



Community Health Equity Improvement Plan for Los Angeles County, 2024-2029

Year 1 Progress Report (August 2024 - May 2025)

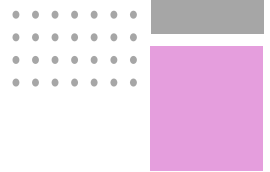
Introduction

We are pleased to share this Year 1 Progress Report for the [Community Health Equity Improvement Plan \(CHEIP\)](#) for Los Angeles County, which highlights accomplishments and progress during the first year of implementation.

The CHEIP is a shared, community-driven plan geared towards achieving improved health and health equity by addressing the root causes of health disparities that persists in many of our communities, especially for those who are most vulnerable. Launched in August 2024, the CHEIP has four focus areas that were identified through in-depth data analysis, meaningful community engagement, and alignment with our department's mission:

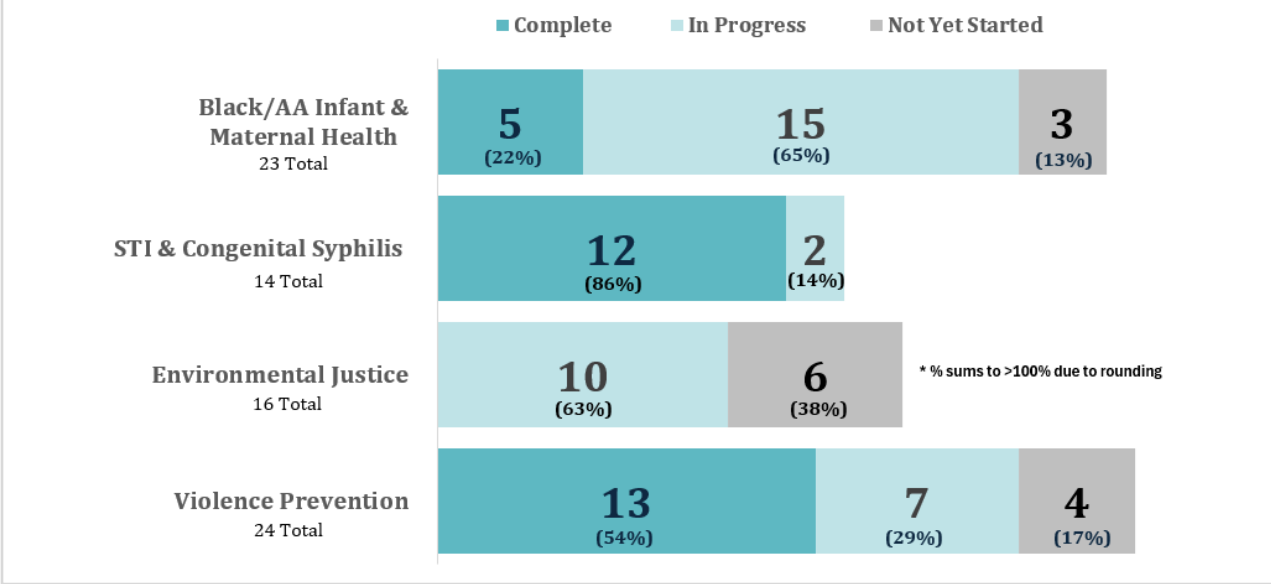
- 1) **Black /African American (AA) Infant & Maternal Health,**
- 2) **Sexually Transmitted Infections (STIs) & Congenital Syphilis,**
- 3) **Environmental Justice, and**
- 4) **Violence Prevention.**

These focus areas reflect persistent and preventable health disparities shaped by systemic or structural inequities. By working together with community members and partner organizations, we aim to create lasting change to close the gaps in health disparities and improve health outcomes for all.



Across the four focus areas, the CHEIP includes **26 strategies** and **77 supporting activities** to be completed within the plan’s five-year span. In this first year of implementation, the Los Angeles County Department of Public Health (Public Health), in collaboration with key partners, **completed 30 of those 77 activities (39%)** (see Figure 1).

Figure 1. Focus Area Activities by Stage of Implementation as of May 30, 2025



These activities help advance shared goals, strengthen partnerships, and uplift community voices in the pursuit of fairer and equitable health outcomes.

Advancing Health Equity with the CHEIP

To ensure that collaborative efforts between Public Health and partners continue to advance health equity, the development of the CHEIP was guided by the [County of Los Angeles Department of Public Health Equity Framework](#). Additionally, strategies in the CHEIP are organized by the framework’s Core Efforts (These were previously called Priorities and the language for some was expanded to provide more clarity):

- 1) Gather and share **Useful and Inclusive Health Equity Data** to identify health gaps and direct resources where needed to improve health and well-being,
- 2) Support **Policy and Systems Change** to advance the conditions needed to ensure that everyone has a fair and just opportunity to achieve their optimal health and well-being,
- 3) Build and maintain **Partnerships** that truly share power and respect community autonomy, and
- 4) Strengthen **Organizational Readiness and Capacity** to adopt a just culture and work towards achieving health equity.

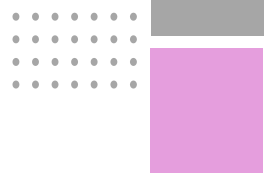


Table 1 shows the number of activities by Core Efforts, focus areas, and status of implementation. The intent of the Core Efforts is to help Public Health structure its work to strengthen efforts and tackle the root causes of inequities. As seen in Table 1, work is actively in progress or has been completed across all Core Efforts. This ensures that the impact toward meeting the desired results can be maximized across all focus areas.

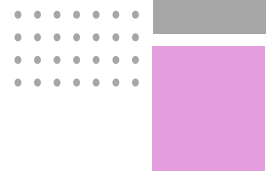
Table 1. Health Equity Core Effort Activities by Focus Areas and Stage of Implementation as of May 30, 2025

Black/AA Infant & Maternal Health	Complete	In Progress	Not Yet Started	Total
Useful & Inclusive Data	1	1	2	4
Policy & Systems Change	4	4	0	8
Building Partnerships	0	3	1	4
Organizational Readiness	0	7	0	7
Total Activities	5	15	3	23
Percent	22%	65%	13%	100%

Sexually Transmitted Infection & Congenital Syphilis	Complete	In Progress	Not Yet Started	Total
Useful & Inclusive Data	4	0	0	4
Policy & Systems Change	4	1	0	5
Building Partnerships	2	0	0	2
Organizational Readiness	2	1	0	3
Total Activities	12	2	0	14
Percent	86%	14%	0%	100%

Environmental Justice	Complete	In Progress	Not Yet Started	Total
Useful & Inclusive Data	0	5	0	5
Policy & Systems Change	0	2	0	2
Building Partnerships	0	3	4	7
Organizational Readiness	0	0	2	2
Total Activities	0	10	6	16
Percent	0%	63%	38%	100%

Violence Prevention	Complete	In Progress	Not Yet Started	Total
Useful & Inclusive Data	2	0	0	2
Policy & Systems Change	2	0	1	3
Building Partnerships	5	5	1	11
Organizational Readiness	4	2	2	8
Total Activities	13	7	4	24
Percent	54%	29%	17%	100%



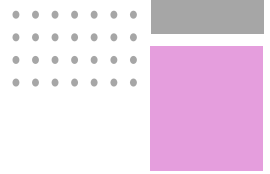
What's Included in This Report

In the sections that follow, this report provides a summary for each CHEIP focus area, which includes progress made on activities and key accomplishments and highlights during this reporting period. Additional sections include Additional Areas of Interest, Challenges and Next Steps, and an Appendix with full CHEIP updates.

Looking Ahead: Progress and Challenges

Since the time the CHEIP was first launched, the broader public health landscape has shifted significantly. While activities slated to be completed in Year 1 or in future years were completed or are in progress, emerging financial challenges, primarily due to looming public health budget cuts, pose serious concerns about sustaining momentum.

However, the goals of the CHEIP remain urgent and relevant. Without restored or alternative funding, our ability to impact and deepen community benefit is at risk. As we enter another year of implementation, we do so with a resolute commitment to our collective mission. At the same time, we recognize the challenges ahead, particularly changes in the public health infrastructure and the urgent need for more partners and increased support at the local, state, and federal levels to maintain progress.



FOCUS AREA:

Black/African American Infant and Maternal Health

Results Statement:

All Black/African American babies and mothers/birthing people in Los Angeles County enjoy healthy and joyous births and thrive well beyond baby's first birthday.

