

**COUNTY OF LOS ANGELES – DEPARTMENT OF MENTAL HEALTH
MENTAL HEALTH SERVICES ACT**

**PREVENTION AND EARLY INTERVENTION
PREVENTION PROGRAMS**

The following prevention activities and services are geared toward addressing the risk factors associated with the onset of mental illness or emotional disturbances, including a focus on enhancing protective factors such as social connectedness and support. These risk factors are addressed through awareness, education, training, outreach and/or navigation activities.

Prevention services may feature the inclusion of evidence based and community defined evidence-based treatment, providing clients with access to proven, research-supported interventions, as the need arises. Training and equipment are essential to support evidence-based practices and community defined evidence-based treatment. Prevention services are inclusive of assessment, linkage, and crisis intervention services at medical hubs for children who are involved with the Department of Children and Family Services (DCFS).

Prevention services are also administered by the California Mental Health Services Authority (CalMHSA). CalMHSA is a Joint Powers of Authority (JPA) providing administrative and fiscal services in support of the Department of Mental Health.

In addition to expanding prevention services through partnerships with other County Departments and specialized contracts with Community Based Organizations (CBOs), LACDMH has expanded its PEI Community Outreach Services (COS) to achieve the following:

- Increase the number of individuals receiving prevention and early intervention services;
- Outreach to underserved communities through culturally appropriate mental health promotion and education services; and
- Provide mental health education and reduce stigma on mental health issues in our communities.

COS affords an avenue for the LACDMH PEI network to provide services such as education and information to individuals who are not formal clients of the mental health system and providers who are outside the county mental health system. Often individuals, as well as their parents, family, caregivers, and other support system, who need or would benefit from prevention and early intervention mental health services do not seek traditional clinic-based services due to a multitude of factors. Community outreach is a key component in initiating and providing effective mental health supportive services to these individuals. Most programs are not evidence-based practices, but nonetheless have significant data and research indicating the effectiveness of their services.

Programming listed below will continue unless otherwise indicated.

FY 2023-24 ■ PREVENTION PROGRAMMING Data and Outcomes

LACDMH partners with several county and city agencies, such as the Los Angeles County Departments of Parks and Recreation, Children’s and Family Services, Public Health, Sheriff’s , and Public Library; and the Los Angeles Unified School District (LAUSD) to deliver mental health prevention and promotion programming to populations served by those agencies.

The Brief Universal Prevention Program Survey (BUPPS) is a tool created by the Los Angeles County Department of Mental Health (LACDMH). Several prevention programs throughout Los

Angeles County utilize the BUPPS to assess an individual's protective factors as a result of the program and/or services accessed. By measuring these areas, the BUPPS helps LACDMH understands the impact prevention programs have on various protective factors.

BUPPS protective factor questions include:

- I feel hopeful about the future.
- I feel like part of a community.
- I know at least one thing I can do to deal with uncomfortable feelings.
- I know at least one thing I can do to deal with difficult thoughts.
- I know at least one thing I can do to deal with challenging behaviors.
- I know about resources that might be helpful for me or someone I care about.

To note, the BUPPS protective factor subscale has a score range from 0 to 30 (total) or 0 to 5 (per item). The difference in scoring (out of 5 vs. out of 30) depends on how the survey results are aggregated and reported.

Scores out of 30: When scores are reported out of 30, it means that each question in the survey was rated and the total score across multiple questions (all 6 questions) is summed to provide an overall score. This method provides a cumulative view of the participant's protective factors across all areas assessed by the survey.

Scores out of 5: When scores are reported out of 5, it's typically an average score across per question. Each individual question is rated on a scale of 0 to 5, and then an average is taken to simplify the overall results into a single representative number. This approach makes it easier for some programs to interpret a general level of protective factors, showing how participants are performing across all areas in a more concise way.

In general, low scores indicate fewer protective factors and a greater need for support. In contrast, higher scores suggest that participants have stronger protective factors, meaning they feel more hopeful, connected, and equipped to manage difficult emotions, thoughts, and behaviors, as well as access helpful resources.

- Abundant Birth Project

The California Abundant Birth Project provides monthly unconditional income supplements to pregnant individuals over the age of 18 years old who are experiencing financial instability, represent a marginalized population and are most likely to experience the worst birth outcomes: identifying as Black, diagnosed with sickle cell anemia, previous preterm birth, pre-existing hypertension or pre-existing diabetes starting in the 1st or 2nd trimester up until 18 months. Through this partnership with the Los Angeles County Department of Public Health, DMH is funding the Abundance Coaching component, where Abundance Birth stipend recipients are offered Abundance Coaching (in-person and virtual sessions). The coaching is culturally concordant, strengths-based support, providing referrals and service connections through partnership and learning opportunities to help participants gain access to the tools they need for birth and parenting.

This project's goals are to close the gaps for birth outcomes and infant mortality rates. Disaggregating progress within the target populations by those who are experiencing homelessness and/or are former foster youth. Acknowledging that individuals are in the best position to know how best to mitigate stress in their own lives, providing a stipend without condition (including dictated services) honors the approach of honoring self-agency. Additionally, participants will meet with Abundant Birth Coaches, who will offer

participant-centered wraparound supports also designed to alleviate stress, economic hardship, and support healthy and joyous births. Coaches provide a warm hand-off to services (or wrap around supports), also designed to alleviate stress/hardship and assist with birth.

In total, 133 people were served by the project, however no prevention outcomes were collected during service implementation. A setback experienced by the program was that there were delays in finalizing contracts, which resulted in delays with the program launch. Demographics are listed in the table below.

Table 1. FY 2023-24 Abundant Birth Project Demographics

Count (n =133)			
▪ Primary Language		▪ Ethnicity	
English	133	Hispanic or Latino as follows:	
▪ Current Gender Identity*		Other Hispanic	5
Woman	133	Non-Hispanic or Non-Latino as follows:	
▪ Disability		African	113
Declined to answer	133	European	1
▪ Age		Other Non-Hispanic	1
16-25	19	More than one ethnicity	13
26-59	114	▪ Race	
▪ Veteran Status		Asian	1
Declined to answer/Missing/Unknown	133	Black or African-American	113
▪ Sex Assigned at Birth		White	1
Female	133	More than one race	13
▪ Sexual Orientation*		Other	5
Declined to answer/Missing/Unknown	133	* Participants can select more than one response option	

- **Antelope Valley Community Family Resource Centers (AV-CFRC)**

The Antelope Valley Community Family Resource Center’s vision is to continue to develop relationships with key community partners and stakeholders. In addition, the AV-CFRC is designed to support individuals and families through the delivery of Community Outreach Services to identify, mitigate and address mental health needs among community members and to support access to any needed resources. To support this vision, Children’s Bureau of Southern California (CB) has been working with partners in the Palmdale, Lancaster, and Lake Los Angeles area to form the AV-CFRC.

In partnership with subcontracted support from Antelope Valley Partners for Health (AVPH) and Foundation Christian Ministries (FCM), the AV-CFRC has successfully delivered prevention services to members of the AV communities, including but not limited to those who are at identified risk, underserved and those who may be at risk but not understand mental health issues, yet might need this support. The goal for this program is to reach those who already have identified mental health needs, those who may be at-risk of developing mental health issues, and to increase community accessibility to mental health services. An additional goal of this program is to continue to collaborate with our community partners both mental health and non-mental health organizations to promote de-stigmatization and access to care, as needed.

Services were delivered in various ways: in-person, phone, and virtually. The first goal was to promote protective factors that could lead to improved mental, emotional and relational functioning. An additional goal was to reduce prolonged suffering (risk factors)

of our community members that could be the result of an undetected, untreated mental illness.

A total of 19,877 individuals were served during the reporting period. The number of surveys collected for the Community Outreach Services (COS) under the Antelope Valley Community Family Resource Center (AV-CFRC) came to a total of 895 surveys. The gap between service delivery and survey administration, is largely due to only a percentage of the individuals served electing to respond to the surveys. In addition, it was the first full fiscal year of program implementation, which caused some onboarding delays in the consistent implementation and collection of outcome measures.

Single Survey Events

There was a significant positive response to the single event services provided (Table 3). This was evidenced by verbal testimonials and via the one-time event surveys (the Single Event Survey – AV-CFRC, N = 158), as they demonstrated that over 61% of those who completed one-time event surveys reported increased feelings of social connectedness/sense of belonging and hopefulness as well as access to resources (protective factors) as a result of the program. Additionally, 79% of individuals stated they would do things differently as a result of something they learned at the event. Over 88% reported learning something new/useful that could strengthen their family's wellbeing. Additionally, over 88% of respondents reported that they would return for future events/activities and recommend others. Finally, 87% of respondents reported that based on their experience they would recommend the event to a friend or family member.

Pre/Post Surveys Events

There were 304 unique individuals who completed the BUPPS during pre, interval, and post assessments (see Table 4). To aid in survey collection efforts, the AV-CFRC team added an element of having a designated staff member ask the individuals the BUPPS questions at the time of the service, which yielded a higher result than either the link or the QR code. The data reflected that there was a positive change across the protective factors, including positive coping, increased emotional resources, increased emotional self-regulation, clear expectations for behavior & resiliency as demonstrated by the improvements in items: #3 "I know at least one thing I can do with uncomfortable feelings," #4 "I know at least one thing I can do to deal with difficult thoughts," and #5 "I know at least one thing I can do to deal with challenging behaviors." There was also an increase in the protective factors of Access to Care, Concrete Supports, and resources. As noted in item #6 "I know about resources that might be helpful for me or someone I care about". Another benefit of program participation was that, by consumers knowing how to access services it can also support the reduction of risk factors, such as substance use and/or mental health difficulties. Demographics are shown in Table X.

Table 2. Results of Single Event Survey

Survey Question	Evaluation Focus	% Positive
1. Connected with others	Social Connectedness	61%
2. Discovered something new	Knowledge/Skill Development	56%
3. Learned something useful	Hopefulness & Resources	67%
4. Learned about community resources	Concrete Supports	88%
5. Will act differently with family	Hopefulness & Resources	79%
6. Learned tips/tools for well-being	Coping Skills & Supports	88%

Survey Question	Evaluation Focus	% Positive
7. Likely to attend future events	Program Support	88%
8. Likely to recommend event	Program Support	87%

Table 3. BUPPS: Protective Factor Subscale Results (out of a total score of 5)

BUPPS Protective Factor Question: Protective Factors	Pre	Interval	Post	Single
1. I feel hopeful about the future. Hopeful & Resiliency	3.36	3.46	3.95	3.34
2. I feel part of a community. Support, Social connectedness / Sense of belonging	3.3	3.51	3.95	3.14
3. I know at least one thing I can do to deal with uncomfortable feelings. Emotional Resources & Coping & Resiliency	3.18	3.55	4.1	3.04
4. I know at least one thing I can do to deal with difficult thoughts: Emotional self-regulation / good coping skills	3.1	3.62	4.11	2.95
5. I know at least one thing I can do to deal with challenging behaviors. Positive Coping, Emotional Resources, Emotional Self-Regulation, Clear expectations for behavior & Resiliency	3.02	3.68	3.97	2.99
6. I know about resources that might be helpful for me or someone I care about. Concrete Support, Resources	2.87	3.78	3.84	3.24

Table 4. BUPPS: WHO Wellbeing Subscale Results (out of a total score of 5)

BUPPS: WHO Wellbeing Subscale	Pre	Interval	Post	Single
7. I have felt cheerful and in good spirits. Emotional Resources & Coping & Resiliency	3.03	3.59	3.79	2.81
8. I have felt calm and relaxed. : Emotional Resources & Coping	2.91	3.57	3.85	2.61
9. I have felt active and energetic. Emotional Resources	2.83	3.56	3.86	2.51
10. I woke up feeling fresh and rested. Emotional & Physical Resources	2.88	3.62	3.82	2.54
11. My daily life has been filled with things that interest me. Clear expectations & Hopefulness	3.11	3.74	3.89	2.99

Table 5. FY 2023-24 Demographics

Count (n = 895)			
Primary Language		Ethnicity	
Arabic	1	Hispanic or Latino	
English	583	Caribbean	1
Spanish	291	Central American	134
Other responses	2	Mexican/Mexican-American	345
Declined to answer/Missing/Unknown	18	South American	18
Current Gender Identity*		Other Hispanic	47
Man	210	Non-Hispanic or Non-Latino follows:	
Woman	576	African	38

Count (n = 895)			
Transgender man/Transmasculine	1	Asian	2
Nonbinary	1	Chinese	2
Declined to Answer/Missing/Unknown	107	Eastern European	1
Sex Assigned at Birth		European	9
Male	241	Filipino	3
Female	628	Korean	2
Prefer not to answer	26	More than one	16
Sexual Orientation*		Other Non-Hispanic or Non-Latino	9
Gay or Lesbian	3	Declined to Answer/Missing/Unknown	268
Heterosexual or Straight	601	Race	
Bisexual	8	American Indian or Alaska Native	5
Declined to Answer/Missing/Unknown	283	Asian	6
Disability		Black or African-American	252
No	811	Native Hawaiian	1
Yes	47	White	364
Physical/mobility domain	25	More than one race	15
Chronic health condition	11	Other	99
Difficulty seeing	1	Declined to Answer/Missing/Unknown	153
Difficulty hearing	5	Age	
Another type of communication disability	2	15 and under	3
Another type of disability	20	16-25	168
Declined to answer	87	26-59	506
Declined to Answer/Missing/Unknown	37	60+	99
Veteran Status		Declined to Answer/Missing/Unknown	119
Yes	197	* Participants can select more than one response option	
No	697		
Declined to Answer/Missing/Unknown	1		

▪ **Anti-Racism Diversity and Inclusion (ARDI) Training**

This training series targets Los Angeles County Department of Mental Health Expanded Management Leadership to create a concentrated effort to dismantle anti-Black racism, white supremacy along with other forms of intersectional oppression, through ,training, education and leadership accountability with intention to transform the entire department.

The goal is to cultivate a safe and enriching workplace environment that will positively impact services to the community. To create a welcoming, affirming, anti-racist, anti-oppressive, multicultural spaces for our staff and our consumers. These actions will offer deep healing and provide leadership with skills to positively impact staff for the overall health and wellbeing of our communities. Anticipated changes include:

- Reconceptualize organizational leadership by shifting from a hierarchal system to a more horizontal, collaborative Department
- Develop protocols for transparent reports, including when these reports will be generated and how they will be disseminated
- Identify and implement best practices in anti-racist and trauma-informed supervision and service provision

▪ **Asian American Pacific Islander (AAPE) Community Empowerment Project**

The Asian American Pacific Islander (AAPI) Community Empowerment project was created out of a need to address the longstanding challenges faced by the AAPI community in dealing with mental health issues. Some of the challenges included culturally specific beliefs and values, as well as a lack of understanding of mental health

disorders. In many AAPI communities, there are no explicit words to describe certain mental health symptoms or disorders, thus cultural and linguistically appropriate pathways to obtain information and receive services are needed. In response to the needs conveyed by community members and considering their suggestions, the AAPI Equity Alliance Mental Health Committee developed a multi-year strategy to address both the immediate and ongoing needs of their community. These initiatives include increasing education on mental illness, developing strategies to address stigma, and creating pathways to better access and utilize mental health services.

Some strategies this program utilized included:

- Raising awareness of the risks and protective factors associated with various mental health disorders, and the importance of increasing protective factors
- Raising awareness of signs and symptoms of the different mental health disorders, definition of mental health and mental health disorder
- Increasing awareness of coping skills, treatment approaches and resources
- Increasing awareness of effects of stress and trauma on mental health
- Increasing awareness of barriers to help-seeking and how to reach out to a family/friend/loved one who may be struggling with mental health challenges
- Providing linkages to culturally and linguistically appropriate mental health services

A total of 14,351 individuals were served during this reporting period through outreach events. In addition, 4,295 individuals were reached via educational workshops, 998 surveys were collected post educational workshops, 275 individuals were referred to mental health services, and 171 individuals were enrolled in ongoing mental health services. Furthermore, the collaborative increased workforce capacity by recruiting 3 new staff members and providing extra training to 6 providers, which overall improved access to mental health services. Despite these efforts, no prevention outcomes were reported during the 2023-2024 Fiscal Year (FY). Demographics are listed in the table below (Table 2).

