REVISED MOTION BY SUPERVISOR<u>S</u> HOLLY J. MITCHELL AND JANICE HAHN

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Improving the Mental Health of Los Angeles County's Youth

More American youth are experiencing a growing mental health crisis. According to the National Center for Health Statistics, suicide rates among individuals ages 10 to 24 increased nearly 60% between 2007 and 2017.[1] The Centers for Disease Control and Prevention report that from 2009 to 2019, more students experienced persistent feelings of sadness or hopelessness, [2] regardless of race or ethnicity. More than one in three students – and nearly half of all female students – reported persistent feelings of sadness and hopelessness in 2019. The crisis is particularly acute for LGBTQ+ youth. According to The Trevor Project's 2024 National Survey, 39% of LGBTQ+ youth seriously considered suicide in the past year, and 50% of LGBTQ+ youth in California reported being unable to access the mental health care they needed.[3]

In October 2021, three children's health organizations declared a National State of Emergency in Children's Mental Health.[4] In December 2021, the United States Surgeon General issued a national advisory on the youth mental health crisis.[5] A 2021 Kaiser

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[1] https://www.cdc.gov/nchs/products/databriefs/db471.htm

[2] https://www.cdc.gov/mmwr/volumes/73/su/su7304a9.htm#:~:text=Overall%2C%2039.7%25%20of%20students%20experienced,grade%2C%20and%20race%20and%20ethnicity.

[3] https://med.stanford.edu/content/dam/sm/psychiatry/documents/initiatives/allcove/allcove---A-bold-new-strategy-for-youth-mental-health.pdf

[4] https://www.aap.org/en/advocacy/child-and-adolescent-healthy-mental-development/aap-aacap-cha-declaration-of-a-national-emergency-in-child-and-adolescent-mental-health/?srsltid=AfmBOoqjLmnFn8YF1t42m5aX7rNokDwO8q1ZN2_y6hyH5_LOIU3GTkvt

[5] https://www.hhs.gov/sites/default/files/surgeon-general-youth-mental-health-advisory.pdf

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<u>MOTION</u>

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Family Foundation survey found that approximately 56% of young adults ages 18 to 24 reported symptoms of anxiety and depressive disorders. In Los Angeles County (County), suicide is the third-leading cause of death for youth, despite it being a preventable and significant public health concern.[6]

Fifty percent (50%) of mental disorders emerge by the age of 14, and seventy-five percent (75%) emerge by the age of 24. Most are not treated in the first years after onset, leading to significant personal, social, and economic consequences as well as suicide. Research consistently shows that early intervention works and that timely support can significantly improve long-term outcomes, even for serious mental illness.

Various models exist to intervene earlier and support better outcomes for youth. allcove is a stand-out model inspired by successful international models in Australia, Canada, and Ireland. allcove creates stand-alone "one-stop-shop" mental health centers for youth ages 12 to 25 to access support for mild to moderate mental health needs, physical health, substance use, peer support, education and employment, and family support. Each allcove center provides a culturally safe environment shaped by youth advisory groups and community partners ensuring that services are designed to be accessible, particularly for underserved populations. The goal of allcove is to provide stigma-free, integrated care that normalizes mental health. Clinical rooms are called "chat rooms" and service providers rotate through the spaces to maintain anonymity. Non-traditional seating, including nooks and couches in the "cove," offers young people a safe space that is not associated with school.

Across the state, allcove centers currently operate in Palo Alto, Redondo Beach (Beach cities), San Mateo, Sacramento, and South Orange County, with additional sites under consideration in San Gabriel and Santa Monica. allcove Beach cities is one of 11 locations funded by the California Behavioral Health Services Oversight and Accountability Commission (BHSOAC) and the California Department of Health Care Services. Since opening in November 2022, it has served more than 16,000 young people, and 26% of visits were from youth residing in the 4th District. At the same time, the Department of Mental Health (DMH) funds 18 Transition Aged Youth (TAY) Drop-In

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[6] https://laist.com/news/health/suicide-prevention-summit-la-county

Centers, seven of which are concentrated in the Westside and San Fernando Valley, [7] even though data from the Probation Oversight Commission shows that youth from South Los Angeles and Southeast Los Angeles account for 40% of all detained youth in the County.[8] Taken together, this disparity highlights the need for a more equitable, needs-based allocation of youth behavioral health resources.

Building on this geographic context, more than 1,900 youth have enrolled in services, including health care services, family support, and criminal justice diversion. More than 170 youth who were at risk of suicide or violence completed safety plans. Over 100 youth received education and employment services designed to keep students in school, reduce chronic absenteeism, and provide job, career, or college readiness. This integrated care model centers youth-driven programming, a safe and inviting space, and a "no- wrong-door" approach.

The Behavioral Health Services Act (BHSA) expands and increases the types of services and support available to children, youth, and young adults through the prioritization of early intervention strategies. Statewide, the BHSA includes $562 million in Early Intervention funding, of which $287 million must be used for children. This represents $36.44 million more in funds for children and youth than previously provided by the Mental Health Services Act. allcove centers align with BHSA goals by providing free or low-cost early intervention services that destigmatize behavioral health and offer support before a crisis becomes more serious. allcove is working with BHSOAC to pursue ongoing state funding to scale and sustain these centers. Given the demonstrated demand and the alignment with state priorities, County support is both timely and strategic.

DMH has taken a varied approach to supporting youth mental health across the County, however, the root causes driving youth disconnection include poverty, fractured social connections, unresolved trauma, and child welfare system involvement. To address these systemic challenges, a needs-based framework accounting for existing behavioral health resources, poverty concentration, justice involvement, and youth

[7] https://dmh.lacounty.gov/our-services/transition-age-youth/
[8] https://file.lacounty.gov/SDSInter/bos/supdocs/POC24-0033.pdf

population density, should guide future investments to reach communities with the greatest need. Future youth investment must align with these indicators, and with the County's own stated commitments.

WE THEREFORE MOVE THAT THE BOARD OF SUPERVISORS:

1. Direct the Director of the Department of Mental Health (DMH) to sustain existing allcove centers in Los Angeles County by allocating $1.5 million annually for three years to ensure continuity of services for youth.

2. Direct the Director of DMH, in collaboration with the Chief Executive Office's Anti-Racism, Diversity, and Inclusion Initiative, to report back to the Board in writing within 60 days with options to financially support additional allcove or allcove-like centers throughout the County, using a needs-based assessment framework. This report back shall include a proposed implementation timeline and identification of qualifying funding sources.

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