Measurable Goal:

In five years, reduce the gap in Infant Mortality Rates (IMR) between White (3.3 per 1000 births) and Black/African American (6.9 per 1000 births) babies by 50%.*

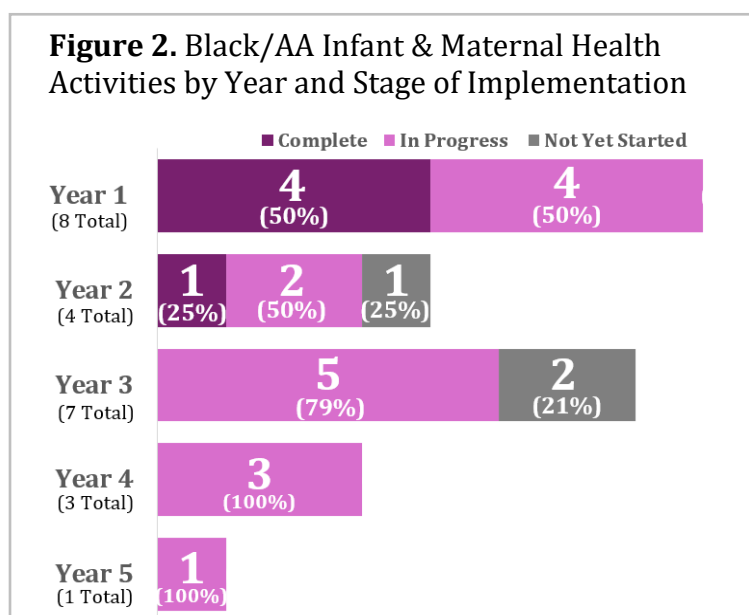
*Data from 2021 (see full report)

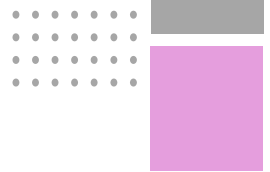
Infant mortality, defined as the death of an infant before their first birthday, is an important indicator for the health and well-being of any population. Due to historical and structural racism and discrimination, disparities in infant mortality persist with higher rates among Black/African Americans (AA) than other racial/ethnic groups.

Working with community partners, the CHEIP outlines **six strategies and 23 supporting activities** to be completed across the duration of the five-year plan to turn the curve towards achieving the desired results and goals. During this first year, **5 of 23 (22%) activities were completed.**

Because the CHEIP spans a period of five years, activities within the plan may be completed within different years. Figure 2 shows the number of activities anticipated to be completed within each year of the CHEIP and its current implementation status.

Within the first year of implementation, half of the Year 1 activities were completed as anticipated, with the remaining activities currently in progress. Public Health and partners also initiated many other activities and completed at least one additional activity ahead of its anticipated completion date.





Through these efforts in Year 1, Public Health and partners achieved several significant accomplishments. Highlights include

410

participants enrolled in the Abundant Birth Project (ABP) Guaranteed Income program through collaborative outreach efforts

10+

contracts established with community-based organizations to promote ABP Guaranteed Income program and reach diverse populations

2

contracts established with the two largest Medi-Cal managed care plans in LA County, making AAIMM Doula Program services reimbursable for clients

For updates on individual strategies and activities, refer to the [Appendix](#).

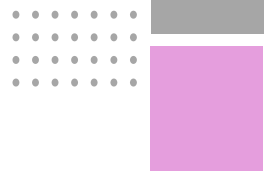
Focus Area Spotlight



The [Abundant Birth Project \(ABP\) Guaranteed Income program](#) supports 410 participants, exceeding initial estimates. This success is largely thanks to the collaborative outreach efforts of community members, Village Fund grantees, healthcare providers, partner organizations, and their extended networks.

Additionally, 289 participants have received one-on-one abundance coaching for personalized support and guidance. The program continues to focus on expanding awareness and delivering services to all 410 participants.

Through workshops, trainings, info sessions, and engaging online content, ABP empowers family access to resources and knowledge, supporting healthier, more joyful birth experiences.



FOCUS AREA:

Sexually Transmitted Infections and Congenital Syphilis

Results Statement:

Everyone in Los Angeles County, including future generations, is protected from sexually transmitted infections and congenital syphilis.

Measurable Goal:

The rate of primary and secondary syphilis will decrease among African American (610 per 100,000) and Latinx (353 per 100,000) men who have sex with men (MSM) by 20% in five years.*

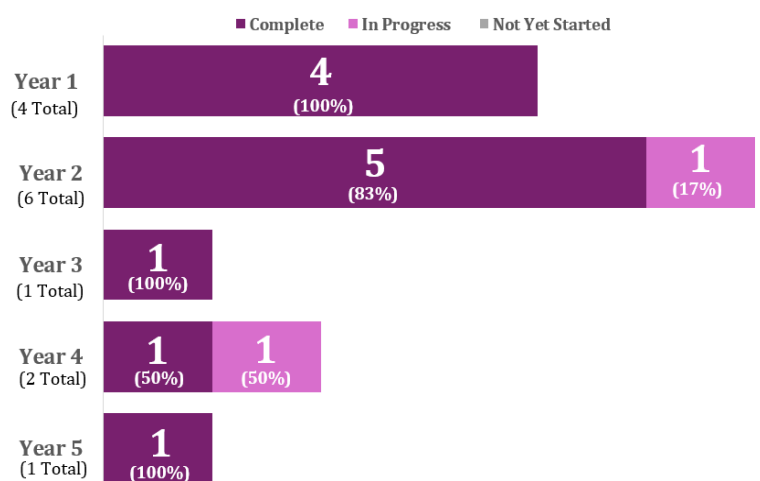
*Data from 2022 (see full report)

Over the past decade, Los Angeles (LA) County has witnessed a significant surge in rates of sexually transmitted infections (STIs), which disproportionately impact low-income groups, communities of color, and gay, bisexual, and transgender communities. Additionally, cases of congenital syphilis, which occurs when a pregnant person with untreated syphilis passes the infection to their baby during pregnancy, are increasingly reported among the most vulnerable groups in LA County. Efforts to control and prevent the spread of STIs are crucial in safeguarding the health and well-being of these highly impacted communities.

Working with community partners, the CHEIP outlines **five strategies and 14 supporting activities** to be completed across the duration of the five-year plan to turn the curve towards achieving the desired results and goals. During this first year, **12 of 14 (86%) activities were completed.**

Because the CHEIP spans a period of five years, activities within the plan were anticipated to be completed within different years. Figure 3 shows the number of activities to be completed within each year of the CHEIP and its current implementation status.

Figure 3. STI & Congenital Syphilis Prevention Activities by Year and Stage of Implementation



Within the first year of implementation, Public Health and partners were able to complete almost all activities from across the five years; two activities are currently in progress. In



the upcoming years, Public Health and partners will continue to conduct these ongoing activities.

Through these efforts in Year 1, Public Health and partners achieved several significant accomplishments. Highlights include

11 birthing hospitals received training on new syphilis screening guidelines

3 campaigns launched focusing on STI prevention education

138 consumers & 57 healthcare providers gathered to share ideas on improving STI prevention policies and programs

For updates on individual strategies and activities, refer to the [Appendix](#).

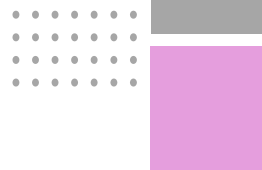
Focus Area Spotlight



As noted in the full report, higher infections among men, including MSM, can lead to increased syphilis rates among women and people with reproductive potential through sexual contact, increasing the risk of congenital syphilis. Congenital syphilis represents one of the most severe outcomes of the STI epidemic and indicates gaps in screening and treatment. Strengthening the systems that prevent congenital syphilis also supports broader syphilis control efforts that benefit MSM and other impacted groups.

In response County Public Health staff are working to improve syphilis screening among prenatal care providers. To support compliance with California law and LA County guidelines—which recommend multiple syphilis screenings during pregnancy—trainings have been held at 11 birthing hospitals to build awareness and promote best practices. While there is no statewide system to monitor adherence to these guidelines,

LA County is taking proactive steps by reviewing provider compliance on a case-by-case basis and offering direct support to improve prenatal syphilis screening in provider practices.



FOCUS AREA:

Environmental Justice

Results Statement:

Those living in the most highly pollution-burdened communities in Los Angeles County enjoy healthy lives safe from toxic exposures and the negative effects of climate change.

Measurable Goal:

In five years, find and fix the sources of lead exposure for at least 25% of children (126 out of 503) with a blood lead level of 3.5 µg/dL or higher who live in the most polluted communities of Los Angeles County. *

*Data from 2022 (see full report)

LA County is home to some of the most environmentally challenged areas, affected by exposure to multiple sources of pollution, harmful toxins, and other conditions that disproportionately threaten the health of our most vulnerable communities.