Table 6. FY 2023-2024 Demographics of AAPI Community Empowerment Project

Count (n = 998)			
▪ Primary Language		▪ Ethnicity	
Cambodian	224	Hispanic or Latino as follows:	
Cantonese	44	Central American	2
English	78	Mexican/Mexican American/Chicano	14
Korean	292	Non-Hispanic or Non-Latino as follows:	
Russian	1	Asian Indian/South Asian	8
Mandarin	166	Cambodian	230
Other Chinese	6	Chinese	214
Spanish	3	European	2
Tagalog	19	Filipino	41
Vietnamese	1	Japanese	20
Other	29	Korean	298
Declined to answer/Missing/Unknown	135	Middle Eastern	1
▪ Current Gender Identity*		Other Non-Hispanic	22
Man	229	More than one ethnicity	15
Woman	630	Declined to answer/Missing/Unknown	131
Transgender Man	1	▪ Race	
Transgender Woman	1	Asian	834
Genderqueer/Non-Binary	3	Black or African-American	1

Count (n = 998)			
Undecided/Unknown at this time	1	Native Hawaiian or Pacific Islander	1
Declined to answer/Missing/Unknown	133	White	9
▪ Disability		More than one race	2
No	532	Other	2
Yes	71	Declined to answer/Missing/Unknown	149
Mental domain	12	▪ Sexual Orientation*	
Physical/mobility domain	9	Gay or Lesbian	5
Chronic health condition	16	Heterosexual or Straight	718
Difficulty seeing	4	Bisexual or Pansexual	6
Difficulty hearing	4	Undecided/Unknown at this time	6
Another type of communication disability	2	Something else e.g. queer, asexual	1
Another type of disability	1	Declined to answer/Missing/Unknown	262
Declined to answer disability type	23	▪ Veteran Status	
Declined to answer	395	Yes	9
▪ Age		No	818
15 and under	2	Declined to answer/Missing/Unknown	171
16-25	21	▪ Sex Assigned at Birth	
26-59	343	Male	224
60+	485	Female	620
Declined to answer/Missing/Unknown	147	Prefer not to answer	154
*Participants can select more than one response option			

- Center for Strategic Partnership

Defined by a joint collaboration to support philanthropic engagement and strategic consultation on various complex countywide Board directed initiatives and priorities.

The Center for Strategic Partnerships helps the County and philanthropy partner more effectively transform systems, promote equity, and improve the lives of children and families. This is accomplished by supporting cross-sector initiatives and fostering a culture of collaboration.

This program does not submit traditional outcome measures; instead, it collaborates closely with the County's Chief Executive Office (CEO) to align with and support the broader mission and strategic priorities set forth by the County. Through this partnership, the program ensures that its initiatives are integrated with countywide objectives, and it effectively contributes to the overall impact on the community.

- Community Ambassador Network (CAN) (Formerly Innovation 2 Project)

The Community Ambassador Network (CAN) program is a community capacity building initiative, designed to enhance community resiliency and promote community healing from a trauma-informed perspective. This objective is accomplished through supporting nine lead agencies and their community partnerships to foster the collective capacity to identify, educate and support members of the community who are at risk of, or experiencing trauma.

Collectively, the strategies associated with INN 2 serve as a method for building capacity through innovative outreach and education, providing needed resources and supports while addressing important issues such as healthy parenting skills, social connectedness, coping skills, homelessness, or trauma-informed professional development for educators.

Since the outreach and engagement activities are driven by community need and interest, INN 2 activities vary in frequency, duration and delivery method. Community outreach and events can be described as a single event, while outcomes are generally collected for community members who participate in multiple classes or group activities.

Staff faced challenges in collecting surveys consistently across all participants due to virtual programming and the diversity of event formats (e.g., single-event, community gatherings and monthly food drives). As a result, not all participants were tracked across all survey periods.

A total of 986 participants completed the BUPPS. The program demonstrated modest improvements in participants' well-being and protective factors, while highlighting the intricacies of working with a varying participant base dealing with complex issues. Further efforts will focus on consistency in participant engagement and refining the survey process to capture more accurate data across diverse groups. Outcomes are summarized in table 11 while demographics are reported in table X.

Table 7. FY 2023-2024 Outcomes – CANS

Name of Outcome Measure	Total Number of Reported Cases with both a Pre and Post Score	Average Pre Score	Average Post Score
BUPPS Protective	986	23	23
BUPPS Well-being	986	17	18
Parenting	986	17	16

Table 8. FY 2023-2024 Demographics – Innovation 2 (INN 2)

Count (n = 2,152)			
<ul style="list-style-type: none"> ▪ Primary Language 		<ul style="list-style-type: none"> ▪ Ethnicity 	
Arabic	2	Hispanic or Latino as follows:	
Cambodian	954	Caribbean	2
English	499	Central American	46
Spanish	371	Mexican/Mexican American/Chicano	579
Tagalog	6	Puerto Rican	4
Vietnamese	2	South American	12
Other	8	Other Hispanic/Latino	39
Declined to answer/ask or Missing or Unknown	314	Non-Hispanic or Non-Latino as follows:	
<ul style="list-style-type: none"> ▪ Sex Assigned at Birth 		African	138
Male	349	Asian Indian/ South Asian	12
Female	1,743	Cambodian	1,139
Declined to answer/Missing/Unknown	64	Chinese	4
<ul style="list-style-type: none"> ▪ Current Gender Identity* 		Eastern European	3
Man	346	Filipino	17
Woman	1,746	Korean	1
Undecided/ unknown at this time	3	Middle Eastern	5
Declined to answer/Missing/Unknown	61	Vietnamese	1
<ul style="list-style-type: none"> ▪ Sexual Orientation* 		Other	42
Heterosexual or Straight	1,857	More than one ethnicity	9
Gay or Lesbian	5	Declined to answer/Missing/Unknown	103
Bisexual or Pansexual	6	<ul style="list-style-type: none"> ▪ Disability 	
Something else e.g. queer, asexual	1	No	1,667
Declined to answer/Missing/Unknown	287	Yes	399
<ul style="list-style-type: none"> ▪ Age 		Mental domain	139
15 and under	11	Physical/mobility domain	55
Between 16 and 25	75	Chronic health condition	38
26-59	1,081	Difficulty seeing	25

Count (n = 2,152)			
60+	901	Difficulty hearing	14
Declined to answer/Missing/Unknown	88	Another communication disability	3
▪ Race		Another type of disability	17
American Indian or Alaska Native	3	Decline to disclose type of disability	1,865
Asian	1,164	Declined to answer/Missing/Unknown	90
Black or African-American	177	▪ Veteran Status	
Native Hawaiian/ Pacific Islander	13	Yes	5
White	399	No	2,067
More than one race	17	Declined to answer/ask or Missing or Unknown	84
Other	217	* Participants can select more than one response	
Declined to answer/Missing/Unknown	166	option	

Community Schools Initiative (CSI)

The Los Angeles County Office of Education (LACOE) Community Schools Initiative (CSI) focuses on both academic and out-of-school factors that impact the lives of high school students. The Community School (CS) Model is an evidence-based school improvement framework that recognizes the roles of family and community, and the importance of collaborating with educators to address external factors influencing student achievement, such as family circumstances, traumatic events (including adverse childhood experiences), poverty, and health concerns, while incorporating cultural differences, and student engagement. The CS Model aims to address longstanding inequities throughout Los Angeles County by serving the most underserved students and families. The services provided include concrete supports, school resources, staff support, mental health services, and on-site well-being centers to provide health services and referrals/linkages to community resources.

A total of 19,038 individuals were served during this reporting period. Service data is collected through LACOE's Community Schools Case Management System which was established in the 2021-22 school year and continues to be refined. Data collection challenges included data entry accuracy, reliability, inconsistencies in data definitions and time constraints. In addition to coordinating the events, partnerships, programs, and resources provided at school sites, CSI staff must also record these efforts in the Case Management System. Due to the time-consuming nature of data entry, not all events and services may be recorded. The LACOE Community Schools (CS) Survey is an annual survey conducted in the Spring semester. It is a voluntary survey distributed to students, parents/caregivers, and school staff at all CSI school sites. At school sites, there are often multiple surveys being conducted simultaneously, which can lead to survey fatigue and can result in lower completion rates. The biggest challenge is that surveys are distributed once annually versus as a pre and post to services.

CSI targets high school students from 15 school districts. Currently each of the 15 districts has one identified high school site. LACOE CSI served a total of 19,038 students and families in this reporting period collecting a total of 8,817 single event surveys (Community Schools Survey).

On average, students demonstrated the presence of the protective factors of resilience, self-efficacy, and social support, as evidenced by the following survey results:

- 67% of 7,265 students surveyed selected “a lot” or “quite a bit” when asked: I solve problems without harming myself or others (avoiding using drugs and/or being violent).
- 73% of 7,265 students surveyed “agree” or “strongly agree” with the following statement: I feel that I can do well in this school.
- 68% of 7,265 students surveyed “agree” or “strongly agree” with the following statement: I know an adult at school that I can talk with if I need help.

Parents on average demonstrated the presence of the protective factor of family engagement, as evidenced by the following survey results:

- 68% of 530 parents surveyed selected “agree” or “strongly agree” with the following statement: This school includes me in important decisions about my children’s education

Table 9. FY 2023-2024 Demographics of Participants – Community Schools Program

Count (n = 8,817)			
▪ Primary Language		▪ Ethnicity	
Arabic	6	Hispanic or Latino as follows:	
Armenian	18	Other (Hispanic/Latino)	5,027
Cambodian	1	Non-Hispanic or Non-Latino as follows:	
Cantonese	19	Filipino	170
English	5,957	More than one	103
Farsi	2	Other	76
Korean	16	Declined to answer/Missing/Unknown	3,441
Mandarin	38	▪ Race	
Other Chinese	4	American Indian/ Alaska Native	91
Spanish	741	Asian	362
Russian	9	Black or African-American	591
Tagalog	20	Native Hawaiian/ Pacific Islander	40
Vietnamese	5	White	1,255
Other	140	Other	4,596
Declined to answer/Missing/Unknown	1,841	More than one	266
▪ Sex Assigned at Birth		Declined to answer/Missing/Unknown	1,616
Male	3,440	▪ Current Gender Identity*	
Female	3,870	Male	3,440
X	89	Female	3,870
Another category e.g. intersex	18	Transgender man/Transmasculine	4
Prefer not to answer	1,400	Non-Binary	89
▪ Age		Another category e.g. two-spirit	14
15 and under	3,436	Declined to answer/Missing/Unknown	1,400
16-25	4,131	* Participants can select more than one response option	
26-59	788		
60+	68		
Declined to answer/Missing/Unknown	394		

▪ First 5 LA – Home Visitation: Deepening Connections and Enhancing Services

The Home Visitation: Deepening Connections and Enhancing Services prevention program overseen by First 5 Los Angeles (F5LA) and home visiting services are delivered through the Healthy Families America (HFA) and Parents as Teachers (PAT) models. These models are national evidence-based, voluntary, home-based intervention programs for families identified as needing more focused support. The programs include home visits delivered weekly, every two weeks, or monthly, depending

on the program model and family's needs. Clients receive client-centered, strength-based information and support during visits with a focus on positive parenting behaviors and child development; information on key developmental topics such as attachment, discipline, health, safety, sleep, transition/routines, and family well-being. This prevention program enhances the pathway for referrals between home visiting and the Department of Children and Family Services' (DCFS) Prevention and Aftercare (P&A) Network. Additionally, licensed clinical therapists were incorporated to the home visiting programs to provide mental health support to identified program participants. These efforts are focused in Service Areas 1 and 2.

Home visiting programs represent a proven two-generation approach that gathers family information to tailor services to the whole family, including assessments, direct education, and connections to needed services, including linkages to mental and behavioral health services. Home visiting programs frequently engage and serve families with complex histories who are at high risk for depression and other mental health challenges and have been demonstrated to build social and emotional competence in young children and their parents, with improved social and emotional outcomes.

The target population for this prevention program includes participants of Healthy Families America (HFA) and Parents as Teachers (PAT) programs in SPA 1 and 2. The HFA and PAT Programs are both voluntary, home-based interventions for clients identified as needing more focused, intensive support. HFA and PAT will target serving parents/caregivers who are:

- Pregnant and postpartum with children up to age 2
- Identified as at risk of mental health concerns and/or anxiety
- At risk for involvement with DCFS
- Referred to services at a P&A Network agency
- Experiencing extreme stressors (e.g., substance abuse, domestic violence, mental health issues)

A total of 480 individuals were served during the reporting period. Several challenges impacted data collection, which included a lack of clinician data, programs encountering difficulties in hiring licensed clinicians, a lack of prevention and aftercare referrals, and programs required additional time to connect with prevention and aftercare providers for referral exchanges. In addition, low screening scores for the Parent's Assessment of Protective Factors (PAPF) due to home visitors adjusting to new reporting requirements and intervals also affected program outcomes. High number of "prefer not to answer"/missing responses for the current gender identity and sexual orientation questions occurred due to home visitors feeling unsure or uncomfortable asking these questions in Spanish and ensuring they were asked respectfully. In addition, demographics were only available for the newly open cases and not those that were transferred to this program at implementation.. Lastly, there were challenges with survey administration which impacted the number of surveys collected.

In SPA 1, families showed improvement across all protective factors measured by the Parents' Assessment of Protective Factors (PAPF). For reference, a score of **4.0** typically reflects that a parent perceives themselves as demonstrating a moderately strong level of protective factors. There were notable increases in parental resilience. Additionally, children's social-emotional competence, social connections, and access to concrete support improved slightly. In contrast, SPA 2 had mixed results. While social connections saw a small increase, parental resilience, access to concrete support, and

children’s social-emotional competence all declined slightly over time. This suggests that families in this area may need additional resources and support or perhaps families felt more comfortable over time and were more forthcoming with their answers to survey questions; in which case results may appear artificially deflated. Further investigation into matter needs to take place. Combined demographics are shown in Table X.

Table 10. FY 2023-2024 Demographics of First 5 LA

Count (n = 480)			
▪ Primary Language		▪ Ethnicity	
English	219	Hispanic or Latino as follows:	
Spanish	242	Central American	127
Tagalog	2	Mexican/Mexican American/Chicano	219
Other	1	Other Hispanic/Latino	20
Declined to answer/Missing/Unknown	16	Non-Hispanic or Non-Latino as follows:	
▪ Current Gender Identity*		Filipino	5
Man	3	Other Non-Hispanic	28
Woman	370	More than one ethnicity	16
Transgender Man	1	Declined to answer/Missing/Unknown	65
Another Category	2	▪ Race	
Declined to answer/Missing/Unknown	104	American Indian or Alaska Native	2
▪ Disability		Asian	6
No	441	Black or African-American	23
Yes	14	White	22
Physical/mobility domain	2	More than one race	21
Chronic health condition	3	Other	395
Difficulty seeing	3	Declined to answer/Missing/Unknown	11
Difficulty hearing	1	▪ Sexual Orientation*	
Another type of disability	5	Heterosexual or Straight	343
Decline to answer disability type	14	Bisexual or Pansexual	3
Declined to answer/Missing/Unknown	25	Something else e.g. queer, asexual	15
▪ Age		Declined to answer/Missing/Unknown	119
16-25	129	▪ Veteran Status	
26-59	350	Yes	1
60+	1	No	479
▪ Sex Assigned at Birth		* Participants can select more than one response option	
Female	480		

- **Friends of the Children LA (FOTC-LA)**

The FOTC-LA (“Friends”) program aims to prevent foster care entry and improve family stability and wellbeing for families identified by DCFS as being at high risk of entering foster care, and who are facing challenges like intergenerational poverty and multiple adverse childhood experiences. The program currently focuses on children residing in the Antelope Valley, where professional “friends” support a child and their family for more than 12 years. The focus is on developing parental resilience, social connections, knowledge of parenting and child development, concrete supports, and social and emotional competence of children. The number of surveys collected is the number of caregivers. Some caregivers have more than one child enrolled in the program. The program only collects demographics for the children.

A total of 53 children and their families were served during the reporting period. The Protective Factors Survey (PFS) was utilized for the collection of program outcomes. The survey results showed that when it comes to family function and resilience, respondents rated themselves quite high, with an average score of 4.51 out of a 5 point scale. This means that, on average, participants felt they “frequently” or “always” experienced strong nurturing and attachment within their families which is a strong protective factor.

Social Supports and Concrete Supports were measured using PFS and PFS-2 items. These PFS scores reflect how often caregivers feel they have people the caregivers can rely on during difficult times. For example, caregivers responded to statements like, "I have others who will listen when I need to talk about my problems." An average score on the survey prior to programming of 3.81 (out of 5) suggests that most caregivers "sometimes" or "often" felt supported by their social networks, but there is room for improvement to ensure that they consistently feel connected to others during times of need.

Caregivers surveyed after participating in the program averaged a score of 4.28 out of 5 for Social Supports. This higher score indicates that caregivers "frequently" or "always" feel supported in meaningful ways by their social network. This result shows an increase in protective factors for the caregivers that participated in this program. Demographics are only available for 5 of the children in this program, as 5 completed a "pre" or baseline survey at the end of this reporting period, and are depicted in table X.

Table 11. FY 2023-2024 Demographics of Children Participants – FOTC-LA

Count (n = 5)			
▪ Primary Language		▪ Ethnicity	
English	5	African	5
▪ Gender Identity*		▪ Race	
Woman	5	Black or African-American	5
▪ Disability		▪ Age	
No	5	<16	5
* Participants can select more than one response option			

- Incubation Academy

The Incubation Academy program is a capacity-building project in collaboration with Community Partners. The project provides mentorship, training, technical support, and financial resources for 28 small and mid-sized grassroots organizations that are providing prevention-related mental health activities within their communities. The organizations vary in their programming and target population as the goal is to prepare such organizations to compete for future contracting with LACDMH.

