right benefits, while also identifying any barriers to access.

GOALS

- Timely and accurate processing of benefits such as CalWORKs, CalFresh, and Medi-Cal.
- Support youth in achieving short-term financial stability through emergency aid and expedited applications when possible.
- Build stronger relationships with high-need clients while balance efficiency.

NEEDS

- Clearer and more consistent training on updated eligibility rules and workflows.
- Access to a centralized resource directory for housing, youth services, and emergency supports.
- Reduced caseloads to allow for more personalized client engagement.
- Cross-departmental coordination with DCFS, Probation, and LAHSA to streamline referrals.
- Trauma-informed service delivery training to better support youth in crisis.

CHALLENGES

- High caseload that limits 1:1 engagement/follow-up, impacting service quality.
- Clients often lack documentation to complete applications, leading to delays and frustration.
- Unstable living situations for youth makes it difficult for consistent contact/follow through.
- Limited childcare and transportation supports, making it hard for clients to consistently engage.
- Client distrust and frustration with systems pointed at him.

Denise Carter, 52, she/her

TITLE
Eligibility Worker

Department
Department of Public Social Services (DPSS)

Location
Lancaster

Demographic
Gen X

Experience
18 years in public benefits

"There's an answer to every case... but **we need experienced staff**."

BIO

Denise is an experienced staff with 18 years of dedicated service in public benefits. She specializes in helping women with young children access programs like CalWORKs, CalFresh, Medi-Cal, and childcare subsidies. Known for her compassionate approach, she has a deep understanding of the challenges faced by her clients. She is committed to making sure that families receive timely access to benefits that promote stability.

Denise believes in empowering her clients through knowledge and support. She actively collaborates with CBOs and other stakeholders to create pathways to employment and improve family stability. Her extensive experience allows her to navigate complex family situations with empathy and professionalism.

Recognizing the increasing complexity of public benefit programs, Denise advocates for a department staffed with experienced professionals who deeply understand program and eligibility nuances. She believes that such expertise is essential to effectively serve families, reduce delays, and make sure that no one falls through the cracks.

PERSONALITY

Realist — Optimist

Indifferent — Enthusiastic

Casual — Professional

TECHNICAL COMFORT

Low — High

STRESS LEVEL

High

TEAM COMPOSITION

- Case Manager
- Supervisor
- Departmental Liaisons
- CBO Liaisons

COMMONLY USED TOOLS

- **LEADER Replacement System (LRS)** – for processing CalWORKs, CalFresh, and Medi-Cal
- **CalWORKs Welfare-to-Work Plan Form** – for employment services
- **CalFresh Application Packet** – for food assistance
- **Medi-Cal Managed Care Enrollment Portal** – for health coverage

PRIMARY TASKS

- Processing applications for DPSS programs.
- Referring clients to employment and training programs.
- Coordinating childcare and housing supports to provide clients wraparound support.
- Monitoring compliance and recertification periods for clients to prevent lapses in benefits coverage.
- Advocating for the needs of her clients.

GOALS

- Supporting timely access to benefits for families.
- Enhancing family stability through comprehensive support.
- Promoting pathways to employment for clients.
- Empowering clients with knowledge about available resources.

NEEDS

- Streamlined application systems to improve efficiency.
- Trauma-informed training to better support clients.
- Flexible eligibility rules for complex cases.
- Access to culturally appropriate, user-friendly resources for clients about benefit and program information.
- A team of well-versed staff who deeply understand program eligibility to provide consistent client support.

CHALLENGES

- Documentation delays affecting application processing.
- Giving each client the 1:1 support they need while managing large caseloads.
- Navigating complex family situations requiring individualized attention.
- Limited availability of childcare slots impacting client stability.
- Engaging clients who may be hesitant to utilize the system.
- Working with other staff who are less experienced and less familiar with programs and client eligibility.

Jordan Alvarez, 34, she/her

TITLE
GED Program Coordinator

Department
GED Program

Location
Maywood

Demographic
Millennial

Experience
10 years in youth development and education

"I'm **not** here to fix anyone."

BIO

Jordan is a GED coordinator at a local community-based organization (CBO). She approaches youth like Jamal with patience, empathy, and zero judgment. Jordan understands the importance of trust-building and creates a welcoming, flexible learning environment - offering food, small class sizes, and familiar faces. She avoids pressuring youth to commit and instead focuses on consistent support.

Jordan connects students with peer mentor who have similar life experiences. Her trauma-informed, relational approach helps youth feel seen and supported, even when they're hesitant or disconnected.

PERSONALITY

Realist — Optimist

Indifferent — Enthusiastic

Casual — Professional

TECHNICAL COMFORT

Low — High

STRESS LEVEL

Low — High

TEAM COMPOSITION

- School Counselor and/or therapist
- Administrator who collects attendance data
- CBO Liaison
- Peer Mentors

COMMONLY USED TOOLS

- **Student Information System (SIS)** – for tracking attendance and academic performance
- **LAUSD MiSiS** – for student records and case management
- **Referral Forms** – used to refer youth to external services
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PRIMARY TASKS

- Identifying disconnected students through attendance and academic data.
- Conducting one-on-one re-engagement sessions.
- Coordinating referrals to mental health, housing, and tutoring services.
- Leading youth group sessions that are created around common concerns or identifies.

GOALS

- Reduce dropout rates.
- Increase school re-enrollment.
- Build trust and connection with youth.
- Improve access to wraparound services.
- Connect with other resources such as help with finding a job or tutoring.

NEEDS

- Trauma-informed training.
- Flexible funding for student incentives.
- Integrated data systems across departments.
- More staff to reduce her caseload.
- More up-to-date resources to share with youth.

CHALLENGES

- Balancing high caseloads and determining which cases to prioritize, resulting in some youth with a high need for support not receiving it.
- Limited transportation for youth.
- Lack of coordinated care across the school, agencies, and families.