In response, Public Health and partners outlined **seven strategies and 16 supporting activities** within the five-year CHEIP to turn the curve towards reaching the desired results and goals. However, it's important to note that during the CHEIP's development, the Office of Environmental Justice and Climate Health (OEJCH) was also working to finalize its own strategic plan with community partners. Thus, the CHEIP's activities and target completion dates were developed to support the upcoming OEJCH Strategic Plan where possible while remaining flexible to future revisions of the CHEIP to strengthen its alignment with the OEJCH Strategic Plan.

Figure 4 shows the number of activities to be completed within each year of the CHEIP and its current implementation status. During this first year, no activities were anticipated to be completed. However, significant progress has been made with activities due at the end of Year 2.

Figure 4. Environmental Justice Activities by Year and Stage of Implementation





Through these efforts in Year 1, Public Health and partners made significant strides in several activities. Highlights include

14

Community Public Health Team communities have been mapped for environmental, climate, and health indicators

5-year

Strategic Plan focused on environmental justice and climate health was developed with community input

1100+

homes were made safer by removing lead paint hazards through the Lead Free Homes LA Program

For updates on individual strategies and activities, refer to the [Appendix](#).

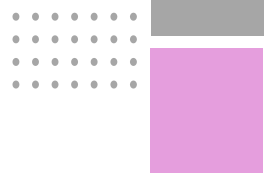
[Please note OEJCH is working to implement their recently published strategic plan and will be adding an additional measurable goal and indicator\(s\).](#)

Focus Area Spotlight



As a result of a multifaceted outreach and enrollment approach 3,348 applications were submitted through June 2025, of which 1,949 households were eligible and enrolled in the Lead-Free Homes LA Program. Efforts included direct mailings, phone banking, door-knocking, community events, distribution of materials through established networks of local stakeholders and organizations serving the target population, and the overlay of a marketing campaign.

Unfortunately, recent immigration raids and deportation activities has caused many families to be hesitant to engage with government programs, even when eligible. The program team is working with trusted partners to build confidence, ensure confidentiality, and reassure families that participation is safe.



FOCUS AREA:

Violence Prevention

Results Statement:

All families and communities in Los Angeles County live free of violence and thrive in a culture of peace.

Measurable Goal:

1. Reduce the gap in homicide rates between African Americans (33.4 per 100,000) and the Los Angeles County (8.1 per 100,000) average by 20% in five years.*
2. Reduce the estimated number of adult women and gender diverse/expansive people (a combined estimate of 448,000 individuals) who report ever experiencing physical violence by an intimate partner by 10% in five years.*

*Data from 2021 and 2023 (see full report)

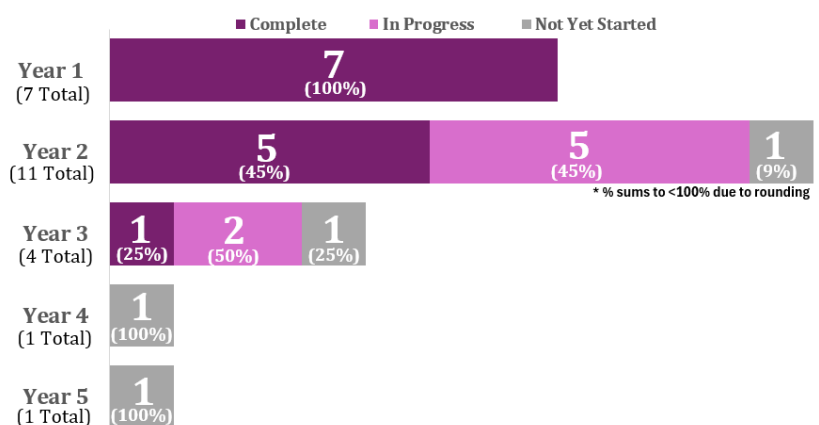
Violence is a public health issue that affects everyone, whether it is directly experienced, witnessed, or shared via news. While suicide and homicide have been leading causes of premature death in prior years, these indicators do not provide a complete picture. For every person who dies from intimate partner violence, sexual violence, suicide, child abuse, elder abuse, gang violence, gun violence, hate violence, there are many more individuals who suffer from non-fatal injuries that require medical treatment and/or long-term physical or mental care, and even more incidents of violence or threats of violence that go unreported and uncounted.

Working with community partners, the CHEIP outlines **eight strategies and 24 supporting activities** to be completed across the duration of the five-year plan to turn the curve towards achieving the desired results and goals.

During this first year, **13 of 24 (54%) violence prevention activities were completed.**

Because the CHEIP spans a period of five years, activities within the plan may be completed within different years. Figure 5 shows the number of activities to be completed within each year of the CHEIP and its current implementation status.

Figure 5. Violence Prevention Activities by Year and Stage of Implementation





While Public Health and partners completed some of the activities as anticipated, some activities were also completed ahead of schedule.

Through these efforts in Year 1, Public Health and partners achieved several significant accomplishments. Highlights include:

1 The Sexual Assault Council was launched in Year 1, ahead of schedule!

18,975 firearm safety locks and materials were distributed

12 grants totaling \$2M were awarded to community-based organizations focused on preventing gender-based violence

For updates on individual strategies and activities, refer to the [Appendix](#).

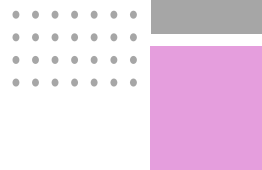
Focus Area Spotlight



In 2024, the [Gun Safety](#) and [Gun Violence Restraining Order](#) webpages launched, providing community members and organizations with resources, data and policy information.

The Office of Violence Prevention (OVP) also partnered with county hospitals, county libraries, healthcare systems, community-based organizations (CBOs), and participated in community events to distribute firearm safety locks and educational materials.

Additionally, \$8.35M has been invested in CBOs, including a \$2M federal grant for community violence intervention and healing through the Trauma Prevention Initiative and other funding for School Safety Transformation grants (from Probation Juvenile Justice Coordinating Committee), Capacity Building Training and Technical Assistance for grassroots organizations, and to continue Youth Suicide Prevention support groups and trainings.



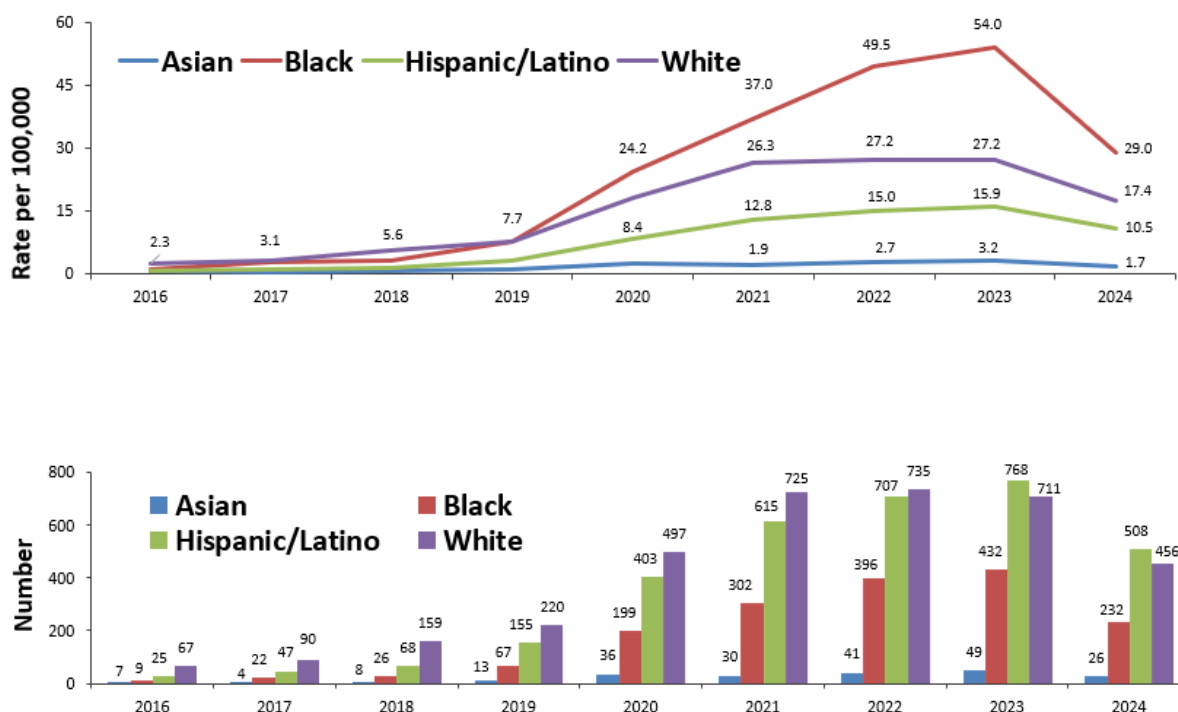
Additional Areas of Interest

As implementation of the CHEIP progressed, additional issues, such as substance use, were identified for potential inclusion in future CHEIP revisions.