Populations served include foster youth and adults, adoptive/foster parents, previously abused women in transition, unhoused individuals, staff working with unhoused individuals, students and youth, immigrants and asylum seekers, parents, justice-involved individuals, economically disadvantaged communities unlikely to attain mental health services. Overall, the range of prevention services provided support to various targeted communities across the County by uplifting communities and creating a better quality of life.

Each of the 28 Community Based Organizations (CBO's) participating in the Incubation Academy program are required to regularly collect outcomes data. The majority utilize BUPPS and given the range of services provided and target populations reached, some organizations have experienced more challenges than others. In general, the challenges shared are as follows: refusal to complete due to a reluctance to share what is perceived to be personal data; incomplete surveys, which may be due to working with a population that is over surveyed or prevention activities that are less structured (such as outdoor events, without specific start and end times); limited staff to ensure that surveys are collected and that they are complete; young children having difficulty completing and

understanding BUPPS (even on the children’s survey); and minimal survey completion, which skews overall averages.

Outcomes

The program served a total of 7,137 individuals, and while challenges were encountered in accurately collecting BUPPS data and providing outcomes data, the team has been working diligently to improve their data processes. With a diverse range of subcontractors, services, target populations, and geographies across the County, summarizing outcomes has its complexities. However, CBOs have consistently reported significant benefits to the populations they serve, and the program is committed to achieving more robust outcomes in the upcoming 2024-2025 FY. Unfortunately, no prevention outcomes were reported during the 2023-2024 FY. Demographics are listed in the table below (Table X).

Table 12. FY 2023-2024 Demographics – Incubation Academy

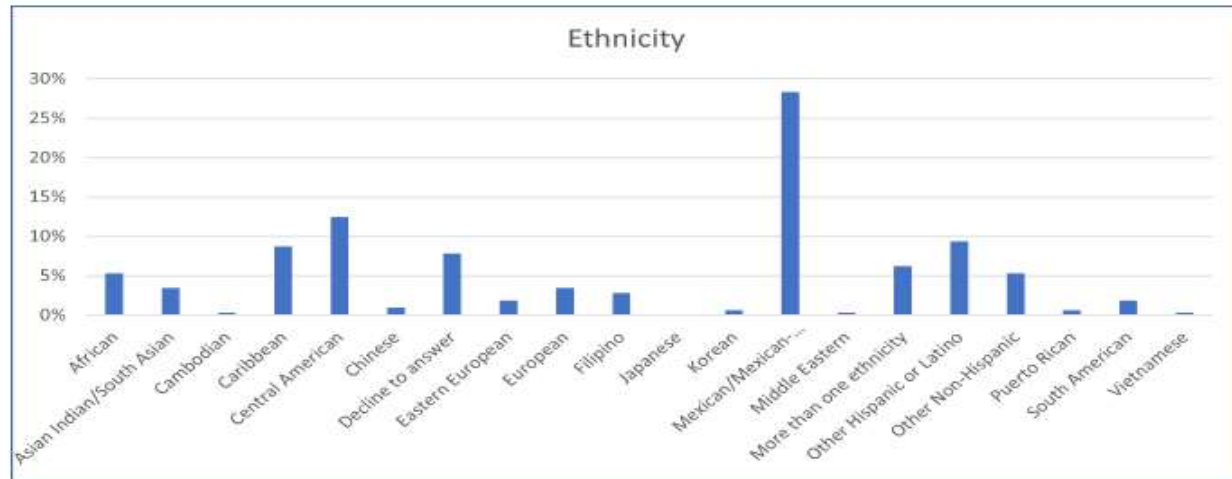
Count (n = 5,049)			
Not all respondents answered all questions			
▪ Primary Language		▪ Ethnicity	
Arabic	7	Hispanic or Latino as follows:	
Cambodian	4	Caribbean	22
Armenian	27	Central American	165
Cantonese	1	Mexican/Mexican American/Chicano	1,525
English	3,312	Puerto Rican	17
Farsi	7	South American	53
Russian	12	Other Hispanic/Latino	302
Korean	3	Non-Hispanic or Non-Latino as follows:	
Spanish	1,040	African	771
Tagalog	3	Asian Indian/South Asian	36
American Sign Language	2	Cambodian	24
Vietnamese	2	Chinese	13
Other	88	Eastern European	16
Declined to answer/Missing/Unknown	544	European	162
▪ Current Gender Identity*		Filipino	43
Man	1,684	Japanese	7
Woman	2,405	Korean	8
Transgender Man	2	Middle Eastern	10
Transgender Woman	5	Vietnamese	3
Genderqueer/Non-Binary	58	Other Non-Hispanic	255
Another Category	3	More than one ethnicity	523
Undecided/Unknown at this time	45	Declined to answer/Missing/Unknown	927
Declined to answer/Missing/Unknown	75	▪ Race	
▪ Disability		American Indian or Alaska Native	133
No	2,255	Asian	228
Yes	571	Black or African-American	1,415
Mental domain	258	Native Hawaiian or Pacific Islander	101
Physical/mobility domain	170	White	646
Chronic health condition	160	More than one race	476
Difficulty seeing	116	Other	1,124
Difficulty hearing	58	Declined to answer/Missing/Unknown	881
Another type of communication disability	9	▪ Sexual Orientation*	
Another type of disability	117	Gay or Lesbian	127
Decline to answer disability type	1,030	Heterosexual or Straight	2,677
Declined to answer/Missing/Unknown	850	Bisexual or Pansexual	91
▪ Age		Undecided/Unknown at this time	28

Count (n = 5,049)			
Not all respondents answered all questions			
<16	1,146	Something else e.g. queer, asexual	18
16-25	1,816	Declined to answer/Missing/Unknown	1,494
26-59	1,592	Sex Assigned at Birth	
60+	273	Male	1,601
Declined to answer/Missing/Unknown	197	Female	2,358
Veteran Status		X	4
Yes	94	Another Category	1
No	3,404	Prefer not to answer	673
Declined to answer/Missing/Unknown	206	* Participants can select more than one response option	

▪ **iPrevail**

iPrevail works with the Los Angeles County Department of Mental Health (“LACDMH”) which allow Los Angeles County residents access to virtual mental health care platforms, including the capacity to implement technology-based mental health solutions accessed through multi-factor devices (for example, computer, smartphone, etc.) to identify and engage individuals, provide automated screening and assessments and improve access to mental health and supportive services focused on prevention, early intervention, family support, social connectedness peer support, and decreased use of psychiatric hospitals and emergency services.

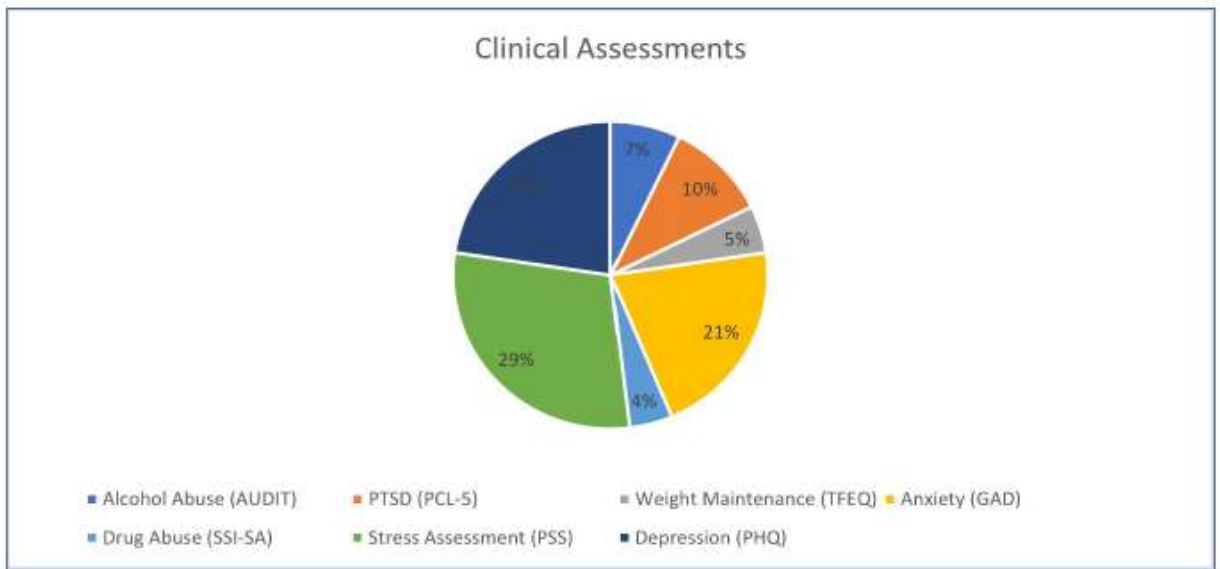
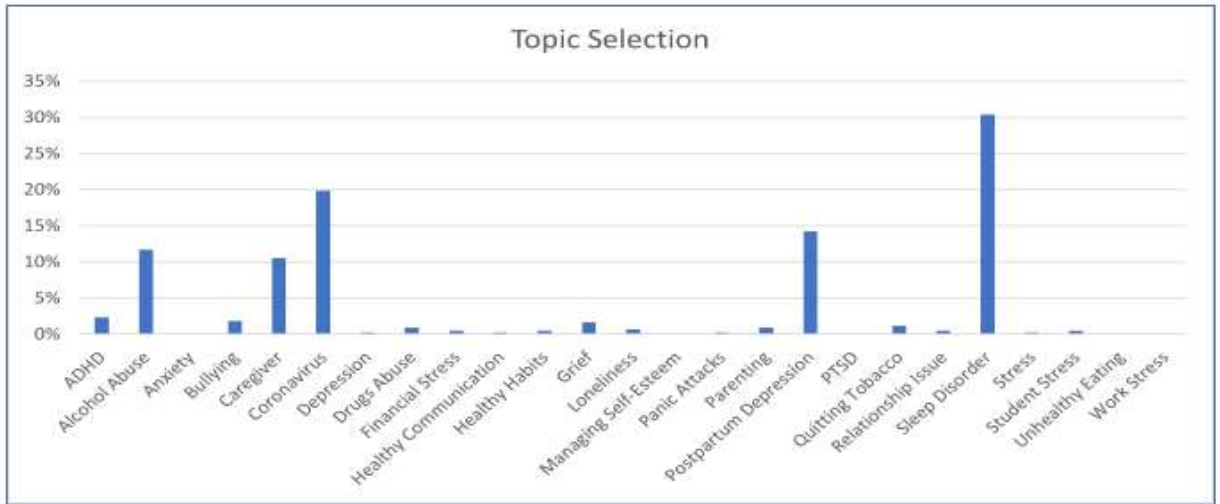
Figure 1. iPrevail Data



Users Created



PREVAIL HEALTH MONTHLY REPORT 9/1/24 – 9/30/24



- Los Angeles County Department of Arts & Culture: Creative Wellbeing Program

The LA County Department of Arts and Culture’s (Arts and Culture) Creative Wellbeing Program is a non-traditional, arts and culture–based approach for promoting mental health in young people, youth-serving adults, and caregivers. Project activities support positive cognitive, social, and emotional development, and encourage a state of wellbeing that allows young people to function well in the face of challenging circumstances.

The two primary project activities are arts-based professional development sessions for youth-serving adults and healing-centered arts instruction for systems-impacted young people. These activities are in the form of live and virtual professional development

sessions that are interactive, arts-based workshops that promote creativity and connection. They provide educators and other youth-serving adults with tools to practice self-care, engage young people, and support their wellness and resiliency. The second activity is in-person arts instruction for youth, and varies across school sites, residential care centers, and age levels. However, all programming is centered on utilizing the arts as a vehicle to implement healing-informed strategies that promote resiliency and positive social-emotional development.

Services are offered to youth who are served by, and adult staff who are part of:

- School districts and schools with high numbers of systems-impacted students and foster youth
- Foster youth-serving sites (i.e., Short Term Residential Therapeutic Programs (STRTP), Temporary Shelter Care Facilities (TSCF), Foster Family Agencies, (FFA) that support resource families and foster youth)
- County Agencies and initiatives focused on supporting systems-impacted young people (i.e. Department of Mental Health (DMH), Department of Health Services (DHS), Department of Children and Family Services (DCFS), Department of Youth Development, Department of Public Health, Probation Department, Los Angeles Suicide Prevention Network, Wellbeing4LA Learning Center, etc.)

Arts-based prevention, advocacy, and treatment have increasingly served to promote healing and wellbeing for individuals who have experienced trauma. Research shows creative arts interventions are effective at enhancing psychological wellbeing by decreasing negative emotional states and enhancing positive ones. For young people, the arts can be an outlet for addressing trauma and building resiliency against painful experiences. Studies also show that the arts can promote academic achievement, reduce justice system involvement, and enhance positive socio-emotional factors like self-confidence, self-control, conflict resolution, and collaboration. The Creative Wellbeing approach works to encourage and increase protective factors and healthy behaviors that can help shield against the development of mental health challenges. It focuses on four areas of mental health promotion:

- Increasing awareness of protective factors and risk factors
- Reducing stigma and shame in acknowledging discomfort or unpleasant feelings/situations
- Understanding typical adolescent behavior
- Nurturing confidence in offering and receiving support through networks of care

The program served a total of 4,325 individuals during the reporting period. Newly developed adult and youth surveys were completed in the fall of 2023. A live training on the purpose and procedures of the data collection was held for program partners and participants. A distribution guide was also created to support program partners to implement the survey. Beginning in December, teachers and teaching artists began to administer the survey as part of arts instruction for youth and professional development sessions with adults. Because time was needed to develop the survey, the survey was not administered to all participants during the fall services which led to a limited response rate. As data collection continued through the spring, Arts and Culture identified barriers and sought solutions. For example, a significant number of participants are Spanish speakers, so the program created Spanish translations of the survey instruments. Additionally, a portion of the participants are in the primary grades, so programs are exploring how to create a survey version that is age appropriate. To further increase the response rate, program administrators have added an incentive approach that will be

offered throughout 2024-2025. Additional live training for all program partners and making recorded trainings available regarding survey administration will help to ensure all teachers and teaching artists are aware of the data collection procedures. This will also ensure all program partners are supported in planning for and administering the survey to future program participants.

Program participants were administered a self-developed youth and adult retrospective pre-post survey to measure the following outcomes: Mental Health Stigma Reduction; Increased Awareness and Knowledge of Protective Factors; Increased Protective Factor - Social Support; Increased Protective Factor - Social-Emotional Competence of Children and Social Support.

The number of surveys differs from the number of individuals served for multiple reasons. Direct services through Creative Wellbeing were provided to 662 youth, and 3,663 adults. An additional 10,683 youth and 23,394 adults were served through Creative Wellbeing art activities, workshops, and presentations embedded into partners' special events. Periodically, the survey was not provided to Creative Wellbeing participants due to time constraints or lack of awareness by the workshop leaders. Additionally, since services are not contingent on survey completion, individuals may lack the willingness to participate or experience logistical challenges, such as limited access to the survey or time constraints, resulting in lower response rates. Lastly, the youth survey was designed for participants ages 8 and older. Since some participants were as young as 5 years old, the survey was not accessible for this group and therefore not completed. Program administrators are currently working on an alternative method for collecting input from those younger than 8 years old.

Among the youth and adults served, protective factors increased from the "pre" surveys to the "post" surveys. Adults improved their abilities to provide social support for their students and increased their awareness and knowledge of protective factors. Young people increased their social support and social-emotional competence.

Adults increased their capacity around all outcome areas after participating in a Creative Wellbeing activity. While they reported a higher level of knowledge than skills in pre-surveys, post-surveys show a particular increase in arts-based skills. Notably, their ability to use healing-centered arts strategies to create opportunities for young people to experience connection and support increased from 64% before Creative Wellbeing to 91% after. Additionally, a higher percentage of adults felt capable of supporting their students' or clients' mental health and wellbeing, rising from 89% before to 97% after their participation and of providing a healing-centered response to young people who are struggling (80% at the pre-survey, 91% at post). Lastly, the majority of adults (89%) expressed confidence in nurturing young people's strengths to build resilience after engaging with Creative Wellbeing, compared to 82% before. These results point to the idea that participating in Creative Wellbeing is reducing mental health stigma and increasing awareness around various protective factors.

Young people that participated in these programs improved their capacity in nearly all outcome areas after participating in a Creative Wellbeing activity. The most notable increase was in the protective factor area of social-emotional competence. Before engaging with Creative Wellbeing, only 49% felt comfortable talking about their feelings, but this increased to 67% afterward. Similarly, 58% indicated they could manage their emotions before the activity, and this number rose to 74% afterward. In the social support domain, more young people felt connected to their classmates (58% at the pre-

survey, 74% at post) and able to help others when they needed help (72% at the pre-survey, 88% at post). However, young people demonstrated slight decreases from the pre-survey to the post-survey in reaching out to their parent, caregiver, teacher or other supportive adult for help when having a bad day (64% at the pre-survey, 63% at post) along with agreeing that everyone needs help or support sometimes (91% at the pre-survey, 88% at post). Overall, Creative Wellbeing is positively impacting the reduction of mental health stigma and the increase of protective factors for young people. Demographic information is presented in Table X.