Substance Use and Overdose Prevention

An overdose occurs when a toxic amount of a drug or a mix of substances, taken intentionally or accidentally, overwhelms the body. An opioid overdose occurs when opioids, or opioids combined with other substances, cause a person to become unresponsive. In 2024, LA County experienced a 22% decline in overall drug-related overdose and poisoning deaths compared to the prior year, including a 37% reduction in fentanyl-related deaths and a 20% reduction in methamphetamine-related deaths. However, preventable disparities still exist. Black residents are disproportionately represented in overdose and poisoning death rates, whereas Latinx and White residents account for the highest numbers of fatalities (Figure 6) by race/ethnicity. Additionally, in 2024, fentanyl overdose deaths occurred most often among adults between ages 40 - 64, followed by adults between ages 26 - 39 (Figure 7).

Figure 6: Fentanyl-Related Overdose Deaths by Race/Ethnicity



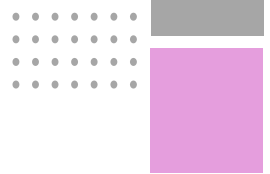
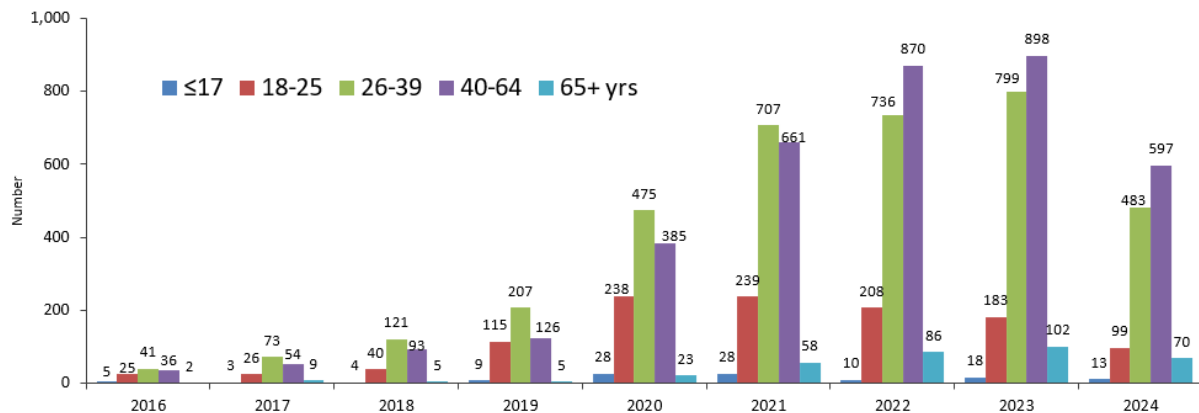


Figure 7: Fentanyl-Related Overdose Deaths by Age Group

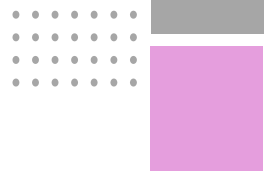


Though drug-related overdose deaths and poisonings show a significant drop, it underscores the need for increased investments in overdose prevention, harm reduction, treatment, and recovery to continue in this trajectory.

Public Health’s Substance Abuse Prevention and Control Bureau and partners are working together to close the gap between LA County residents who need drug-related treatment and those who actually receive it by making it more accessible. Opportunities include

- Supporting the [Reaching the 95% \(R95\) Initiative](#). While substance use disorder (SUD) Treatment has been proven to save lives, only approximately 5% of people with SUDs access treatment services; 95% of people with SUDs who don’t access services either don’t want or believe that they need help.
- Providing services in more field-based community locations.
- Streamlining the admissions process for contracted provider agencies to reduce barriers to care.
- Expanding substance use prevention and harm reduction programs to increase reach and connect with people before they might have otherwise engaged in treatment.
- Expanding to new treatment sites.
- Increasing additional harm reduction syringe service programs.
- Increasing additional contingency management programs for people with stimulant use disorder.
- Expanding the availability of addiction medications in all care settings.
- Enhancing access to peer support programs.
- Expanding partnerships with drop-in health hubs in communities with high service needs.

Data Source: *Fentanyl Overdoses in Los Angeles County. Health Outcomes and Data Analytics Division, Substance Abuse Prevention and Control Bureau, Los Angeles County Department of Public Health, June 2025.*



Challenges and Next Steps

Challenges

Public Health and partners remain steadfast in their commitment to advance the conditions that support optimal health and well-being for all County residents. However, shifting federal priorities and increasing attacks on public health systems and vulnerable populations create greater challenges for the communities we serve, while also limiting the resources available to support them.

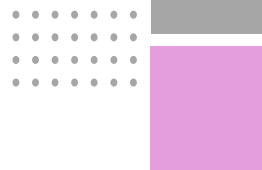
On a national level, deep budget cuts will impact key federal departments and disrupt funding streams that support the county's public health infrastructure. Looking ahead, these changes will further strain the public health workforce, limit investments in community programs, and reduce services that support community health and well-being.

In LA County, Public Health programs working on the CHEIP focus areas have indicated concerns about the uncertainty of stable funding and the ability to sustain current levels of activity in future years. Additionally, community outreach efforts have been difficult due to fears around potential deportation, with many families hesitant to engage with government programs, even when eligible.

Next Steps

Public Health and partners will continue to evaluate its efforts and adjust the CHEIP's strategies and activities to ensure we remain responsive to the challenges ahead. Now more than ever, collaborative partnerships are essential to advancing prevention, wellness, and the County's community health and equity priorities. During this first year of implementation, Public Health and local managed care plans (MCPs) formed new partnerships to support the CHEIP through the California Advancing and Innovating Medi-Cal (CalAIM) Initiative. Together, this collaborative will align its goals to support the CHEIP's efforts, which include a focus on reducing Black/African American infant and maternal mortality.

However, continued progress will require even broader collaboration. Each CHEIP focus area includes a clear result statement and measurable goals to guide our actions and progress. Achieving these goals will take a sustained, collective effort. We invite partners from all sectors, government agencies, healthcare providers, community-based organizations, philanthropy, education, business, and more, to join us in this work. Together, we can help advance health equity, improve health outcomes, and build a healthier future for all County residents.



Appendix 1: Progress Report

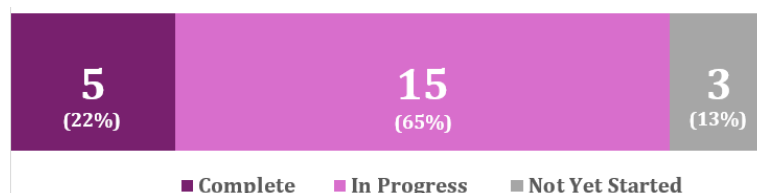
Focus Area: Black/AA Infant and Maternal Health

Results Statement: All Black/African American babies and mothers/birthing people in Los Angeles County enjoy healthy and joyous births and thrive well beyond baby's first birthday.

Measurable Goal: In five years, reduce the gap by 50% in Infant Mortality Rates (IMR) between White and Black/African American babies by reducing the Black/African American IMR.

Figure 1: Black/ AA Infant & Maternal Health Activities by Stage of Implementation

Black/AA Infant
and Maternal
Health
(23 Total)

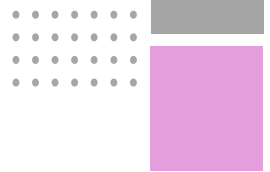


Strategy 1: By June 2025, launch and maintain a publicly accessible data dashboard of maternal and infant mortality and associated data disaggregated by race and ethnicity.

STATUS	ACTIVITY
Completed	1.1: By October 2024, develop a protocol for dashboard data collection and management.
In Progress	1.2: By May 2025, distribute survey to 10 AAImm external community partners to assess dashboard utility, accessibility, and inclusiveness.
Not Yet Started	1.3: By May 2026, Public Health implements recommendations for dashboard improvement from AAImm community partners.
Not Yet Started	1.4: By December 2026, present data dashboard at five (5) community events after implementation.

Progress to date:

- Data collection and management:* The dashboard is set to launch in 2025-2026 and will be located on the updated African American Infant and Maternal Mortality (AAImm) [website](#). The protocol and template of the dashboard have been developed and are based on what was used for the AAImm [data deck](#). Maternal Child and



Adolescent Health (MCAH) epidemiologists are preparing data updates and working with the Public Health Chief Science Office to determine additional data points.

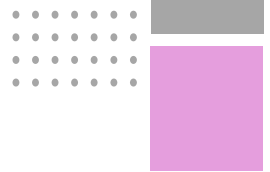
- *Community input:* A draft of the data dashboard was shared with Charles Drew University's Black Maternal Health Center of Excellence and Young Communications Group (the AAIMM lead communications agency). Due to initial staff challenges, progress was delayed. However, this challenge has been resolved and staff will continue to garner input to assess the dashboard's utility, accessibility, and inclusiveness.

Strategy 2: By June 2026, evaluate the implementation of an economic stabilizing initiative, such as the Guaranteed Income program, that serves a minimum of 400 pregnant persons impacted by perinatal health disparities.

STATUS	ACTIVITY
Completed	2.1: By January 2025, AAIMM Community Action Teams and Public Health conduct targeted outreach to promote the Abundant Birth Project (ABP) Guaranteed Income program among community members, Village Fund grantees, providers, partnering organizations and their networks that service Black/African American pregnant/parenting women/birthing persons, fathers, partners, and infants.
Completed	2.2: By January 2025, Public Health collaborates with AAIMM Village Fund grantees to conduct targeted outreach to priority populations/ communities and geographies and provide technical assistance with application completion for potentially eligible ABP participants.
In Progress	2.3: By January 2025 and ongoing (September 2026), Public Health offers 1-1 coaching sessions and online and in-person meetings to program participants to increase access to education, information, services, and resources needed to improve health/wellness for Black/African American moms, infants, and family units.
In Progress	2.4: By January 2026, participate in the statewide evaluation of ABP with four California counties to review the efficacy and outcomes of ABP for program participants, project improvements, and sustainability.
In Progress	2.5: By June 2026, seek additional funding for the ongoing implementation and sustainability of the ABP beyond the pilot term to ensure vital support to expectant mothers and families, particularly those at the highest risk of disparate pregnancy/birthing outcomes.

Progress to date:

- *Program Enrollment:* The [Abundant Birth Project \(ABP\) Guaranteed Income program](#) application period closed in April 2025 and currently supports 410 participants. The ability to surpass initial estimates is due in large part to the collaborative outreach efforts conducted by community members, Village Fund grantees, providers, partnering organizations, and their networks.



- *Collaborative partnerships:* 10 community-based organizations received contracts, including four AAIMM [Village Fund](#) grantees, to promote ABP through community events, social media, and technical assistance. These partnerships have been integral to reaching diverse populations and ensuring that the ABP message resonates across different communities throughout LA County.
- *Coaching Sessions:* As of October 2025, 271 participants are receiving individual abundance coaching services. 55 participants have graduated from the program. We now have 355 participants remaining in the program. The current focus is on building program awareness and service delivery for all participants of the program. Through in-person/virtual coaching sessions, workshops, trainings, educational/information sessions, and engaging online content, the aim is to empower families with valuable resources and knowledge, ultimately contributing to healthier and more joyful birth experiences.

Strategy 3: By June 2027, expand the AAIMM Doula Program into at least three health-related systems to improve access to culturally affirming and supportive maternal care.

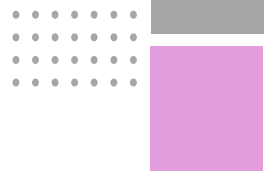
STATUS	ACTIVITY
Completed	3.1: By March 2025, seek contracts between the AAIMM Doula Program and health plans to receive Medi-Cal reimbursement for doula services.
Completed	3.2: By December 2025, promote program services with physicians, health plans, and community partners.
In Progress	3.3: By December 2026, advocate for doulas as an evidence-informed home visiting model for funding.

Progress to date:

- *Managed Care Plans:* MCAH secured contracts with the two largest Managed Care Plans covering LA County and negotiated contracts with three additional plans to receive Medi-Cal reimbursement for doula services.

Strategy 4: By June 2027, fund at least 10 community organizations to provide stress-reducing services and support for Black/African American pregnant and parenting families through the AAIMM Village Fund.

STATUS	ACTIVITY
In Progress	4.1: By December 2024 and semi-annually thereafter, select AAIMM Village Fund grantees through a collaborative decision-making process.
In Progress	4.2: By June 2025 and quarterly thereafter, provide capacity building trainings for grantees via the Village Fund learning collaborative.
In Progress	4.3: By December 2025, promote the AAIMM Village Fund to expand pool of potential grantees and pool of funders.
Not Yet Started	4.4: By June 2026, determine metrics for Village Fund grantee services to include on AAIMM data dashboard.



Progress to date:

- *Selection Phase:* Grantees for the Village Fund are currently being selected through a collaborative decision-making process. The LA Partnership for Early Childhood Investment convenes an AAIMM Village Fund selection committee, made up of AAIMM Steering Committee and Community Action Team members, which reviews Village Fund submissions each time the application opens.
- *Capacity building:* MCAH has contracted with LA Early Partnership and a consultant to move activities forward.

Strategy 5: By December 2025, strengthen the ability of Community Action Teams to identify local needs and develop and implement at least one strategy to in response to local needs assessment implemented to address disproportionality in Black/African American infant and maternal mortality.

STATUS	ACTIVITY
In Progress	5.1: By December 2025, conduct a community landscape assessment including membership gaps and zip codes where Black/African American women/birthing people give birth in LA County.
In Progress	5.2: By December 2026, conduct up to 24 signature activities and campaigns with the AAIMM CAT and/or partner organizations to uplift Black/African American birth equity.
In Progress	5.3: By June 2027, provide 20 capacity building trainings to the AAIMM CAT members, community partners and interested individuals.
In Progress	5.4: By December 2028, conduct 100 community events/activations in response to landscape analysis findings and elevate community voices.

Progress to date:

- *Signature Events and Activities:* MCAH launched the annual AAIMM “Grow Your Village” inclusive campaign to expand awareness, programs, and services to support pregnant/parenting AA women/birthing persons and families. Additionally, numerous capacity-building trainings have been offered to community partners, stakeholders, moms/birthing persons, dads, partners and those interested in receiving additional education, awareness, resources and services.

Strategy 6: By June 2026, finalize a three-to-five-year strategic plan through shared decision-making in the AAIMM Steering Committee.

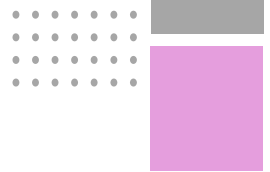
STATUS	ACTIVITY
In Progress	6.1: By December 2026, provide programmatic updates to the AAIMM Steering Committee on the existing strategic plan to identify ongoing gaps in services.



In Progress	6.2: By June 2027, prepare a list of priorities and garner feedback from AAIMM Community Action Teams to select priorities for the three-to-five-year plan.
In Progress	6.3: By December 2027, finalize the three-to-five-year AAIMM Strategic Plan.

Progress to date:

- There was a shift in 2024 to begin the process to develop an RFP for a Community Strengthening Partner to bring on board.



Focus Area: Sexually Transmitted Infections and Congenital Syphilis

Results Statement: Everyone in Los Angeles County, including future generations, is protected from sexually transmitted infections and congenital syphilis.

Measurable Goal: The rate of primary and secondary syphilis will decrease among African American and Latinx men who have sex with men (MSM) by 20% in five years.

Figure 2: STI & Congenital Syphilis Prevention Activities by Stage of Implementation

STI & Congenital
Syphilis Prevention
(14 Total)

12
(86%)

2
(14%)

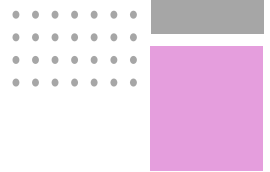
■ Complete ■ In Progress ■ Not Yet Started

Strategy 1: By December 2024 and ongoing, regularly disseminate up-to-date, user-friendly HIV and STI data, ensuring accessibility and interactivity to empower and inform the community.

STATUS	ACTIVITY
Completed	1.1: By December 2024, update user-friendly, accessible data reports to meet the diverse needs of stakeholders.
Completed	1.2: By December 2025, engage community members and establish user feedback mechanisms for continuous data improvement.
Completed	1.3: By December 2025, integrate relevant health equity indicators, demographics, and geographic information into HIV and STI data reports to ensure healthcare providers in LA County benefit from a unified approach to reviewing their respective data.
Completed	1.4: By December 2025, establish protocols for regular data dissemination to ensure timely access to critical health information and enable stakeholders to make informed decisions on STI programming and services.

Progress to date:

- **Data Reports:** The [2023 STD Snapshot](#) was posted and the full Surveillance report is in development. Annual reports will be published ongoing in October. The data has been shared at the annual Commission on HIV meeting and will be meeting with their Planning, Priorities, and Allocation subcommittee to share further. The [LA](#)



[County HIV and STD Surveillance Dashboard](#) also has STD data for cases diagnosed through December 2024.

Strategy 2: By December 2027, improve adherence to California law and LA County guidelines that recommend syphilis screenings for all pregnant people during their initial prenatal visit, with additional screenings recommended in the third trimester (28-32 weeks) and at the time of delivery.