Table 13. FY 2023-2024 Demographics Los Angeles County Department of Arts and Culture

Count (n = 312)			
▪ Primary Language		▪ Ethnicity	
Arabic	3	Hispanic or Latino as follows:	
Armenian	3	Caribbean	3
Cantonese	3	Central American	16
English	218	Mexican/Mexican American/Chicano	88
Farsi	1	Puerto Rican	3
Mandarin	1	South American	5
Korean	1	Other Hispanic/Latino	6
Other Chinese	3	Non-Hispanic or Non-Latino as follows:	
Russian	2	African	16
Spanish	48	Asian Indian/ South Asian	6
Vietnamese	2	Chinese	17
Other	11	European	32
Declined to answer/Missing/Unknown	16	Filipino	7
▪ Sex Assigned at Birth		Japanese	2
Male	55	Korean	3
Female	231	Middle Eastern	7
Decline to answer	26	Vietnamese	6
▪ Current Gender Identity*		Other	14
Man	54	More than one ethnicity	27
Woman	223	Declined to answer/Missing/Unknown	54
Transgender man/Transmasculine	1	▪ Race	
Transgender female/Transfeminine	1	American Indian or Alaska Native	4
Nonbinary	7	Asian	38
Another Category	2	Black or African-American	37
Undecided	2	Native Hawaiian/ Pacific Islander	2
Declined to answer/Missing/Unknown	22	White	76
▪ Sexual Orientation*		More than one race	35
Heterosexual or Straight	215	Other	61
Gay or Lesbian	6	Prefer not to answer	59
Bisexual or Pansexual	15	▪ Veteran Status	
Something else	10	Yes	3
Undecided	12	No	284
Prefer not to answer	54	Declined to answer/Missing/Unknown	25
▪ Disability		▪ Age	
No	249	15 and under	26
Yes	32	16-25	43
Mental domain	23	26-59	192
Physical/mobility domain	9	60+	23
Chronic health condition	10	Decline to answer	28
Difficulty seeing	4	* Participants can select more than one response option	
Difficulty hearing	2		
Another type of disability	1		

Count (n = 312)		
Declined to answer/Missing/Unknown	31	

▪ Los Angeles County Library

The Los Angeles County Library offers two programs through the use of prevention programming funding. The first program, the Los Angeles County Library School Readiness Program Smarty Pants Storytimes is offered at 85 LA County libraries. The primary audience is children, and the secondary audience is parents/caregivers. Libraries offer five series of six weekly sessions of Smarty Pants Storytime in person, annually with up to two weeks off between series and time off during winter and summer school breaks. Smarty Pants Storytime outline includes books, songs, rhymes and supports school readiness.

The Positive Parenting Program (Triple P) is offered at 50 Los Angeles County libraries. Positive Parenting Program accredited Librarians work with parents and caregivers using Triple P materials to help them address common parenting challenges for babies, children, and teenagers. Librarians will offer Triple P Parent Cafes, Triple P Seminars (Workshops), and provide on the spot Triple P consultations when appropriate. All programs and services happen in person. Libraries offer 10 Triple P Parent Cafes annually and 4 Triple P Seminars.

Both programs utilized the BUPPS (as described earlier in this report) for the collection of prevention outcomes. See table X for outcome data and table 15 for demographic information.

Table 14. FY 2023-2024 BUPPS Protective Factor Subscale Results (out of a total score of 30)

Program	Average BUPPS Score	Maximum Possible Score	Interpretation
School Readiness Program	23	30	High protective factors present
Positive Parenting Program	25	30	High protective factors present

Table 15. FY 2023-2024 Demographics Los Angeles County Library

Count (n = 446)			
▪ Primary Language		▪ Ethnicity	435
Arabic	1	Hispanic or Latino as follows:	
Cambodian	2	Caribbean	8
Cantonese	3	Central American	26
English	347	Mexican/Mexican American/Chicano	162
Farsi	1	Puerto Rican	2
Mandarin	14	South American	4
Korean	3	Other Hispanic/Latino	22
Other Chinese	2	Non-Hispanic or Non-Latino as follows:	
Spanish	46	African	11
Tagalog	2	Asian Indian/ South Asian	16
Vietnamese	4	Cambodian	2
Other	6	Chinese	35

Count (n = 446)			
Declined to answer/Missing/Unknown	15	Eastern European	4
▪ Sex Assigned at Birth		European	36
Male	54	Filipino	10
Female	366	Japanese	3
Decline to answer	26	Korean	3
▪ Current Gender Identity*		Middle Eastern	3
Man	53	Vietnamese	9
Woman	369	Other	17
Transgender man/Transmasculine	1	More than one ethnicity	31
Declined to answer/Missing/Unknown	23	Declined to answer/Missing/Unknown	42
▪ Sexual Orientation*		▪ Race	
Heterosexual or Straight	364	American Indian or Alaska Native	9
Gay or Lesbian	3	Asian	82
Bisexual or Pansexual	9	Black or African-American	27
Prefer not to answer	66	Native Hawaiian/ Pacific Islander	1
Not sure what this question means	4	White	168
▪ Disability		More than one race	38
No	381	Other	18
Yes	21	Prefer not to answer	103
Mental domain	11	▪ Veteran Status	
Physical/mobility domain	5	Yes	8
Chronic health condition	2	No	406
Difficulty seeing	5	Declined to answer/Missing/Unknown	32
Difficulty hearing	7	▪ Age	
Another type of disability	3	16-25	15
Declined to answer/Missing/Unknown	44	26-59	380
* Participants can select more than one response option		60+	26
		Decline to answer	25

▪ Los Angeles Department of Parks and Recreation

Los Angeles County Department of Parks and Recreation conducts a variety of mental health programs and risk prevention activities that improve protective factors for communities, individuals, and families. In fiscal year 2023 to 2024 the Los Angeles County Department of Parks and Recreation served a total of 145,950 individuals with a total number of 1,159 outcomes surveys collected from participants who attended various events/programming. Through funding by the Department of Mental Health, the Los Angeles County Department of Parks and Recreation put fourth four programs including Parks After Dark, Spot Teen Center, Safe Passages and Parks at Sunset.

Parks After Dark: The program was implemented across 34 parks, engaging the community through a range of dynamic and enriching activities. This program fosters community resilience, safety, and well-being. The comprehensive range of activities offered catered to the physical, cultural, and emotional needs of the communities.

Social Places and Opportunities for Teens (Our SPOT) Teen Center: Our SPOT programs, activities and curriculum provide socially relevant educational services to support underserved communities in moving beyond the cultural norms of violence, underachievement, and youth disengagement in Los Angeles. The "Our SPOT" program focuses on teenagers at risk of mental health challenges, due to various socio-economic, environmental, and developmental factors. These teens are particularly vulnerable to issues like anxiety, depression, and behavioral disorders. "Our SPOT" mitigates these risks by offering early intervention, teaching coping strategies, building a sense of community, and connecting teens with mental health resources. These efforts help prevent the escalation of

mental health issues and promote positive behaviors. The program has shown effectiveness through evaluations indicating improved mental health outcomes, increased engagement in positive activities, and stronger community connections among participants.

Safe Passages: The Safe Passages Initiative employs a peer-centric strategy, leveraging the expertise of trained gang interventionists and ambassadors to foster peace in our parks and communities affected by gang violence. By deploying these professionals, Safe Passages helps ensure the safety of individuals commuting to and from parks, as well as during park activities and special events. Additionally, Safe Passages offers crisis intervention services at parks when immediate support is required.

Parks at Sunset: Parks at Sunset is a proactive initiative designed to provide accessible self-care programming, and community activities and events at 56 Park locations during the summer. This program invites community members to participate in therapeutic benefits of outdoor activities amid friends, family, or solo, all while soaking in the sunset. Each event features diverse visual arts, mindfulness exercises, and self-care activities. Utilizing the arts as a healing medium, Parks at Sunset fosters opportunities for the development of self-care practices and routines for individuals and families.

A total number of 145,950 individuals were served during the reporting period. During this reporting period, the program encountered challenges in data collection, particularly with a lower number of survey responses compared to the total number of participants. This discrepancy may be attributed to several factors: many attendees were primarily focused on participating in activities and workshops rather than completing surveys, some found the surveys too long or unengaging, others were not motivated by the incentives offered, and in some cases, participants may not have been aware of the survey's importance or availability. These challenges impacted the program's ability to collect comprehensive data.

The BUPPS Protective Factors Survey was utilized for the collection of program outcomes. The Parks after Dark program reported an average score of 4.8 out of 5, the Spot Teen Program reported 3.95 out of 5, the Safe Passages program reported 3.21 out of 5 and the Parks at Sunset program reported 3.92 out of 5. These scores indicate that individuals were able to identify a high level of protective factors as a result of program participation.

Safe Passages: During FY 2023-2024, the average BUPPS protective factors subscale score for "Safe Passages" participants decreased indicating a drop in perceived protective factors. This decline may be due to changes in program delivery, external stressors, or variations in the participant group. Further investigation is needed to understand the reasons behind this decrease and to identify potential adjustments that could strengthen the program's impact on participants' protective factors.

Parks at Sunset: All protective factors showed an increase during FY 2023-2024. The most significant increases were in the areas of "I feel hopeful about the future" and "I know about resources that might be helpful for me or someone I care about," suggesting that participants felt more hopeful and informed as a result of the program.

Parks After Dark: There was a slight decline across the board in protective factors and well-being subscales, with the largest drop being in "feeling active and energetic." Risk factors remained stable. While the declines in protective factors were small, they may indicate areas to watch and support to prevent further decreases in well-being. This data shows the need for continued attention to maintaining and improving well-being among the population.

Spot Teen Program: The results show slight differences during FY 2023-2024, with most of the subscale scores decreasing slightly. However, the difference is minimal, indicating that the program's impact has remained relatively stable. Demographic data for all Los Angeles County Department of Parks and Recreation programs is listed in table X.

Table 16. FY 2023-2024 Demographics Los Angeles County Parks & Recreation

Count (n = 1,159)			
▪ Primary Language		▪ Ethnicity	
Arabic	4	Hispanic or Latino as follows:	
Armenian	19	Caribbean	52
Cambodian	10	Central American	100
Cantonese	17	Mexican/Mexican American/Chicano	483
English	516	Puerto Rican	7
Farsi	2	South American	18
Hmong	1	Other Hispanic/Latino	77
Mandarin	12	Non-Hispanic or Non-Latino as follows:	
Other Chinese	3	African	68
Russian	4	Asian Indian/ South Asian	21
Spanish	243	Chinese	25
Tagalog	2	Eastern European	2
Vietnamese	2	European	9
Other	11	Filipino	4
Declined to answer/Missing/Unknown	313	Japanese	1
▪ Sex Assigned at Birth		Korean	1
Male	375	Vietnamese	1
Female	677	Other	56
X	10	More than one ethnicity	18
Another Category	1	Declined to answer/Missing/Unknown	216
Decline to answer	96	▪ Race	
▪ Current Gender Identity*		American Indian or Alaska Native	43
Man	366	Asian	72
Woman	671	Black or African-American	110
Transgender man/Transmasculine	2	Native Hawaiian/ Pacific Islander	7
Transgender woman/Transfeminine	2	White	239
Non-Binary	4	More than one race	62
Another Category (e.g. Two-spirit)	5	Other	281
Undecided/ unknown at this time	2	Prefer not to answer	345
Declined to answer/ask or Missing	107	▪ Disability	
▪ Sexual Orientation*		No	711
Heterosexual or Straight	645	Yes	68
Gay or Lesbian	31	Mental domain	25
Bisexual or Pansexual	28	Physical/mobility domain	25
Something else e.g. queer, asexual	11	Chronic health condition	10
Undecided/ unknown at this time	7	Difficulty seeing	6
Declined to answer/Missing/Unknown	437	Difficulty hearing	6
▪ Age		Another communication disability	4
15 and under	144	Another type of disability	8
Between 16 and 25	221	Decline to disclose type of disability	11
26-59	542	Declined to answer/Missing/Unknown	380
60+	13	▪ Veteran Status	
Declined to answer/Missing/Unknown	239	Yes	29
* Participants can select more than one response option		No	858
		Declined to answer/Missing/Unknown	272

- Los Angeles Unified School District (LAUSD)

The LAUSD School Mental Health (SMH) program conducts a variety of mental health promotion and risk prevention activities with students and their parents. Referrals for services are received from administrators, teachers, support staff, students, and their families. SMH services promote parent involvement in the educational process, provide consultation to teachers, provide direct mental health services in crisis and emergency situations, participate in multi-disciplinary school teams, and identify and assist with appropriate referrals to community agencies.

SMH Psychiatric Social Workers (PSWs) work as mental health providers, consultants, and trainers with students, families, and school communities to build both academic and social-emotional competence and skills, thereby supporting resilience and interpersonal connection. SMH PSW's deliver this essential work through school-based social work programs, wellness centers and clinics, and crisis counseling and intervention services.

The SMH program supports resiliency and positive student connections with peers, family, school, and community. In addition, it promotes healthy relationships, self-reflection, and problem-solving skills to optimize school success. This program works with all members of the educational team (e.g., principals, teachers, and related service providers) and school community (e.g., parents or other caregivers, community groups) to improve student mental health and wellbeing, student engagement, family engagement, and school climate by implementing targeted prevention and interventions, services, and mental health consultation. Furthermore, it is a national leader in the development and implementation of two key strategies that create safe and supportive school environments: utilizing a trauma informed approach and implementing evidence-based clinical practices.

Over the course of the year, LAUSD put forth a total of 60 mental health workshops, trainings, and interventions to students and their families. Some of these programs included Bounce Back, CBITS, Erika's Lighthouse, FOCUS Resilience Curriculum, Second Step, Seeking Safety and various additional parent education workshops and classroom interventions. These programs served over one million students and parents. However, only demographic data was collected (see table X), and no prevention outcome data was reported for these specific programs.

Table 17. FY 2023-2024 Demographics - LAUSD

Count (n = 1,388,856)			
▪ Primary Language		▪ Ethnicity	
Arabic	51	Hispanic or Latino as follows:	
Armenian	176	Caribbean	36
Cambodian	10	Central American	1,449
Cantonese	29	Mexican/Mexican American/Chicano	1,768
English	20,883	Puerto Rican	22
Farsi	80	South American	427
Korean	76	Other Hispanic/Latino	23,298
Mandarin	40	Non-Hispanic or Non-Latino as follows:	
Russian	143	African	28
Spanish	20,023	Asian Indian/ South Asian	106
Tagalog	11	Cambodian	73
Vietnamese	47	Chinese	113
American Sign Language	14	European	3
Other	891	Eastern European	60
Declined to answer/Missing/Unknown	1,346,382	Filipino	595

Count (n = 1,388,856)			
▪ Sex Assigned at Birth		Japanese	54
Male	19,643	Korean	133
Female	22,522	Middle Eastern	135
Declined to answer/Missing/Unknown	1,346,691	Vietnamese	78
▪ Disability		Other	7,020
No	34,723	More than one ethnicity	787
Yes	7,751	Declined to answer/Missing/Unknown	1,352,671
Mental domain	5,066	▪ Race	
Physical/mobility domain	36	American Indian or Alaska Native	42
Difficulty seeing	18	Asian	1,019
Difficulty hearing	91	Black or African-American	4,298
Another communication disability	652	Native Hawaiian/ Pacific Islander	54
Another type of disability	1,888	White	2,568
Decline to answer	1,346,382	More than one race	1,095
▪ Age		Other	32,499
15 and under	31,563	Declined to answer/Missing/Unknown	1,347,281
Between 16 and 25	10,648		
Declined to answer/missing	1,346,645		

▪ Media Campaign: Take Action LA

Each year in May, the Los Angeles County Department of Mental Health (LACDMH) reaches across the county — throughout service areas and neighborhoods, into community centers, parks and major sporting events — to educate and raise awareness. Our goal: reduce stigma, expand helpseeking behaviors and increase understanding of available mental health resources.