STATUS	ACTIVITY
In Progress	2.1: By December 2025, in partnership with the California Department of Health Care Services (DHCS) and California Department of Public Health (CDPH), develop and implement a monitoring system tied to syphilis screening among pregnant persons in California.
Completed	2.2: By December 2027, develop and conduct outreach sessions incorporating public health visits to educate healthcare providers and clinic staff about syphilis screening guidelines for people who can become pregnant or of reproductive potential.

Progress to date:

- *Provider education:* While there is no statewide effort to monitor adherence to screening guidelines, Public Health has taken proactive steps to review provider compliance on a case-by-case basis and offer direct support to improve prenatal syphilis screening. The Division of HIV and STD Programs (DHSP) has also conducted training at 11 birthing hospitals to build awareness and reinforce best practices. Training has taken place at
 - St. Francis Medical Center
 - PIH Good Samaritan Hospital
 - Long Beach Memorial Medical Center
 - Hollywood Presbyterian Medical Center
 - Pomona Valley Hospital Medical Center
 - Valley Presbyterian Hospital
 - Los Angeles General Medical Center
 - California Hospital Medical Center
 - Cedars-Sinai Medical Center
 - Antelope Valley Hospital
 - White Memorial Medical Center

Strategy 3: By December 2025, increase STI screening and testing rates among populations at elevated risk for STIs by strengthening community awareness and understanding of STIs.

STATUS	ACTIVITY
Completed	3.1: By March 2025, conduct focus groups, key informant interviews, and community feedback sessions to inform the development of targeted STI prevention campaigns.
Completed	3.2: By September 2025, implement a minimum of two (2) prevention campaigns across diverse media platforms, aiming to heighten awareness regarding STI prevention and control strategies, including the advantages of doxycycline post-exposure prophylaxis (DoxyPEP) and syphilis prevention.



Completed	3.3: September 2025, measure the impact of prevention campaigns by analyzing the impact of the campaigns' call to action, shifts in community awareness, attitudes, and behaviors about STI prevention strategies.
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Progress to date:

- *Prevention Campaigns:* DHSP worked with a consultant to collect feedback from several key informants and target group participants to inform the development of the campaigns. Three Campaigns were launched related to [DoxyPEP and Syphilis prevention](#); however, one of the DoxyPEP campaigns has been delayed due to funding limitations.

Strategy 4: By January 2025, establish a partnership council to routinely solicit community input and feedback to identify actions and activities that will improve STI prevention and control efforts.

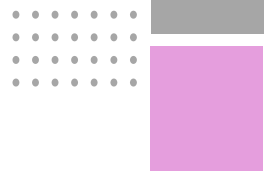
STATUS	ACTIVITY
Completed	4.1: By December 2024, host a series of four community forums with local health organizations and community leaders of diverse representation and expertise to solicit feedback on STI prevention and treatment policies.
Completed	4.2: By December 2024, gather feedback from community partners to create more responsive STI prevention and control programming and influence the improvement of Public Health solicitation documents.

Progress to date:

- *Provider and Consumer meetings:* DHSP conducted 2 meetings and connected with 57 providers. Three Consumer meetings were conducted, reaching 138 participants.

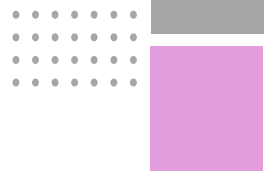
Strategy 5: By December 2025, establish a comprehensive program to regularly provide targeted training for public health investigators (PHIs), community-embedded disease intervention specialists (CEDIS), and front-line clinic staff.

STATUS	ACTIVITY
Completed	5.1: By December 2026, establish a structured continuous professional development plan for PHIs, CEDIS, community partners, and community and Public Health clinic staff, ensuring ongoing education and skill enhancement.
In Progress	5.2: By December 2027, implement a cultural sensitivity training program designed to create an inclusive and respectful environment for frontline community clinic and partner staff and Public Health Clinic staff. This program will specifically address the unique needs of LGBTQ+ individuals, including transgender individuals, and substance users creating an environment that is both inclusive and respectful.
Completed	5.3: By December 2029, incorporate regular updates on emerging STI trends, technological advancements, and cultural sensitivity training to maintain a high level of preparedness and adaptability within the team.



Progress to date:

- *Trainings and resources:* As part of the Public Health Investigator (PHI) Administration Unit regular trainings, DHSP offers Advanced HIV and STD Counseling Skills for Field Staff approximately four times per year. Specialty trainings led by DPH Subject Matter Experts are planned annually and DHSP's CEDIS Manager provides CEDIS trainings in collaboration with PHI Administration. A Data Quality Training was also conducted, and an internal Partner Services and PHI Dashboard was developed to support PHIs in sharing metrics and managing workloads, though the dashboard may not yet be fully utilized.



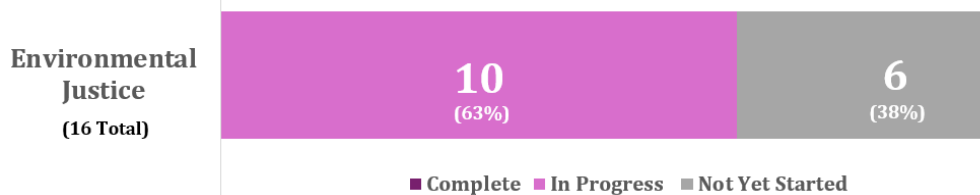
Focus Area: Environmental Justice

Results Statement: Those living in the most highly pollution-burdened communities in Los Angeles County enjoy healthy lives safe from toxic exposures and the negative effects of climate change.

Measurable Goal: In five years, find and fix the sources of lead exposure for at least 25% of children with a blood lead level of 3.5 µg/dL or higher who live in the most polluted communities of Los Angeles County*.

**These are communities ranked in the top 25% using the California Communities Environmental Health Screening Tool (CalEnviroScreen 4.0).*

Figure 3: Environmental Justice Activities by Stage of Implementation

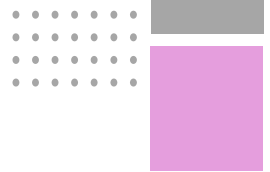


Strategy 1: By December 2025, post data on a publicly accessible platform that shares environmental, climate, and related health conditions, informed by strategic planning stakeholder input.

STATUS	ACTIVITY
In Progress	1.1: By June 2025, map environmental justice indicators, excessive heat indicators, pollution burden indicators, and health impacts indicators for internal use.
In Progress	1.2: By December 2025, and annually thereafter, publish annual health impacts and trend data for selected health outcomes related to excessive heat.
In Progress	1.3: By December 2025, and annually thereafter, publish selected pollution burden indicators and trend data in Environmental Justice communities and across LA County.

Progress to date:

- *Data platform:* The map of indicators (Environmental justice, excessive heat, pollution and health impacts) was developed. The Office of Environmental Justice and Climate Health (OEJCH) is developing the user guide and will be launching soon on the website. The team is also analyzing data from state databases to post on the



[webpage](#). Unfortunately, much of this data will not be current because of collection and reporting cycles.

Strategy 2: By December 2025 and annually thereafter, ensure the Office of Environmental Justice and Climate Health (OEJCH) program webpage provides up-to-date, relevant information for the public, based on input gathered from strategic planning stakeholder engagement.

STATUS	ACTIVITY
In Progress	2.1: By June 2025, determine content to be updated on the publicly accessible OEJCH webpage based on stakeholder input.
In Progress	2.2: By December 2025 and annually thereafter, update information for the publicly accessible OEJCH webpage, including the development of informational materials for communities; media requests; and other educational materials.

Progress to date:

- *OEJCH Website:* The [new website](#) was launched, and staff continue to build out educational and other resource pages. However, budget and staff reductions could delay how quickly updates can be made.

Strategy 3: By December 2025, develop an initial policy agenda on priority environmental justice and climate health issues that identifies at least 3 policies to pursue.

STATUS	ACTIVITY
In Progress	3.1: By June 2025, conduct a landscape scan of environmental justice and climate health policy developments locally, statewide, and nationally to inform the development of successful policies locally.
In Progress	3.2: By December 2025, develop an initial policy agenda on priority environmental justice and climate health issues based on the landscape scan.

Progress to date:

- *Policy Agenda:* Policy topics are being identified using the U.S. EPA Environmental Justice Screening tool and an analysis of prevalent environmental exposures using CalEnviroScreen 4.0. The initial OEJCH policy agenda will be shared with the community as part of the first annual report for the OEJCH ; the initial agenda will also inform next steps on OEJCH strategic plan action 3.2.2 to conduct a policy gaps analysis for County departments with an environmental justice lens.



Strategy 4: By December 2027, reduce the risk of lead poisoning from lead paint in 2000 homes throughout LA County through remediation of lead paint hazards.

STATUS	ACTIVITY
In Progress	4.1: By December 2025, conduct outreach and recruitment of homes with community partners through direct mailings, phone banking, door-knocking, community events, and distribution of materials through established networks of local stakeholders and organizations serving the target populations.
In Progress	4.2: By December 2027, enroll new participants in the “Lead-Free Homes LA Program” to eliminate lead paint hazards in homes throughout LA County.

Progress to date:

- *Outreach and Recruitment:* Multifaceted outreach and enrollment efforts include direct mailings, phone banking, door-knocking, community events, distribution of materials through established networks of local stakeholders and organizations serving the target population, and the overlay of the marketing campaign administered by Public Health through Fraser Communication. From program inception through June 2025, 3,348 applications were submitted, of which 1,949 households were eligible and enrolled in the Lead-Free Homes LA Program. Unfortunately, community fears related to recent immigration raids and deportation activities has impacted the program. Many families are hesitant to engage with government programs, even when eligible. The program team is working with trusted partners to build trust, ensure confidentiality, and reassure families that participation is safe and does not require immigration-related information.

Strategy 5: By December 2025 and annually thereafter, provide training and develop maps for each of the hyper-local health teams, Community Public Health Teams (CPHTs), to build knowledge and awareness of local environmental and climate justice issues in the initial pilot communities.

STATUS	ACTIVITY
Not Yet Started	5.1: By June 2025, provide training for Public Health and Community Health Worker staff engaged in CPHTs on Environmental Justice and Climate Health issues.
In Progress	5.2: By June 2025, and annually thereafter, map environmental, climate, and health indicators across CPHT communities.
Not Yet Started	5.3: By December 2025, and annually thereafter, share map of environmental, climate and health indicators with CPHTs.



Strategy 6: By June 2026, partner with environmental justice and climate health organizations in LA County to support and convene spaces for symposiums for environmental justice and climate health topics.

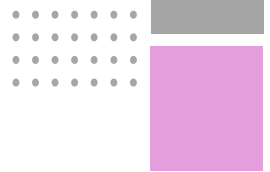
STATUS	ACTIVITY
Not Yet Started	6.1: By December 2025, connect with environmental justice and climate stakeholders to identify partners that express interest/enthusiasm for convening symposiums on environmental justice and climate health.
Not Yet Started	6.2: By May 2026, convene one symposium on environmental justice and climate health.

Strategy 7: By January 2027, implement the collaboratively developed OEJCH strategic plan to reduce health disparities due to environmental exposures in communities overburdened by pollution exposure and climate impacts.

STATUS	ACTIVITY
Not Yet Started	7.1: By January 2027, implement Strategic Plan actions.
Not Yet Started	7.2: By January 2028, evaluate Strategic Plan.

Progress to date:

- *OEJCH Strategic Plan:* In October 2024, Public Health released the five-year Strategic Plan which will address historic and contemporary government decisions that have exposed vulnerable populations to environmental hazards. The Plan was developed in collaboration with interagency, community-based, and tribal partners to enhance Public Health's ability to prevent and mitigate environmental and climate health impacts. OEJCH will serve as a central hub for health-focused environmental justice and climate health goals, providing comprehensive data, health recommendations, policy solutions, and mitigation strategies. The full plan and a summary can be found on the [OEJCH website](#).



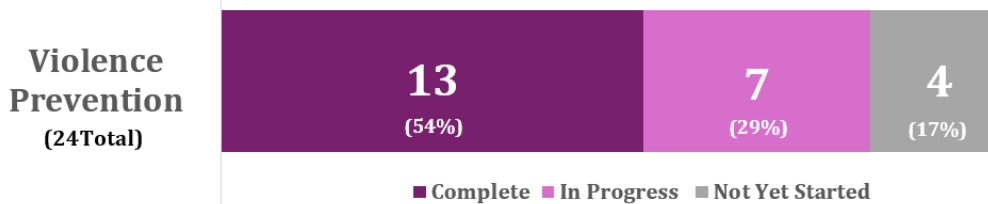
Focus Area: Violence Prevention

Results Statement: All families and communities in Los Angeles County live free of violence and thrive in a culture of peace.

Measurable Goal:

1. Reduce the gap in homicide rates between African Americans and the Los Angeles County average by 20% in five years.
2. Reduce the number of adult women and gender diverse/expansive people who report ever experiencing physical violence by an intimate partner by 10% in five years.

Figure 4: Violence Prevention Activities by Stage of Implementation



Strategy 1: By June 2025, create a centralized open data portal with metrics to evaluate progress on OVP strategic plan goals and objectives.

STATUS	ACTIVITY
Completed	1.1: By December 2024, Public Health collaborates with partners to determine data portal components and determine strategic plan metrics to evaluate.
Completed	1.2: By June 2025, Public Health releases data visualizations showing trends and demographics of firearms deaths and non-fatal injuries.

Progress to date:

- *Data portal:* Located on the Office of Violence Prevention (OVP) website, the [data portal](#) includes data on firearm deaths, hospitalizations, and emergency department visits. To help with design, OVP convened multiple meetings with county and community partners who provided feedback to ensure data is easily understandable and that safe messaging guidelines were followed.

Strategy 2: By January 2026, establish a Sexual Assault Council to improve coordination across county systems and service providers to improve services to survivors of sexual assault and invest in prevention programs.



STATUS	ACTIVITY
Completed	2.1: By October 2024, assess capacity and willingness of potential partners to establish a council.
Completed	2.2: By June 2025, establish a Sexual Assault Council that brings together a diverse group of stakeholders (including sexual assault service and advocacy service providers, community organizations, survivors, health care organizations, mental health providers, and law enforcement) to develop a common vision and strategic plan for addressing and preventing sexual assault including increasing access to services for victims and survivors.
Not Yet Started	2.3: By a date to be determined by the Council, develop a strategic plan, through the Sexual Assault Council, to improve policy, practice, and systems change to support survivors of sexual assault.

Progress to date:

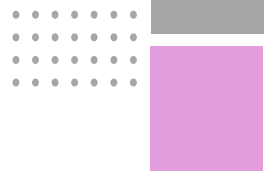
- *Establishment of the Council:* The Los Angeles County Sexual Assault Council launched in May 2025, earlier than expected. Input on priorities was received from the community and through a rigorous review process. Seventeen diverse stakeholders were identified to serve on the Council, which began meeting June 2025. The Council will need time to establish its infrastructure but is anticipated to begin a strategic planning process by September 2025.

Strategy 3: By July 2026, expand initiatives and services to address gender-based violence (GBV) across the lifespan by strengthening inter-agency collaboration.

STATUS	ACTIVITY
In Progress	3.1: By July 2025, complete a GBV environmental scan to understand the current landscape of county and community efforts to address GBV.
In Progress	3.2: By July 2025, identify and engage departments and organizations and partners that address and respond to GBV.
Completed	3.3: By July 2026, fund community-based organizations to implement GBV prevention programming.

Progress to date:

- *Environmental scan:* A County GBV environmental scan was completed and will be available in September 2025. OVP surveyed County Departments to identify GBV prevention work being done in four focus areas: 1) Healthy Relationship education and skill building for teens, 2) Engaging men and boys, 3) Supporting LGBTQ+ youth leaders, and 4) Economic empowerment for women and girls. The landscape analysis summarizes the existing work that Departments are doing and provides recommendations for improving coordination for greater impact. A community environmental scan will begin in December 2025.
- *Engagement:* GBV staff continue to coordinate GBV Prevention Policy Cluster meetings and seek opportunities to actively participate in established meetings of



county and community partners addressing GBV to better coordinate efforts and leverage resources. Departments and community-based organizations are engaged regularly through the GBV Prevention Policy Deputy Meetings. The meetings have resulted in several collaboration projects with the Office of Women's Health, Domestic Violence Council, and the Department of Children and Family Services. Starting August 2025, additional meetings will be held with community agencies that address and respond to GBV.

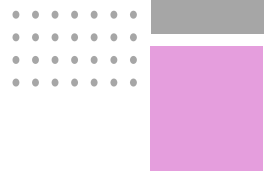
- *Community Funding:* OVP in collaboration with Southern California Grantmakers (SCG), who serves as a third-party administrator, awarded 12 grants totaling \$2M to community-based organizations to implement GBV prevention services in four categories: Healthy Relationships, Training, Education, and Skill Building; Engaging Men and Boys; Engaging LGBTQ+ Youth Peer Leaders; and Economic Empowerment for Women and Girls.