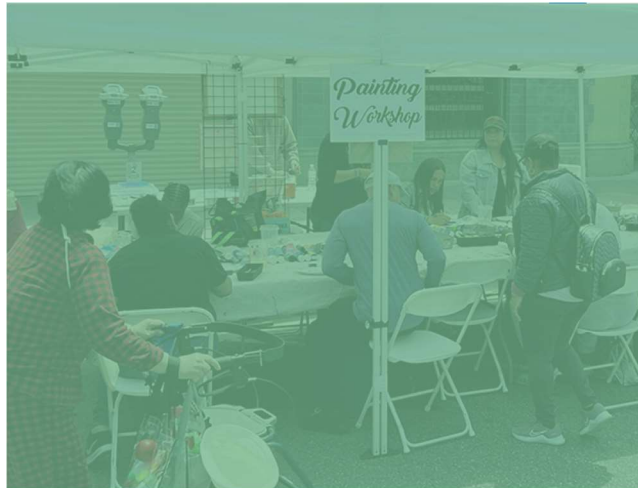
Take Action LA

Overview and Summary Outcomes of Major Initiatives



LOS ANGELES COUNTY
**DEPARTMENT OF
MENTAL HEALTH**
hope. recovery. wellbeing.

AUGUST 2024



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Introduction

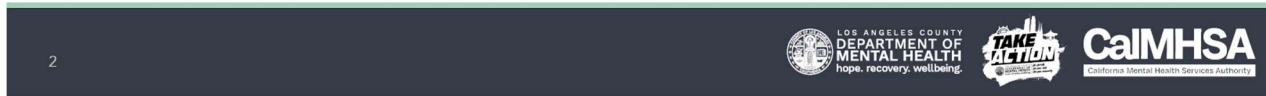
Each year in May, the Los Angeles County Department of Mental Health (LACDMH) reaches across the county – throughout service areas and neighborhoods, into community centers, parks and major sporting events – to educate and raise awareness. Our goal: reduce stigma, expand help-seeking behaviors and increase understanding of available mental health resources.

This year, the department once again collaborated with county service leaders and the California Mental Health Services Authority (CalMHSA) on its major Mental Health Awareness Month activities. Our priority was to connect with the county's diverse communities through inclusive events and with messages of equity – including accommodations for individuals with disabilities and those who communicate in languages other than English.

This report offers highlights and outcomes of the four major initiatives related to Take Action LA:

- Community-Based Grants
- Service Area Events
- Major Sports and Community Partnerships
- Media Outreach and Public Education

LACDMH is honored to work with many partners, community members and leaders to amplify the messages of well-being, stigma reduction and equity during Mental Health Awareness Month – and every day of the year.



INITIATIVE:

Take Action LA Community Grants



"It meant so much to our participants to have days where they could discuss mental health in non-clinical settings, be treated well with dignity and respect, including beautiful venues and fresh food. People were so grateful for the various modalities offered, connecting to community, etc. It is very apparent community care and healing is the only way forward." – Take Action LA Community Grantee

GOAL:

Invest resources in community-based organizations to host mental health awareness events aimed at decreasing stigma and discrimination related to seeking mental health services among diverse audiences across Los Angeles County.

INVESTMENT:

\$5,998,981

Take Action LA grants offered organizations the chance to engage their community through tailored events that encompassed activities such as sharing resources; dance and cultural celebrations; nutrition and movement activities; stress management and wellness education.



Community members making their mark on the interactive mural at VeilNonArt's "Your Best Self" art event.

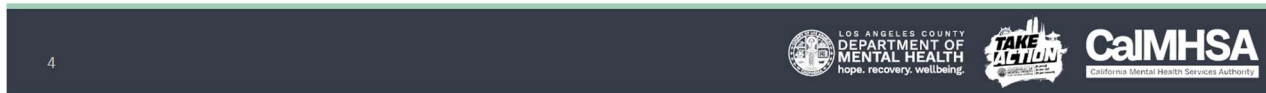


Enhancing mental wellness using neuro-focused brain health & exercise at the Inverigo Dance Theatre "Dancing Through Parkinson's" wellness weekend.

OUTCOMES:

- 70 grants awarded
- 193 events
- More than 27,000 community members served
- Programs/services offered in 21 languages

This information summarizes aspects of the partnerships that focused on the Take Action LA campaign. There were additional partnerships and events throughout FY 23/24 that are not summarized here.



INITIATIVE:

Focused Outreach for Each LACDMH Service Area



Throughout the month of May, nine events were held – one in each of LACDMH's eight service areas and one countywide event at the Santa Monica Pier. Each of the service area events was uniquely designed for the community's underserved and under-resourced groups.

GOAL:

Increase awareness of resources and mental health programs, and minimize the stigma associated with mental health challenges by tailoring events to neighborhoods and neighbors' specific needs.

INVESTMENT:

- \$1 million DMH prevention funds
- \$850,000 cash and in-kind donations
- \$57,000 DMH outreach funds
- \$120,000 DMH media prevention funds



Hygiene station made available at a service area event during Mental Health Awareness Month

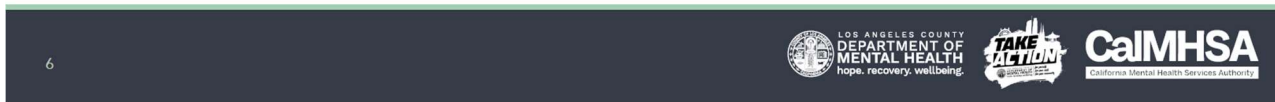
OUTCOMES:

In addition to \$479,000 in donated giveaways*, more than 20 modalities of wellness activities demonstrated, 19 people approved for expungement (314 now in the queue to receive service/ support), and 20 performances by local artists, countywide outcomes included:

- 13,070 registered event attendees
- 636 participating organizations
- 62 county & city programs
- 1,037 haircuts provided
- 48 showers provided
- 2,900 hygiene kits distributed

- 9,000 meals served
- 67 HIV screenings performed
- 96 children screened and fit for free eyeglasses
- 68 mammograms
- 208 Covid/flu vaccinations
- 2,500 mental health books distributed
- \$3.2M in donated therapy from Better Help

*Tickets to theme parks, concerts and sporting events; skateboards/gear; swim caps, bathing suits, sun products and summer games; hair products; pet care/toys; maternal health products; food boxes; gift cards; household items, signed memorabilia, and more.



INITIATIVE:

Social Impact Through Major Sports and Community Partnerships



Collaboration with the Clippers, Kings, Dodgers, Sparks, Galaxy and Univision reached a broad swath of audiences with important messages of mental wellness and stigma reduction.

GOAL:

Raise awareness of local mental health resources and LACDMH programs through highest-visibility venues and events.



Mental Health Awareness Night at Dodger Stadium

OUTCOMES:

Los Angeles Dodgers Mental Health Awareness Night

LACDMH was the presenting partner at the Dodgers' Mental Health Awareness Night on May 4. Dr. Lisa Wong was honored by throwing the first pitch, and LACDMH staff Trung Du and Ryan Nam were recognized for their outstanding work with LACDMH's Teatime Program.

- 2 activation tables
- 44,474 attendees (reported by the league)
- 2,338 Mental Health Awareness Night themed ticket packs sold

Univision Mental Health Awareness Month Facebook Live

On April 30, LACDMH was featured in a collaborative discussion with Univision's Maria Nava, a host on K-LOVE 107.5, via the Univision Facebook page. This livestream event highlighted important mental health topics and reached a broad audience.

- 173,300 impressions
- 113,400 audience members reached
- 35,700 total views



LED Display at Mental Health Awareness Night Sparks Game & Resource Fair



INITIATIVE: Social Impact Through Major Sports and Community Partnerships (cont.)

Los Angeles Clippers Mental Health Awareness Night

LACDMH was featured as the presenting partner of the Clippers Mental Health Awareness game on April 10. The event successfully raised the LACDMH profile and made valuable resources available to the community.

- 150 tickets & food vouchers for staff and stakeholders
- 10,000 LACDMH co-branded stress balls distributed
- 2 table activations (Concourse and Plaza)
- Nearly 19,000 attendees (average per game)



LA Sparks Mental Health Awareness Night Game

LA Galaxy Global View on Mental Health: Cultural Perspectives on Mental Health as an Athlete

This event provided youth with important insights into mental health from a global and cultural perspective. Moderated by Cobi Jones and featuring LA Galaxy players and LACDMH Psychiatric Social Worker Monica Reyes, the event fostered an open dialogue and promoted understanding and support for mental health issues.

- 120 attendees (Galaxy academy boys, Carson High School boys' and girls' soccer teams)
- 1 LACDMH activation table
- 54,449 impressions on Galaxy social media
- 11,940 trackable impressions
- Audience reach as high as 651,541,856 based on website promotions
- Recap media: <https://mlssoccer.box.com/s/64bharq7fvu96c7dpni2945dipabhwh4>

Los Angeles Sparks Mental Health Awareness Night

This event on May 21 included a resource fair with 10 LACDMH table activations. Through high attendance and extensive social media engagement, the Los Angeles Sparks were able to promote mental health education and support.

- 3,627 attendees (near maximum capacity)
- Courtside LED
- Social Impressions:
 - Video views: 167,947
 - Engagements: 169,865
 - Impressions: 411,065
- Social Branded Content:
 - Impressions: 60,419
 - Engagement: 880



INITIATIVE: Countywide Media Outreach



The campaign demonstrated above-benchmark success in key performance indicators across multiple channels, including digital, traditional media, and earned media coverage.

GOAL:

Apply an equity approach to reach ethnic, racial, cultural and geographic audiences throughout Los Angeles County with Take Action LA messaging.

INVESTMENT:

\$3,000,000

Media outreach included digital and social media, broadcast, radio, print, out-of-home, and community/grassroots opportunities.



Take Action ad (Spanish)

OUTCOMES:

The campaign generated impressive engagement through a multi-channel programmatic approach across CTV, display ads, audio platforms and a combined CTV/video direct strategy. The campaign received impressive engagement throughout the month of May.

- More than 59M impressions
- More than 71,000 clicks
- 50,000 conversions in May (800% increase over the previous month)
- 7M impressions from digital display ads
- Performance media conversions:
 - Get Help Now call to action: 22,509 conversions
 - Call Helpline call to action: 18,754 conversions
 - Explore Events: 6,977 conversions
- On Facebook:
 - Over 2.1M impressions and 209,000 engagements
 - 10% engagement rate – twice the standard for strong campaigns
 - 170,000 video views
- On Instagram:
 - Over 1.2M impressions
 - 24,000 engagements
 - 15.9% engagement rate of Spanish campaign



- Medical-Legal Community Partnership

Medical Legal Community Partnership-Los Angeles (MLCP-LA) is a collaboration between the Los Angeles County (LAC) Department of Health Services (DHS), LAC Department of Mental Health (DMH), and four Legal Partners (Neighborhood Legal Services of Los Angeles is the lead and three subcontractor nonprofit law firms). MLCP-LA integrates attorneys and legal advocates within LAC DHS hospitals and clinics to deliver legal assistance to patients and support clinical teams, through training and individualized technical assistance. Through legal interventions, MLCP-LA's Legal Partners intend to help alleviate legal needs which cause great distress, jeopardize health, and increase the risk for homelessness. MLCP-LA's legal partners actively offer and promote LAC DMH's mental health supports to all clients.

MLCP-LA Legal Partners help patients address legal barriers which will increase protective factors and decrease risk factors. For protective factors, MLCP-LA's interventions aim to engage the client in their own legal advocacy where possible. For example, an individual may be provided an opportunity to obtain certain documents or take an affirmative step (like sending a school district a letter on behalf of their child requiring an accommodation), with the support of the legal team. MLCP-LA believes these opportunities reinforce and improve problem-solving skills, self-efficacy, conflict resolution, and even parental sense of competence (for education issues). MLCP-LA's interventions also directly look to eliminate insurance barriers or denials that limit access to medically necessary care. MLCP-LA also directly facilitates patient and clinical team communication where a patient could benefit from additional education regarding their care.

MLCP-LA's work improves circumstances that decrease risk factors. MLCP-LA's work around domestic violence and civil harassment restraining orders helps to provide survivors of violence opportunities to remain safe from violence, allowing them to focus on stability and seeking the mental health care needed to alleviate the trauma. In addition, MLCP-LA works to ensure all individuals have access to housing without harassment/discrimination, are able to receive communication in their preferred language, are able to receive support during evictions, advocacy to improve housing conditions, and assistance with accessing benefits that supplement income. Through the elimination of these barriers and stressors, individuals can focus on maintaining stability and accessing mental health support as needed.

Of the 2,747 individuals served, 1,306 clients were connected to mental health services, and 59% of clients served were either offered a connection to mental health services via MLCP-LA or were already receiving the services they needed. In addition, a variety of positive outcomes were achieved through program participation, including:

Increased Protective Factors:

Increased Stability and Security: The positive outcomes related to housing, benefits, and safety likely contribute to increased stability and security, which are crucial protective factors for mental health. When an individual's homelife is stabilized, they may be more prepared to accept mental health support and to address their mental health impairments.

Empowerment and Control: Assisting individuals in understanding their rights and advocating for themselves can lead to a sense of empowerment and control. Throughout

all of the types of MLCP-LA's interventions, advocates focus on involving individuals in their own legal advocacy.

Access to Resources: Connecting individuals to essential resources like healthcare, benefits, and community services can improve their overall well-being and resilience.

Improved Living Conditions: MLCP-LA helps individuals maintain stable housing, receive security deposits, remove rental barriers, and avoid eviction. MLCP-LA also helps advise and directly support individuals who face intimate partner violence seek protection through restraining orders. These improvements to housing and safety can also positively impact mental health. MLCP-LA achieved 600 positive housing related outcomes for its clients.

Increased Access to Resources: Through every interaction, MLCP-LA advocates connect individuals to essential resources to address and mitigate the social drivers of health. These social drivers of health are linked to mental health disparities.

Reduced Risk Factors:

Reduced Financial Stress: MLCP-LA's resolution of financial issues like unpaid wages and debt or increase in income or public benefits can alleviate significant financial stress, a known risk factor for mental health problems.

Reduced Legal Stressors: Addressing legal issues can reduce significant sources of stress and anxiety, which are risk factors for mental health problems. At its core, every MLCP-LA interaction aims to improve an individual's legal problems. Overall, MLCP-LA achieved 3,976 positive legal outcomes during the fiscal year including better understanding and processing of legal barriers, improved housing stability, secured public benefits or unpaid wages, removal of traffic tickets or fines, and increased access to healthcare.

Combined demographic information is listed in table X.

Table 18. FY 2023-2024 Demographics – Medical-Legal Community Partnership

Count (n = 3,582)			
▪ Primary Language		▪ Ethnicity	
Arabic	1	Hispanic or Latino	
Armenian	2	Caribbean	11
English	1,654	Central American	583
Farsi	7	Mexican/Mexican-American	1,596
Mandarin	9	Puerto Rican	10
Russian	1	South American	84
Spanish	1,878	Other Hispanic	215
Tagalog	4	Non-Hispanic or Non-Latino follows:	
Vietnamese	4	African	244
Other	22	Asian	16
▪ Current Gender Identity*		Cambodian	5
Man	1,537	Chinese	12
Woman	2,020	Eastern European	13
Transgender woman/Transfeminine	7	European	106
Nonbinary	1	Filipino	26
Another Category	17	Japanese	7
▪ Sexual Orientation*		Korean	1
Gay or Lesbian	63	Middle Eastern	38
Heterosexual or Straight	2,939	Vietnamese	14
Bisexual	24	More than one	78

Count (n = 3,582)			
Something else e.g. queer, asexual	30	Other Non-Hispanic or Non-Latino	271
Declined to Answer/Missing/Unknown	526	Declined to Answer/Missing/Unknown	252
▪ Disability		▪ Race	
No	394	American Indian or Alaska Native	40
Yes	3,174	Asian	84
Mental Disability	841	Black or African-American	331
Physical/mobility domain	1,248	Native Hawaiian	3
Chronic health condition	558	White	268
Difficulty seeing	150	More than one race	63
Difficulty hearing	50	Other	2,707
Another type of communication disability	11	Declined to Answer/Missing/Unknown	
Another type of disability	455	▪ Age	
Declined to answer	114	15 and under	43
Declined to answer/Missing/Unknown	14	16-25	176
▪ Veteran Status		26-59	2,367
Yes	41	60+	996
No	3,470	Declined to Answer/Missing/Unknown	86
Declined to Answer/Missing/Unknown	71	* Participants can select more than one response option	

▪ My Health LA Behavioral Health Expansion Program

On October 1, 2014, DHS formally launched the My Health LA (MHLA) Program with the goal of increasing access to primary health care services for low income, uninsured residents of Los Angeles County. On November 20, 2018, the Board of Supervisors approved numerous changes to the MHLA agreement with Community Partner Clinics (CPs). A workgroup was formed to understand gaps in behavioral healthcare access and how to address those gaps. The group identified as a priority the need to better support CPs who provide mental health care services to MHLA participants in a primary care setting. It was determined that DMH would fund and support mental health prevention services and/or activities (MHPS) to reduce/manage risk factors associated with the onset of serious mental illness, as well as to cultivate and support protective factors of MHLA participants at CPs through a Prevention Program.

This program ended as of January 2024.

In this third and final year of this piloted program of integrating MHPS into CPs, a primary objective was to address any implementation challenges that surfaced in year one, and where feasible, make the necessary program modifications to further the original mission and objectives established in year one. As in year one of this piloted program, the ongoing COVID-19 pandemic continued to impact each of the participating CPs' workforce. These community-based health care clinics remained on the front line in their respective communities for handling COVID-19 education and information dissemination, treatment, testing, and vaccinations. The CP staff had again been pulled in multiple directions to help their community manage the pandemic while continuing with their implementation efforts of this MHPS Program. Program implementation challenges included staffing logistics (discontinuation of MHPS contracts and staffing shortages) and revisions to business workflows (claiming and billing processes).

Data collection shifted from the use of the PHQ9 and GAD-7 outcome measures to the BUPPS. The BUPPS was selected for the MHPS program as a tool designed specifically to report prevention outcome data LACDMH-wide, as well as to target program needs directly and track changes more effectively. This data was collected, aggregated, analyzed, and reported for the entire fiscal year. The number of unique MHLA patients receiving at least one MHPS for the period of July 1, 2020 through and including January 31, 2024 was 59,727.

Table 19. FY 2023-2024 Outcomes – MHPS

Name of Outcome Measure	Total Number of Reported Cases (at least one pair of pre & post BUPPS scores)	Average BUPPS Pre-scores	Average BUPPS Post-scores	Average BUPPS Percentage Score Change	Average Number of MHPS Sessions
BUPPS Protective Factors subscale	1,066	19.58	22.3	13.89%	4.68
WHO Wellbeing subscale	1,071	14.71	17.82	21.08%	

*Please note the greater increase reported from pre to post MHPS in the WHO Wellbeing subscale vs. the BUPPS Protective Factors subscale scores, which reflects greater gains reported in feeling states (WHO) vs. protective factors (BUPPS).

An increase in scores was noted among those participants who were assessed at both the beginning and end of the program (for both the BUPPS and WHO Wellbeing subscale) This indicates that there was an overall increase in protective factors and wellbeing through the course of programming (Table 19). Demographics are summarized in table x.

Table 20. FY 2023-2024 Demographics – MHLA

Count (n = 59,727)			
▪ Primary Language		▪ Ethnicity	
Arabic	3	Hispanic or Latino as follows:	
Armenian	159	Other Hispanic/Latino	56,023
English	3,941	Non-Hispanic or Non-Latino as follows:	
Korean	135	African	82
Other Chinese	46	Asian Indian/ South Asian	24
Russian	28	Cambodian	12
Spanish	54,754	Chinese	27
Tagalog	51	Filipino	566
Vietnamese	5	Japanese	4
American Sign Language	1	Korean	103
Other	475	Vietnamese	5
Declined to answer/Missing/Unknown	129	Other	1,354
▪ Sex Assigned at Birth		More than one ethnicity	112
Male	21,154	Declined to answer/Missing/Unknown	1,415
Female	38,549	▪ Race	
X	13	Asian	741
Prefer not to answer	11	Black or African-American	82
▪ Age		Other	57,377
16-25	2	More than one race	112
26-59	51,723	Declined to answer/Missing/Unknown	1,415
60+	8,002		

This programming ended as of January 2024.

- Prevention & Aftercare (P&A)

Prevention and Aftercare (P&A) is a DCFS-monitored program of ten leading community agencies proving a variety of services to the community to empower, advocate, educate, and connect with others. The services increase protective factors by providing support and resources to mitigate the adverse effects of Adverse Childhood Experiences (ACEs) and social determinants of health. Program services are delivered in-person and virtually and can vary in frequency from one time to a year to ongoing.

Prevention and Aftercare program services are to be offered and rendered to all families Countywide, who meet one or more of the following criteria:

- Children and families at-risk of child maltreatment and/or DCFS involvement
 - self-referred or referred by community stakeholders such as LACDMH Specialized Foster Care (SFC) offices, schools, hospitals, and law-enforcement agencies.
- Children and families with unfounded, closed child abuse DCFS referrals.
- Children and families with evaluated out DCFS child abuse and/or neglect referrals.
- DCFS referred clients who are receiving Family Reunification services.
- DCFS referred children and families who have exited the public child welfare system and need services to prevent subsequent child maltreatment and/or DCFS involvement.

Negative outcomes identified by MHSA, and which participants of P&A may be risk of these outcomes as a result from untreated, undertreated or inappropriately treated mental illnesses are: 1) suicide, 2) incarceration, 3) school failure or dropout, 4) unemployment, 5) prolonged suffering, 6) homelessness, and 7) removal of children from their homes.

The program has experienced the same challenges as previous years in regard to the data downloads from the site, but changes have been adapted. In addition, the P&A contractors continue to share that the survey is hard for families to understand and respond to accordingly due to language barriers.

An estimated 37,697 adults attended P&A single events. With only one person per family completing a survey (Event Survey), there were 3,068 surveys administered. As a result of attending a single event, the following protective factors were noted:

- 85.0% Connected with others
- 87.2% Learned about community programs and resources that are useful to themselves and/or their family
- 88.1% Learned tips/tools that can strengthen themselves and/or their family's wellbeing

Other outcomes included:

- 79.8% Discovered something new about themselves or their family
- 85.3% Learned something different to do with family

The following findings are based on 527 Protective Factors Surveys (PFS) administered at baseline and after completion of multi-session P&A case navigation services. There

was a general increase in protective factors from baseline to end of services. The most notable increases were in:

- Parent/caregiver resilience: score increased from 2.5 to 3.1
- Social connections: score increased from 2.4 to 3.0
- Knowledge of parenting and child development: score decreased from 2.8 to 2.7
- Social and emotional competence of adults: 3.6 to 3.9
- Social and emotional competence of children: 2.8 to 3.0

Demographic data is summarized in table x

Table 21. FY 2023-2024 Demographics – Prevention & Aftercare (P&A)

Count (n = 548)			
▪ Primary Language		▪ Ethnicity	
English	337	Hispanic or Latino as follows:	
Korean	5	Caribbean	1
Russian	1	Central American	52
Other	2	Mexican/Mexican American/Chicano	290
Spanish	189	Puerto Rican	2
Declined to answer/Missing/Unknown	14	South American	10
▪ Sex Assigned at Birth		Non-Hispanic or Non-Latino as follows:	
Male	96	African	48
Female	447	Eastern European	1
Prefer not to answer	5	European	7
▪ Current Gender Identity*		Filipino	2
Man	96	Korean	8
Woman	447	Middle Eastern	2
Declined to answer/Missing/Unknown	5	Other	51
▪ Sexual Orientation*		More than one ethnicity	18
Gay or Lesbian	3	Declined to answer/Missing/Unknown	56
Heterosexual or Straight	485	▪ Race	
Bisexual	8	American Indian or Alaska Native	32

▪ **Prevent Homelessness Promote Health (PH²)**

Prevent Homelessness Promote Health (PH²) is a collaboration between Los Angeles County Department of Health Services (DHS): Housing for Health (HFH) and Department of Mental Health (DMH). It is a Countywide program that conducts field-based outreach services to previously homeless individuals and families who are experiencing untreated serious and persistent medical and mental illness with the goal of helping these individuals avoid returning to homelessness due to lease violations.

The DMH Prevent Homelessness Promote Health - PH² program employs an interdisciplinary, multicultural, and bilingual staff, utilizing a collaborative approach through coordination with Department of Health Services (DHS), Housing for Health (HFH) Intensive Case Managers (ICMS), Department of Mental Health (DMH), and community housing agencies. This program provides services within the 8 Service Areas of Los Angeles County. All initial outreach is provided in the community where the individual lives, to promote access to care. The PH² team conducts triage, coordination of services, and brief clinical interventions, as well as incorporating Motivation Interviewing (MI), Harm Reduction, Trauma Informed therapy, Solution Oriented therapy, Cognitive Behavior Therapy, and Seeking Safety. Services are delivered primarily in person or can be delivered by phone or virtually.

The effectiveness of the program can be demonstrated by examining the PH² Activity Log. The purpose of this log is to capture what type of services were offered and/or provided that prevented the return to homelessness. The PH² Activity Log is completed for each corresponding billable note in IBHIS (direct or indirect). The categories include resources offered, linkages obtained, peak eviction risk, eviction prevented, eviction date (if applicable) and closure reason.

Housing insecurity is addressed when an individual's protective factors are increased and/or their risk factors are decreased. The PH² Activity Log in IBHIS tracks Peak Eviction Risk Level during the participant's engagement in PH². Meanwhile, linkage to resources (such as mental health services, medical care, In Home Supportive Services, food and other basic needs), indicate progressive housing stabilization. Therefore, the number of referrals with linkages and the number of evictions prevented serve as good proxies for reduced homelessness and increased protective factors.

Several issues affected the collection of outcomes data. The first being the utilization of a relatively new software program exploring salient data points to collect for data collection. In addition, excessive "Clinically Not Indicated to Ask" and "Unknown" responses on data collection tools affected survey outcomes.

The cumulative number of new individuals served during this reporting period is 282. Individuals were referred with the following identified problems, among others: Aggressive/Violent Behavior, Destruction of Property, Failure to Pay Rent, Fire Safety/Health Hazard, Hoarding, Infestation of Unit, Legal Issues, Relationship Conflicts, and Substance Abuse. Once enrolled, clients received a variety of linkages among the greatest include, mental health services, psychoeducation, and substance abuse treatment. The PH² team met with individuals weekly, depending on acuity and need. The program saw participants from two weeks to 18 months, with an average of six months. Program outcomes are summarized in tables x and x, while demographic data is documented in table x.

Table 22. FY 2023-2024 PH² Linkages to Each Resource

Resource	#
Mental Health Services	1,597
Psychoeducation	341
Department of Health Services	80
Shelf Stable Food	191
Emergency Services	127
Housing and Supportive Services	111
Transportation	39
Medical Care	173
IHSS	147
Food Bank	142
Substance Abuse Treatment	302
Temporary Housing	44
Psychoeducation (not client)	341

Table 23. FY 2023-2024 PH² Risk Factors

Risk Factor	#
Aggressive/Violent Behavior	108
Destruction of Property	81
Failure to Pay	75
Fire Safety/Health Hazard	65
Hoarding	67
Infestation	58
Needs MHS Connection	41
Other	71
Relationship Conflicts	97
Substance Abuse	115
Unit Abandonment	5

Table 24. FY 2023-2024 Demographics – PH²

Count (n = 282)			
<ul style="list-style-type: none"> Primary Language 		<ul style="list-style-type: none"> Ethnicity 	
English	222	Hispanic or Latino as follows:	
Russian	1	Caribbean	4
Spanish	17	Central American	4
Declined to answer/Missing/Unknown	42	Mexican/Mexican American/Chicano	20
<ul style="list-style-type: none"> Sex Assigned at Birth 		South American	1
Male	175	Other Hispanic/Latino	23
Female	107	Non-Hispanic or Non-Latino as follows:	
<ul style="list-style-type: none"> Current Gender Identity* 		African	97
Man	163	Chinese	1
Woman	103	Middle Eastern	1
Transgender man/Transmasculine	4	Other	78
Prefer not to answer	16	Declined to answer/Missing/Unknown	53
<ul style="list-style-type: none"> Sexual Orientation* 		<ul style="list-style-type: none"> Race 	
Heterosexual or Straight	160	American Indian or Alaska Native	4
Gay or Lesbian	14	Asian	1
Bisexual	1	Black or African-American	97
Something else e.g. queer, asexual	3	White	61
Undecided	1	Other	112
Prefer not to answer	103	Declined to answer/Missing/Unknown	7
<ul style="list-style-type: none"> Disability 		<ul style="list-style-type: none"> Veteran Status 	
No	61	Yes	12
Yes	171	No	228
Mental domain	149	Declined to answer/Missing/Unknown	42
Physical/mobility domain	69	<ul style="list-style-type: none"> Age 	
Chronic health condition	42	16-25	4
Difficulty seeing	6	26-59	158
Difficulty hearing	1	60+	120
Another type of disability	1	* Participants can select more than one response option	
Decline to answer disability type	111		
Declined to answer/Missing/Unknown	50		

▪ **Promotores**

The Promotores program is a Prevention program implemented by the Los Angeles County’s Department of Mental Health. The program puts forth trainings and education for

program participants in an effort to increase protective factors and decrease risk factors leading to mental health issues.

The Promotores program utilized The California Institute of Behavioral Health Services' (CIBHS) Stigma Discrimination Reduction (SDR) Program Participant Questionnaire to collect program outcomes and assess the impact of trainings on its participants. By completing the measure, participants were able to provide feedback on 1) Attitudes and behavior towards persons with mental health conditions, 2) Knowledge about stigma towards persons with mental health conditions 3) Awareness of ways to support persons who may need mental health resources, as well as training quality and demographics. For the purpose of assessing prevention programming outcomes, the first two categories of outcomes were utilized. For the categories of participant's changes in behavior and changes in knowledge and beliefs, participants responses reflected positive results, indicating an increase of protective factors and decrease of risk factors as a result of program participation.

Changes in Behavior: Seven items assessed how the trainings influenced participants' willingness to engage in behaviors that support individuals with mental health concerns. The results highlight a significant increase in protective factors and a decrease in risk factors. A total of 150,967 responses reported greater willingness to "seek support from a mental health professional if I thought I needed it," which indicates a boost in protective behaviors related to self-care and early intervention. The trainings also reduced the likelihood of discriminatory behavior toward individuals with mental health conditions, effectively decreasing a key risk factor associated with stigma. Additionally, the program increased the likelihood of participants engaging in supportive actions, enhancing protective factors like advocacy and inclusion. Together, these outcomes suggest that the Promotores trainings not only diminished stigma-related risks but also strengthened participants' capacity to provide and seek support in mental health contexts.

Table 25. Promotores Changes in Behaviors Survey Results

As a direct result of this program I am MORE willing to:	Strongly Agree	Agree	Agree % Total
1...live next door to someone with a serious mental illness.	34.20%	36.80%	71.00%
2...socialize with someone who had a mental health condition.	35.50%	40.50%	76.00%
3...start working closely on a job with someone who had a mental health condition.	34.40%	39.10%	73.50%
4...take action to prevent discrimination against people with mental health conditions.	43.90%	40.30%	84.20%
5...actively and compassionately listen to someone in distress.	47.80%	40.40%	88.20%
6...seek support from a mental health professional if I thought I needed it.	52.70%	37.50%	90.20%
7...talk to a friend or a family member if I thought I was experiencing emotional distress.	51.20%	38.90%	90.10%

Changes in Knowledge and Beliefs: Seven items assessed the impact of the Promotores training on participants' knowledge about mental illness and their beliefs about individuals with mental health conditions. The results suggest that the trainings successfully increased protective factors by enhancing participants' understanding of mental health and fostering more supportive and inclusive beliefs. By attending the trainings, participants were able to challenge negative stereotypes, a key risk factor associated with stigma and replace them with more positive attitudes towards people with mental health conditions. This shift in

attitudes represents a decrease in risk factors related to discrimination and misunderstanding. The trainings also boosted participants' knowledge of mental health topics, further equipping them to engage in supportive behaviors and attitudes. A majority of participants agreed that the trainings had a positive influence on their beliefs about individuals with mental health conditions, reinforcing the overall increase in protective factors while reducing the impact of stigma-based risk factors. Program outcomes are summarized in tables 25 and 26, while demographic data is documented in table X.