Strategy 4: By June 2027, expand place-based community-driven public safety efforts through the Trauma Prevention Initiative (TPI), including Street Outreach and Community Violence Intervention (CVI), Hospital Violence Intervention (HVIP), and Community Action for Peace networks by: 1) increasing investment in nine communities, and 2) building infrastructure for peer violence intervention training and county services alignment.

STATUS	ACTIVITY
Completed	4.1: By December 2024, confirm additional county funding for TPI including mental health services for HVIP clients and case managers, HVIP for Antelope Valley and Hawaiian Gardens/Norwalk, Peer to Peer Violence Prevention Training Academy and community engagement.
Completed	4.2: By June 2025, complete first year of pilot Peer to Peer Academy with ARPA funding and draft recommendations for ongoing academy.
In Progress	4.3: By December 2025, establish a Memoranda of Understanding (MOU) to coordinate referrals with Department of Youth Development Youth Networks and Diversion programs and Parks and Recreation to provide technical guidance for expanded park safe passages program.
In Progress	4.4: By June 2026, develop plan for coordination with two additional initiatives in TPI communities.
Not Yet Started	4.5: By June 2027, establish a strategic plan for regional coordination among cities for implementing Community Violence Intervention (CVI).

Progress to date:

- *Increased funding and support:* OVP was awarded 1) increased Juvenile Justice Crime Prevention Act (JJCPA) funding for a Capacity Building TTA project (+\$2.65M) and new funding for School Safety Transformation (\$5.7M) and Youth Suicide



Prevention (\$950K) and 2) a federal DOJ grant for the Healing Centered CVI project (\$2M). OVP continues to seek additional funding for all programs and services.

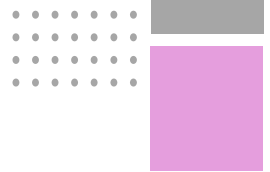
- *Expansion of services:* The pilot cohort of the Peer-to-Peer Academy was completed in December 2024. As a result, over 50 community violence intervention workers and ambassadors across the county received training in CVI standards, trauma-informed practice, and other topics. OVP is in the process of drafting a plan for a second phase of the Academy, incorporating lessons learned from the first year, including the need to streamline the registration process, dedicate training days each week, and coordinate the training in-house at OVP. OVP is closely coordinating with the LA County Department of Youth Development (DYD) on aligning TPI services with youth development and diversion, with JCOD on CVI funded services, and with Parks and Recreation on safe passages. OVP also has a new partnership with the LA County Department of Public Works graffiti abatement and is exploring a coordination partnership with Justice Care and Opportunities Department in the TPI communities.

Strategy 5: By June 2025, implement a comprehensive plan to promote firearm safety through community education and awareness, policy change, and peer approaches.

STATUS	ACTIVITY
Completed	5.1: By September 2024, Public Health collaborates with community and County department partners to distribute gun safety locks countywide through county hospitals, clinics, libraries, and OVP contracted agencies.
Completed	5.2: By September 2024, Public Health creates a webpage on gun safety; including information on Gun Violence Restraining Orders (GVROs), how to obtain a firearm safety lock, and other resources to prevent gun violence.
In Progress	5.3: By June 2025, coordinate with Regional Violence Prevention Coalitions established in each of the County's Service Planning Areas (SPAs) to implement priority strategies in the Gun Violence Prevention Plan.

Progress to date:

- *Website and other promotion:* The [Gun Safety](#) and [Gun Violence Restraining Order](#) webpages launched in 2024. Both include resources, data, and policy information for community members and organizations. OVP is also partnering with 6 DHS hospitals, 6 county libraries, healthcare systems, contracted CBOs, and community events to distribute firearm safety locks and educational materials. During the report period, 18,975 locks and educational materials were distributed to LA County residents.
- *Community projects:* Contracts for Regional Violence Prevention Coalitions were executed in May 2025. Reconfigured as the Regional Violence Prevention Initiative, funding is now allocated for the five Supervisorial Districts instead of SPAs and launching in June 2025 to implement firearm safety projects.



Strategy 6: By June 2026, implement trauma-informed systems and practice change among County departments and community partners to promote healing and wellbeing and to support the unique needs of local communities.

STATUS	ACTIVITY
Completed	6.1: By June 2025, conduct Gang and GBV training for TPI agencies and OVP staff.
In Progress	6.2: By June 2026, provide trauma-informed systems change training and technical assistance to support two (2) new county departments.

Progress to date:

- *Training:* Trauma Informed Care (TIC) training has been provided to the District Attorney’s Office Bureau of Victim Services, Superior Court Self Help Centers, Department of Parks and Recreation, and LACOE for a total of 688 people trained. In 2024, TIC training was provided to 628 DPH staff. Tools and resources have also been developed and placed on the [TIC webpage](#) in multiple languages to improve trauma care practice and increase trauma awareness

Strategy 7: By June 2026, develop a coordinated communications strategy to promote a shared understanding of violence and violence as a public health issue.

STATUS	ACTIVITY
Completed	7.1: By June 2024, work with LA County Medical Association (LACMA) and LA Care Health Plan to develop and implement a digital billboard campaign.
Not Yet Started	7.2: By June 2025, facilitate discussion with County Leadership Committee (CLC) and Community Partnership Council (CPC) regarding coordinated communications.
Not Yet Started	7.3: By June 2026, develop a communications workplan with CLC and CPC.

Progress to date:

- Two digital billboard campaigns were implemented in partnership with LACMA and LA Care Health Plan, one in May 2024 and one in June 2025. The campaign included testimonials from gun violence survivors, social media posts, and both digital billboards and traditional static posters, which were displayed on heavily traveled portions of the 110, 10, and 710 freeways and on bus benches across the County. The posts and billboards featured powerful data points with the following messaging 1) In Los Angeles County, every 30 hours a child is killed or injured by gun violence, and 2) Across the county, more than seven in 10 unintentional child shootings occur in or around homes. Community members interested in obtaining a free gun lock were directed to visit [lockedandunloaded.org](#). The website features an interactive map where residents can find gun lock distribution locations throughout the County or use an online form to request up to two free gun locks by mail.



Strategy 8: By June 2025, implement local efforts to prevent suicide and suicidal behavior among populations demonstrated to be at increased risk, including youth, communities of color, veterans, and firearm owners.

STATUS	ACTIVITY
Completed	8.1: By June 2024, conduct first review of a veteran suicide death as part of the Veteran Suicide Review Team.
Completed	8.2: By June 2025, implement California Department of Public Health funded Youth Suicide Prevention Pilot Program.
In Progress	8.3: By June 2025, develop outreach materials and host trainings on gun violence restraining orders, including how they can be used in suicide prevention.

Progress to date:

- *Services:* With funding from the California Department of Public Health (CDPH), several youth suicide prevention activities were implemented:
 - OVP embedded two medical case workers at DHS facilities (Olive View & Harbor/UCLA) to provide post-discharge referrals, psychoeducation, and support to youth and their families after a youth is treated in an emergency department for a suicide attempt. In just over 2 months, the case workers received 71 referrals and enrolled 33 youth in the program.
 - OVP funded enhancements to One Degree, an existing referral system that is part of DHS's medical records. This included the development of a collection of resources related to youth mental health and a closed-loop referral network for tracking the progress/utilization of referrals.
 - SPAs 1 & 2 held 28 support groups sessions; 79% of evaluations collected showed that participants reported learning coping skills during the sessions.
 - Funded a series of trainings for Department of Parks and Recreation staff focused on trauma informed care, mental health, etc.
 - Funded a local media campaign based on CDPH's Never a Bother campaign that was updated using input from local youth. The local campaign achieved over 14.5 million views of posts and local messaging.
 - Collaborated with DPH's Student Wellbeing Centers to provide mental health resources and reproductive health materials (pregnancy tests, STD tests).
 - Distributed nearly 40,000 Never a Bother palm cards and posters. Distribution included both internal OVP partners (the firearm safety team, the Trauma Prevention Initiative) and 65 community agencies and partners.
 - In collaboration with DPH's Syndromic Surveillance Program, developed two maps and a fact sheet to provide information about youth suicide attempts treated in emergency departments. Data from the National Violent Death Reporting System was also used to develop a report on Youth Suicide Deaths in LA County. Finally, data on suicide attempts and suicide deaths were included in an interactive dashboard available on OVP's open data portal.



- Additionally, OVP was awarded a \$950,000 grant from the Probation Department Juvenile Justice Coordinating Committee to continue YSP activities, including trainings, and youth support groups.
- *Cases:* The Veteran Suicide Review Team began reviewing cases in December 2023. As of May 2025, eleven cases were reviewed, including 5 between August 2024 to May 2025.
- *Trainings:* As part of the trainings provided by the GVRO system navigators, participants learned how GVROs can reduce firearm suicide. Thirty-two trainings were provided to law enforcement agencies, the Department of Mental Health, and multiple community groups.