Table 26. Promotores Changes in Knowledge and Beliefs Survey Results

As a direct result of this program I am MORE likely to believe	Strongly Agree	Agree	Agree % Total
8...people with mental health conditions are different compared to everyone else in the general population.	17.48%	24.24%	41.72%
9...people with mental health conditions are to blame for their problems.	11.51%	13.36%	24.87%
10...people with mental health conditions can eventually recover.	36.57%	41.24%	77.81%
11...people with mental health conditions can contribute to society.	35.54%	40.25%	75.79%
12...people with mental health conditions should be felt sorry for or pitied.	13.64%	17.48%	31.11%
13...people with mental health conditions are dangerous to others.	13.07%	16.78%	29.85%
14...anyone can have a mental health condition.	45.83%	36.97%	82.80%

Table 27. FY 2023-2024 Demographics – Promotores

Count (n = 16,211)			
▪ Primary Language		▪ Ethnicity	
American Sign Language	5	Hispanic or Latino	
Arabic	8	Caribbean	903
Armenian	44	Central American	1,809
Cantonese	43	Mexican/Mexican-American	6,945
Cambodian	102	Puerto Rican	43
English	2,301	South American	252
Farsi	5	Other Hispanic	324
Japanese	2	Non-Hispanic or Non-Latino follows:	
Korean	1,709	African	149
Mandarin	199	Asian Indian/South Asian	18
Other Chinese	8	Cambodian	105
Russian	2	Chinese	242
Spanish	9,091	Eastern European	7
Tagalog	15	European	47
Vietnamese	9	Filipino	21
Other	66	Japanese	25
Decline to answer	2,602	Korean	1,775
▪ Current Gender Identity*		Middle Eastern	9
Man	1,542	Vietnamese	12
Woman	12,250	More than one	127
Transgender woman/Transfeminine	47	Other Non-Hispanic or Non-Latino	185
Transgender man/Transmasculine	98	Declined to Answer/Missing/Unknown	3,213
Nonbinary	28	▪ Race	
Not sure what this question means	11	American Indian or Alaska Native	124
Undecided/Unknown at this time	9	Asian	2,220
Another Category	7	Black or African-American	324
Declined to answer/Missing/Unknown	2,258	Native Hawaiian	13
▪ Sexual Orientation*	16260	White	5,525

Count (n = 16,211)			
Gay or Lesbian	207	More than one race	249
Heterosexual or Straight	10,142	Other	1,917
Bisexual	182	Declined to Answer/Missing/Unknown	5,839
Not sure what this question means	291	▪ Age	
Undecided/Unknown at this time	21	15 and under	43
Something else e.g. queer, asexual	33	16-25	540
Declined to Answer/Missing/Unknown	5,384	26-59	10,900
▪ Disability		60+	2,113
No	12,274	Declined to Answer/Missing/Unknown	2,615
Yes	875	▪ Sex Assigned at Birth	
Mental Disability	372	Male	1,650
Physical/mobility domain	251	Female	12,074
Chronic health condition	148	X	15
Difficulty seeing	112	Another Category	7
Difficulty hearing	51	Prefer not to answer	2465
Another type of communication disability	21	▪ Veteran Status	
Another type of disability	92	Yes	180
Declined to answer	160	No	13,105
Declined to Answer/Missing/Unknown	3,062	Declined to Answer/Missing/Unknown	2,926
* Participants can select more than one response option			

- **SEED School of Los Angeles (SEED LA)**
SEED LA is the County’s first public, charter, college-preparatory, tuition-free boarding high school for at-risk youth. The curriculum, grounded in science, technology, engineering, and mathematics (STEM), will prepare youth for career and college pathways in the transportation and infrastructure industry. The school provides on-site support, wellness services and socio-emotional counseling for students.

- **Transition Age Youth (TAY) Drop-In Centers**
Drop-In Centers are designed to be an entry point to the mental health system for Seriously Emotionally Disturbed (SED) and Severe and Persistently Mentally Ill (SPMI) Transition-Age Youth (TAY), ages 16-25, who may be homeless or in unstable living situations. TAY are often experiencing complex trauma as victims of abuse in their homes, streets, and in their communities. The complex trauma may manifest in TAY’s inability to maintain relationships, keep jobs, or stay in school, often putting them at risk of unemployment, school dropouts, incarceration, and homelessness. Without early intervention or prevention services, TAY are at risk of experiencing mental disorders that may impair their daily activities and functioning. TAY accessing Drop-In Centers have an opportunity to build trusting relationships with staff, and when ready and willing, connect to needed services and supports to best meet stability/recovery.

- **Trauma and Resilience Informed Early Enrichment (TRiEE)**
TRiEE was a trauma-informed mental health prevention initiative, a unique adaptation of the Community Schools model for early education centers (EECs). TRiEE promoted professional development and wellbeing for school staff, facilitated parent involvement, connected families to community resources, and enhanced students’ self-regulation skills. TRiEE was dedicated to building school capacity to increase protective factors and reduce risk factors for children, youth, and families. Services were implemented at 39 Early Education Center (EEC) sites throughout Los Angeles County, serving children

0-6 y/o and their families. Services were provided to the whole school community including staff, students, and families by Psychiatric Social Workers (PSW) on campus, in person or by phone. The program served a total of 3,672 children, youth, and families. This program concluded at the end of the 2023-2024 FY and will not continue in the next FY.

Outcomes

A total number of 3,672 individuals were served during the reporting period. There were some barriers faced by the program during the outcome collection process, one being that the TRiEE surveys had to be moved to a different platform, which led to some challenges in staff accessing the survey, due to new District firewalls. In addition to this, the TRiEE survey depended on site administrators for distribution however, several of the sites had new administrators unaware of the requirement or administrators that were out on leave.

Young children exposed to trauma are at increased risk for various adverse outcomes. Providing adults in children's lives with knowledge of trauma informed practices can increase protective factors by fostering resilience and social and emotional wellbeing. The following provides highlights of findings from 140 parent evaluations and 452 staff evaluations:

- 94-96% of staff reported that because of the training they felt more prepared to help children use positive behaviors, manage their emotions, and use executive functioning skills
- 96% of staff reported that because of the training they felt prepared to build positive relationships with children and their families.
- 90% of parents reported that their child's school has provided them with resources to support their child's emotional wellbeing at home.
- 94% of staff reported they "strongly agree" or "agree" services provided through TRiEE program have helped to bring resources and partnerships to the school.
- 94% of staff reported that the services provided through the TRiEE program help staff to feel less stress.

Demographic data is summarized in table x.

Table 28. FY 2023-2024 Demographics – TRiEE

Count (n = 3,672)			
▪ Primary Language		▪ Ethnicity	
Arabic	18	Hispanic or Latino as follows:	
Armenian	43	Other Hispanic	2,764
Cantonese	2	Non-Hispanic or Non-Latino as follows:	
English	1,979	African	499
Farsi	27	Filipino	37
Korean	1	Other	372
Mandarin	5	▪ Race	
Other Chinese		American Indian/ Alaska Native	12
Russian	14	Asian	156
Spanish	1,508	Black or African-American	511
Tagalog	8	Native Hawaiian/ Pacific Islander	10
Vietnamese	11	White	2,983
Other	56	▪ Sex Assigned at Birth	
		Male	1,702
		Female	1,970

▪ **Community Partner - United Mental Health Promoters**

The Los Angeles County Department of Mental Health United Mental Health Promoters (UMHP) project is a community outreach and empowerment effort, which serves to both strengthen communities and create career paths for those community members functioning under the umbrella of UMHP (e.g., Community Health Workers, Peer Advocates, Parent Partners, Community Ambassadors, etc.).

The UMHP program’s long-term impact is intended to strengthen the health, mental health, and wellbeing of the most vulnerable individuals and families in Los Angeles County. To achieve progress toward this long-term outcome, the project utilizes a composite of outreach, engagement, and psychosocial support activities within disadvantaged hyperlocal areas. Programmatic efforts include direct and indirect services, household assistance, education and training regarding prevention/mitigation efforts, and linkages to resources.

The UMHP Project staffing focused on the inclusion of individuals with lived experience who are ambassadors to our most underserved and disproportionately impacted communities. The UMHP staff are crucial to build the bridge between the communities they serve, and the opportunities provided by Anti-Racism, Diversity, and Inclusion (ARDI) Initiative. To achieve the ARDI Initiative goals, the UMHP Project engages with residents, organizations, and community stakeholders to develop activities and evaluation efforts aligned with the needs and values of each area served and support place-based community partnerships.

Each Community Based Organization (CBO) emphasizes cultural competence, often leveraging staff with lived experiences or shared backgrounds with participants. These efforts aim to enhance trust and provide tailored support to vulnerable populations. Programs generally offer multiple sessions or a mix of single events and ongoing support. Outreach, community building, self-help groups, and psychoeducation workshops are common strategies. Several programs are in the early stages of data collection, with limited baseline surveys completed and no post-survey data yet available. Programs utilizing tools like the BUPPS survey are measuring outcomes such as protective factors and mental wellbeing. However, some programs are still refining data collection methods.

Challenges experienced during program implementation included hiring difficulties, participant engagement in surveys, cultural and linguistic barriers, and difficulty collecting data due to program development phases. Some programs faced reluctance from participants to fill out surveys, due to distrust in county forms or feeling exploited. Various UMHP programs that did manage to collect data, demonstrated positive outcomes, some of which are highlighted below:

The Wall de las Memorias is a program focusing on serving low-income LGBTQ+ adults and BIPOC individuals. The program provided trauma-informed care, HIV testing, immigration workshops, and various other supportive services tailored to the LGBTQ+ community. It focused on reducing risk factors and enhancing protective factors through culturally competent, multi-language services. This program successfully collected both baseline and post-survey data using the BUPPS. The program demonstrated positive outcomes, as the average scores increased from the pre to the post measure on both the BUPPS and the WHO Wellbeing measure. These scores indicate improvement in overall mental health and wellbeing in addition to successfully increasing protective factors due to the programming.

The Parents, Educators/Teachers, and Students in Action (PESA) program served youth impacted by the juvenile justice system, who are often facing housing insecurity. The program provided weekly and monthly sessions with educational workshops, case management, and psychoeducation, to improve life skills and resilience. The program collected pre and post program BUPPS data to track protective factors related to hopefulness, community, coping skills, and resource knowledge. Scores for all measured protective factors increased. Participants also reported feeling calmer, more energetic, and more engaged in life after the program. These scores indicate improvement in protective factors through program participation.

The Emotional Health Association dba SHARE! program targeted older adults age 65+ at high risk of loneliness, anxiety, and depression. In addition, these individuals have been impacted by COVID-19 and untreated mental health issues. The program provided outreach services, community-building activities, and support groups. The goal was to reduce isolation and mental health risks by providing social connections and access to resources. Baseline survey data was collected using the BUPPS survey, specifically measuring protective factors, WHO Wellbeing, and parenting-related outcomes. Baseline scores reported for BUPPS Protective Factors averaged 8 out of a total score of 30 (indicating low initial protective factors), WHO Wellbeing averaged 9.67 out of a total score of 25 (indicating poor initial wellbeing), and Parenting subscale outcomes averaged 17.83 out of a total score of 20. No post-survey data was available during the reporting period.

Available demographic data is listed in table x.

Table 29. FY 2023-2024 Demographics – United Mental Health Promoters

Count (n = *)			
▪ Primary Language		▪ Ethnicity	
Armenian	1	Hispanic or Latino	
English	37	Central American	2
Mandarin	1	Mexican/Mexican-American	38
Spanish	30	Non-Hispanic or Non-Latino follows:	
Other	1	African	11

Count (n = *)			
Declined to answer/Missing/Unknown	1	Chinese	1
▪ Current Gender Identity*		European	2
Man	57	Filipino	1
Woman	28	Other	3
▪ Sexual Orientation*		More than one	4
Gay or Lesbian	21	Declined to Answer/Missing/Unknown	6
Heterosexual or Straight	99	▪ Race	
Bisexual	6	American Indian or Alaska Native	1
Undecided	2	Asian	1
Not sure what this question means	3	Black or African-American	14
▪ Disability		White	36
No	45	More than one race	4
Yes	22	Other	8
Mental Disability	7	Declined to Answer/Missing/Unknown	1
Physical/mobility domain	10	▪ Age	
Chronic health condition	6	15 and under	1
Declined to answer	17	16-25	11
Declined to Answer/Missing/Unknown	4	26-59	33
▪ Veteran Status		60+	24
Yes	9	Declined to Answer/Missing/Unknown	2
No	53		
Declined to Answer/Missing/Unknown	1		

* Please note, the demographic data presented does not completely align with the expected population distribution. Variations may be due to erroneous reporting, misclassification, or other data collection limitations.

▪ **Veterans Peer Access Network (VPAN)**

Veteran Peer Access Network (VPAN) is a prevention program which serves Veterans and Military family members in Los Angeles County. The goals are to: 1) increase protective factors such as financial stability, resiliency, socio-emotional skill building, and social connectedness, and 2) reduce risk factors such as suicidality, homelessness, and under/unemployment.

Under VPAN, The Department of Mental Health, The Los Angeles County Department of Military and Veteran Affairs and SoCal Grantmakers, as well as other Community-based Organizations (CBOs), provide peer support and linkage to services, reducing mental health services utilization. The goal of prevention services provided through VPAN CBOs is to implement a set of strategies that will augment existing programs. In addition, new preventative and trauma-informed community supports are provided to Veterans and Veteran family members in order to promote protective factors and diminish risk factors for developing a potentially serious mental illness.

Peer services are provided from 8:00am-6:00pm, five days per week, Monday through Friday. Community events may be held on weekends. The program is delivered based on the client’s needs in-person, by phone, or virtually. In FY 2023-24; 3,555 veterans and military family members were served through VPAN CBOs.

The VPAN Support Line is dedicated to assisting active-duty military personnel, veterans, reservists, and guard members. The peers who staff the VPAN Support Line understand the unique sacrifices and emotional needs that come with military life. The VPAN Support Line offers Emotional First Aid related to stressors, referrals to community services, real-time psychoeducation on mental health services, and direct access to field-based teams for additional support and follow-up.

In FY 2023-24, the Veteran Support Line received a total of 9,642 calls. Due to the nature of the support line, a referral is generated, and demographics collected only when the caller is requesting services and/or benefits.

In addition, under the VPAN Veteran System Navigators program, the Department of Military and Veterans Affairs (DMVA) provides benefits establishment, reducing potential negative outcomes like homelessness, food insecurity, and associated stress. Prevention programming serves to increase protective factors which include resilience, socio-emotional skill building in Veterans and Veteran family members, and social connectedness through specialty programming. The DMVA County Veterans Service Office has secured more than \$ 27 million dollars in benefits for veterans, their dependents, and survivors. Veterans Systems Navigators lead the way in ensuring veterans in the community apply for and secure benefits they have earned, relieving financial stress during transition periods, preventing homelessness by assisting with housing resources, and enrolling veterans into Department of Veterans Affairs Healthcare/Mental Health to include Veterans Centers so veterans can receive the care they need and deserve.

VPAN faced several challenges in regards to outcomes data collection efforts. The various VPAN programs had different data collection procedures, with variable questions and response options, such that in many cases entire categories were missing. It is also possible that some participants were represented in multiple datasets. DMVA served a total of 1,386 clients in FY 2023-24. Available outcome data is listed in table 30 and demographic data is summarized in table 31.

Table 30. FY 2023-2024 VPAN Linkages to Each Resource

Benefits Navigation	1,331	Mental Health Linkage	154
Housing & Shelter	983	Legal Assistance	407
Employment Assistance	717	Clothing & Household Goods	199
Income Support Assistance	1,289	Transportation Assistance	134
Family Support Assistance	1,745		

Table 31. FY 2023-2024 Demographics – VPAN

Count (n = 20,867)			
▪ Sex Assigned at Birth		▪ Ethnicity	
Male	6,400	Hispanic or Latino as follows:	
Female	3,600	Central American	46
Prefer not to answer	10,867	Other Hispanic	2,123
▪ Current Gender Identity*		Non-Hispanic or Non-Latino as follows:	
Man	6,400	Asian	221
Woman	3,600	Other Non-Hispanic	92
Transgender man/Transmasculine	2	Declined to Answer/Missing/Unknown	18,385
Non-Binary	34	▪ Current Gender Identity	
Prefer not to answer	10,831	Male / Man	6,400
▪ Veteran		Female / Woman	3,600
No	1,307	Transgender Woman	2
Yes	6,798	Non-Binary	34
Declined to Answer/Missing/Unknown	12,762	Prefer not to answer	10,831
▪ Race		▪ Age	
American Indian or Alaska Native	143	16-25	1,002
Asian	221	26-59	6,833
Black or African-American	2,559	60+	1,889
Native Hawaiian or other Pacific Islander	64	Declined to Answer/Missing/Unknown	11,143
White	3,312	* Participants can select more than one response option	
Other	1,164		

Count (n = 20,867)	
More than one	1
Declined to Answer/Missing/Unknown	13,403

▪ **Spring Evolution Inc., DBA Wolf Connection**

In Fiscal Year 2023-2024, Wolf Connection was piloted through CalMHSA. Wolf Connection offers unique education and empowerment programs that transform lives via experiential relationships and interactions with rescued wolves and the natural environment. The Wolf Lessons for Human Lives online education and empowerment platform delivers Wolf Connection’s signature Empowerment program via an interactive virtual experience. This highly engaging and interactive platform takes the student through a journey across the Wolf Heart Ranch Sanctuary, completing twelve easy-to-follow, intuitively progressive modules. While each module covers a unique "wolf lesson", the primary objectives of the virtual experience are to connect youth with the inherent worth, resilience and sense of belonging to a “pack” or community. As they traverse the Wolf Heart Ranch territory, students intuitively move through the seasons of the year – Spring (light green), Summer (dark green), Fall (brown), Winter (white) and learn the lessons contained in each of the twelve modules. Each lesson is presented by a different wolf guide who embodies that particular lesson in real life. Some of the interactive components include Howl to Action activities, Reflect & Respond writing prompts, and Wolf Paws meditation moments. The platform additionally offers a differentiated approach to meet the needs of students' different learning styles. This includes options to have text read aloud, watch videos, access a Spanish version, as well as different assignment options for them to demonstrate their understanding of the content.

Alternative healing modalities and spaces that provide safety, connection programming. Specifically, we aimed to serve bilingual youth aged 11-18 years old providing culturally responsive support to meet their unique needs. Our virtual program, Wolf Lessons for Human Lives, was designed to replicate the key principles of our on-site programming, nourishing a sense of self and fostering a sense of belonging to a pack. Inspired by the natural behavior of wolves, our program promotes personal connections and encourages the development of one’s authentic self. Wolf Lessons for Human Lives addresses the critical relational, mental health, and self-regulation components of California's Standards for Mental, Emotional and Social Health, providing a comprehensive approach to supporting the well-being of young people.

A total of 1,197 individuals were served during this reporting period. During this reporting period, the organization encountered challenges in collecting data from some schools due to restrictions on sharing personal identifying information. This limited the program’s ability to collect demographics and pre/post-survey data.

The program received 459 pre/post surveys. The number of surveys collected differs from the number of individuals served, due to limitations with data collection. While pre- and post-surveys were collected during FY 23-24, they did not assess whether protective factors or risk factors specifically increased or decreased as a result of the prevention program, thus no outcomes data is available at this time. Demographic data is summarized in table 32.

Table 32. FY 2023-2024 Demographics – Wolf Lessons for Human Lives

Count (n =459)			
▪ Primary Language		▪ Ethnicity	
Arabic	3	Hispanic or Latino as follows:	
English	350	Central American	42

Count (n =459)			
Spanish	67	Mexican/Mexican American/Chicano	179
Vietnamese	1	Other Hispanic/Latino	95
American Sign Language	5	Non-Hispanic or Non-Latino as follows:	
Declined to answer/Missing/Unknown	33	Chinese	2
▪ Sex Assigned at Birth		Eastern European	7
Male	171	European	7
Female	213	More than one	54
Prefer not to answer	75	Other	62
▪ Disability		Declined to answer/Missing/Unknown	11
No	258	▪ Race	
Yes	107	American Indian or Alaska Native	20
Mental domain	2	Asian	8
Physical/mobility domain	10	Black or African-American	149
Difficulty seeing	48	Native Hawaiian	3
Difficulty hearing	11	White	60
Decline to answer disability type	18	Other	93
Declined to answer/Missing/Unknown	94	More than one	113
* Participants can select more than one response option		Declined to answer/Missing/Unknown	13

▪ Youth-Community Ambassador Network (CAN-Youth)

The Los Angeles Trust for Children’s Health (The L.A. Trust) was contracted by California Mental Health Services Authority (CalMHSA) to support the Los Angeles County Department of Mental Health (LACDMH) by developing the Youth Community Ambassador Program. The aim was to co-create a Youth Peer Ambassador Program in partnership with students and LAUSD school mental health staff focused on prevention and navigation to care. The L.A. Trust provided oversight of the activities, training, staffing, and student stipend distribution, for the Community Ambassador Network-Youth (CAN Youth) program within the Los Angeles Unified School District (LAUSD). High school students within selected LAUSD school sites were recruited and vetted to serve on the Student Advisory Boards as trained Youth Community Ambassadors and serve as mental health access agents, navigators, and mobilizers within their school communities. Youth Community Ambassadors leveraged their peer relationships to support mental health, driving a collective self-help model to promote healing, recovery, and youth empowerment.

The CAN Youth Program focused on a peer-to-peer outreach approach both through social media and direct campaigning on ten LAUSD school campuses. The approach focused on overall student wellness with an emphasis on providing mental health awareness and education; reducing stigma; promoting open communication amongst peers; providing information about community, school-based resources, and Wellness Centers services that support mental health.

To evaluate the effectiveness of the prevention program, several outcome metrics were utilized. Pre- and post-program surveys, combined with the State Stigma Reduction Survey, with the support of UCLA evaluators, were administered to assess changes in students’ attitudes, behaviors, and perceptions related to mental health, peer relationships, and school engagement. Program attendance records were tracked to monitor changes in student engagement and participation over the course of the program. Additionally, qualitative feedback was collected through focus groups, interviews, and open-ended survey questions to gather in-depth insights into students’ experiences and perceptions of the program. This program ended at the end of the 2023-2024 fiscal year.

A total number of 40,221 individuals were served during this reporting period. The L.A. Trust continued the Youth Community Ambassador Network (Y-CAN) across ten school sites and some challenges were encountered during data collection. This year’s participation goal was 100 students; however, the program ended with a total of 83 students. The student turnover rate is attributed to schedule changes, increased student extracurricular activities and schoolwork load. Additionally, during the 2023-2024 program year, The L.A. Trust worked with UCLA to evaluate the Community Ambassador Network (CAN) in order to standardize the peer-to-peer supports that many other school districts are wanting to implement. The program trained student ambassadors through Summer Academy and the goal was to collect pre and post survey of 83 student participants. The training academies occurred during student summer holiday (e.g., August 2023) and encompassed a new orientation model. Due to this, students who were not present during the orientation academy were given pre-tests as they joined the program throughout the start of the academic year. Additionally, to further evaluate the program, UCLA developed a focus group that occurred over each semester. These focus groups detailed the positive impact of the program on both students and adult allies.

The CAN Youth Program focuses on a peer-to-peer outreach approach both through social media and direct campaigning on ten LAUSD school campuses. The students focus on overall student wellness with an emphasis on providing mental health awareness and education; reducing stigma; promoting open communication amongst peers; providing information about community, school-based resources, and Wellness Centers services that support mental health.

In FY 2023-24, 40,221 youth were served through CAN Youth. A survey was developed by the UCLA evaluators, however, the requirements for approval from LAUSD and parental consent delayed data collection such that surveys were only completed by 83 respondents. Some additional barriers in data collection included staff turnover and students dropping out of the program due to scheduling conflicts. Outcome data related to prevention was not shared with DMH and is therefore not available at this time. Demographic data is summarized in table 33.

Table 33. FY 2023-2024 Demographics – CAN Youth

Count (n = 83)			
▪ Primary Language		▪ Ethnicity	
English	57	Hispanic or Latino as follows:	
Spanish	12	Central American	9
Declined to answer/Missing/Unknown	14	Mexican/Mexican-American/Chicano	65
▪ Age		South American	2
15 and under	11	Non-Hispanic or Non-Latino as follows:	
16-25	71	African	6
Declined to answer/Missing/Unknown	1	Asian	1
▪ Sex Assigned at Birth		Declined to answer/Missing/Unknown	
Male	20	▪ Race	87
Female	62	American Indian/ Alaska Native	2
Prefer not to answer	1	Black or African-American	3
▪ Sexual Orientation		White	14
Heterosexual or Straight	48	Other	40
Gay/Lesbian	2	More than one race	7
Bisexual	4	Declined to answer/Missing/Unknown	21
Something else e.g. queer, asexual	6	▪ Disability	87
Undecided/Unknown	9	No	64
Declined to answer/Missing/Unknown	14	Yes	3

Count (n = 83)			
▪ Current Gender Identity*	84	A mental disability	3
Man	20	Decline	20
Woman	62	* Participants can select more than one response option	
Transgender man/Transmasculine	1		
Declined to answer/Missing/Unknown	1		

▪ Youth Development Network Program

The Los Angeles County Department of Youth Development launched the Youth Development Network/Region through a subcontracted network of community-based organizations (CBOs), within each respective geographic region. These youth-serving networks provide a full continuum of youth development services who provide, or can provide, coordinated, comprehensive, innovative, and culturally responsive resources and services. To right-size service provision, funding will support a range of diverse CBOs depending on need, population, and expertise, providing a coordinated network of care.

Based on strengths, goals and needs identified in youth’s pre-assessment, young people were referred to participating provider services that specialize in programming within the following three program categories: Youth Mentorship and Academic Support, Youth Intervention and Wellness Programs, Youth Development and Employment Opportunity Programs. The activities offered across these programs may include but are not limited to individual one-on-one case management; small group trainings; workshop series; reoccurring classes and/or youth-centered events. Programs range in service delivery type and include both in-person and virtual engagement.

The prevention priority populations of youth served across LA County were between the ages of 12 – 25 years old and included:

- Trauma-exposed individuals,
- Individuals at risk of experiencing onset of serious psychiatric illness,
- Individuals experiencing extreme stressors, and
- Underserved cultural populations
- Black, Latino, and Indigenous youth of all gender identities.
- Youth experiencing barriers to accessing local youth development services
- Youth who are involved with, or at risk of being involved with, the youth justice system, experiencing school attachment challenges, school attendance challenges, or at risk of dropping out of school.

The Program served a total of 264 individuals during this reporting period. Some barriers to the collection of data included difficulties experienced by providers in learning the data collection platform (e.g. single contact vs intake). In addition, the late start of program launch, led to questions about when/how data is expected to be submitted. Many providers were already actively serving their youth caseload prior to our program launch and had completed pre-existing intake and other related documentation from their internal process, which led to a lack of the BUPPS survey completion. Lastly, some of the providers that support youth in school classroom environments had limited time to successfully complete and collect data. The Department of Youth Development (DYD) planned to track basic longitudinal data through its intake and exit assessments. At the end of the 2023-2024 FY, that data collected was minimal, and its quality is still under review due to how recently Youth Development Network (YDN) contracts have been executed (<1 month). Once there is at least one full quarter of data and quality assurance activities, more robust outcomes are expected.

DYD’s targeted outcomes for each of the Youth Development Network regions is to see an average increase in overall protective factor scores at exit as compared to average scores at intake across all 5 protective factors.

1. Resilience/coping skills: “I feel hopeful about the future.”
2. Social competences/conflict resolution: “I know at least one thing I can do to deal with difficult thoughts.”
3. Social supports/connectedness: “I feel like part of a community.”
4. Concrete supports/access to care: “I know about resources that might be helpful for me or someone I care about.”
5. Confidence/sense of belonging: “I know if I keep working at something, I will get better at it.”

From the start of implementation, across all protective factors, youths’ scores increased from intake to exit, indicating improved protective factors as a result of the program. Demographic data is summarized in table x.

Table 34. FY 2023-2024 Demographics – Youth Development Program

Count (n = 264)			
▪ Primary Language		▪ Ethnicity	
Armenian	1	Hispanic or Latino as follows:	
English	101	Central American	3
Spanish	16	Mexican/Mexican American/Chicano	49
Vietnamese	1	Other Hispanic	4
Other	4	Non-Hispanic or Non-Latino as follows:	
Declined to answer/Missing/Unknown	141	African	44
▪ Current Gender Identity*		Japanese	1
Man	72	Vietnamese	1
Woman	49	More than one ethnicity	13
Transgender man/Transmasculine	1	Declined to answer/Missing/Unknown	149
Not sure what question means	142	▪ Race	
▪ Sexual Orientation*		American Indian or Alaska Native	1
Heterosexual or Straight	115	Asian	2
Gay or Lesbian	2	Black or African-American	54
Bisexual or Pansexual	4	White	4
Something else e.g. queer, asexual	1	More than one race	9
Undecided/ unknown at this time	2	Other	31
Declined to answer/Missing/Unknown	140	Declined to answer/Missing/Unknown	163
▪ Age		▪ Disability	
15 and under	98	No	97
Between 16 and 25	143	Yes	10
26-59	12	Mental domain	4
Declined to answer/Missing/Unknown	11	Physical/mobility domain	1
▪ Veteran Status		Another type of disability	5
Yes	1	Decline to disclose type of disability	10
No	122	Declined to answer/Missing/Unknown	157
Declined to answer/Missing/Unknown	141	▪ Sex Assigned at Birth	
		Male	75
		Female	49
		Prefer not to answer	140
* Participants can select more than one response option			

FY 2025-26 ■ PREVENTION PROGRAMS

The following prevention programming will continue for Fiscal Year 2025-26:

Program	Target Population
<p>Community Resource Specialists Program To help build trauma-informed communities and resilient families through Community Resource Specialists (CRSs) who work in-home with families to ensure that food, medical or housing crises don't destabilize families.</p>	<p>Transition Age Youth within Deaf, BIPOC, Disabled, LGBTQIA2S and Asian Pacific Islander communities</p>
<p>Consumer Empowerment Network Educate LACDMH consumers on the history of MHSA, the role of LACDMH consumers and consumers from through the state, components and required processes, county, and state stakeholder events and opportunities to make public comments, recommendations, and legislative process.</p>	<p>LACDMH Consumers</p>
<p>Cultural Reflections Newsletter Provide opportunities for peer produced mental health related content to be developed and shared throughout the County.</p>	<p>LACDMH Consumers</p>
<p>Family Preservation/Solicitation</p>	<p>Specialized Foster Care population, children and families</p>
<p>FosterALL WPW ReParenting Program FosterAll's WisdomPath Way Program addresses both the adults and children in foster care and provides positive outcomes to prevent additional trauma, stress and mental illness for both adults and children</p>	<p>Adults and Children Involved with Foster Care System</p>
<p>Hope & Healing: Mental Health Wellness Support to Victim Families & Relatives Bring Faith and Mental Wellness together to normalize the conversation and consciousness of families to seek mental health services and eliminate common stigmas preventing many traumatized persons from getting the help they need.</p>	<p>African American families who have suffered loss due to violence</p>
<p>K-Mental Health Awareness & K-Hotline Seeks to normalize mental illness and treatment in the Korean community so individuals will seek therapy and services without shame or hesitation.</p>	<p>All Age Groups - Korean</p>
<p>Laugh Therapy & Gratitude (Spanish) Enlighten the public on therapeutic alternatives that don't necessarily require the use of drugs to improve one's state of mind and the importance of embracing emotions rather than masking them.</p>	<p>All age groups (multigenerational) - Latino</p>
<p>New Parent Engagement-Welcome to the Library and the World Public Libraries and DHS Women's Health will offer a Welcome to the Library and the World kit which will include information on the library Smart Start Early Literacy programs and services. The program will be offered at 45 locations twice a year, and through a virtual program every quarter.</p>	<p>New Parents and Caregivers</p>
<p>Neurofeedback This project will support children and youth by providing Neurofeedback Therapy to treat various conditions including anxiety, depression, pain, and trauma. Neurofeedback is a short-term treatment (20 sessions), complementary and alternative medicine (CAM), that uses electronic devices to help people with self-regulation and self-control. The Los Angeles County Department of Mental Health (LACDMH) offers appointed DO's and practitioners to deliver neurofeedback treatment to the client while monitoring progress and providing feedback.</p>	<p>Children and TAY (DO Clinicians will be trained)</p>
<p>Older Latino Adults & Caregivers (Spanish) Create opportunities for elderly Latino immigrants to prosper and grow independent by teaching them not fear technology but rather, use it as a helpful tool to stay connected to loved ones, learn new things, find entertainment, and use it as a tool for self improvement.</p>	<p>Older Adults - Latino</p>
<p>Open Arms Community Health & Service Center Provide quality health care, mental health support, housing, case management, employment referrals and supportive services such as food, clothing, hygiene kits, transportation anger management, substance use, sex trafficking, and parenting classes.</p>	<p>All Age Groups</p>
<p>PIER Program Expansion- First Episode Psychosis Program DMH has 5 PIER program sites that are almost at capacity. The request is to expand the number of sites and areas of availability of the program. PIER is a Coordinated Specialty Care program for adolescents and young adults, ages 12-25 who are either at Clinical High Risk for</p>	<p>Adolescents and young adults, ages 12-25</p>

Program	Target Population
<p>psychosis or have had their first psychotic episode. Currently, referrals from ELAC STAND (UCLA) , NAMI Urban LA, schools and various outpatient programs are exceeding the capacity of the current service level.</p>	
<p>School Readiness An early literacy program designed for toddlers and preschoolers to help empower parents and guardians in supporting the education needs of their children. While enjoying books, songs, rhymes and fun, kids build early literacy skills, basic math skills, and social skills, and other essential school readiness competencies.</p>	<p>2 to 4 Year Olds (Toddlers to Preschoolers)</p>
<p>Search to Involve Pilipino Americans (SIPA) Provide strength based, youth-centered mental health support services to youth and underserved individuals in SPA 4, with a focus on Historic Filipinotown and adjacent areas</p>	<p>Youth</p>
<p>Steven A. Cohen Military Family Clinic at VVSD, Los Angeles The Cohen Clinic offers personalized, evidence-based mental health care along with outreach and timely access to comprehensive case management support and referrals to address early intervention and suicide prevention, unemployment, finances, housing, and legal issues.</p>	<p>Veterans and Their Families</p>
<p>TransPower Project Increase access and remove treatment barriers such as lack of resources, transportation needs and privacy concerns by offering specialized affirmative mental health services at no cost.</p>	<p>Youth Trans* Population</p>
<p>We Rise Parks at Sunset We Rise a prevention program which creates access to self-care programming in 58 LA County parks and is offered during mental health awareness month. It provides repeated opportunities to access resources and information on mental health support including free mental well-being workshops.</p>	<p>24 years old and below - Families</p>
<p>Youth Development Regions This program will support youth by providing and/or referring to a range of youth development services based on an assessment of individual strengths, interests, and needs. The target population is youth 18-25 and is projected to serve approximately 6,500 youths annually. Services are provided through contracted CBOs and referral and linkage and will include school engagement, conflict resolution training, mentoring/peer support, educational support, employment/career services, arts/creative expression and social/emotional wellbeing resources.</p>	<p>Transition Age Youth 18-25</p>