

**MOTION BY SUPERVISORS MARK RIDLEY-THOMAS
AND JANICE HAHN**

FEBRUARY 26, 2019

Establishing a Family Justice Center at the Martin Luther King, Jr. Medical Campus

On December 18, 2018, the Board of Supervisors established the Martin Luther King, Jr. (MLK) Child and Family Wellbeing Center (Center) project at the northwest corner of 120th Street and Holmes Avenue, across the street from the MLK Medical Campus. This three-story, approximately 55,000 square foot building will be a welcoming, client-centered, culturally responsive site where multiple service providers will be co-located in order to maximize collaboration and service integration. The Center is projected to open in April 2020.

The first floor of this Center will replace the MLK Medical Hub Clinic that is currently providing, in three aging trailers, outpatient clinical services for at-risk pediatric and adolescent patients and their families. The Departments of Health Services (DHS), Mental Health (DMH), Public Health (DPH) and Children and Family Services (DCFS) will provide integrated services to DCFS clients. The second floor will be operated by two community-based organizations that provide medical screening and treatment services for children with developmental needs and support services to their families. The third floor will house a Family Justice Center (FJC).

An FJC co-locates a multi-disciplinary team of professionals who work together, under one roof, to provide supportive services to those affected by domestic, sexual and

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interpersonal violence. For many survivors, accessing services at different locations creates significant barriers. Co-location addresses this by simplifying access to client-centered services and processes, limiting how often survivors must travel to different locations to recount their experiences, and facilitating a holistic, integrated approach to what are otherwise fragmented systems of care. Core services that are generally provided by FJCs include case management, counseling, safety planning, assistance from legal and law enforcement professionals, referrals to mental health, medical care, and crisis housing, as well as assistance with transportation, child care, and longer-term housing, as needed.

The U.S. Department of Justice has identified the FJC model as a best practice in the field of domestic violence intervention and prevention services. Research has shown a high level of client satisfaction for those receiving services through an FJC. This satisfaction translates to better outcomes and increased safety for survivors, their families and the community. Today, there are 104 FJCs in the U.S., with an additional 53 in various stages of development. The placement of an FJC adjacent to the MLK Medical Campus brings the strengths of the model to a community that has experienced numerous disruptions to, and outright termination of, critical services.

While some FJCs focus exclusively on domestic violence victims, others also provide services to victims of sexual assault, elder abuse, dependent abuse, and human trafficking. The first FJCs, which opened in the early 2000s, used a law-and-order approach and were established and operated by law enforcement agencies or district attorney's offices. As the model has evolved, more recently established FJCs are overseen and operated by health departments, universities, and public-private partnerships.

In 2017, the Board of Supervisors (Board) directed the Chief Executive Officer and the Executive Officer to conduct an assessment of the capacity and effectiveness of the County's DV/IPV infrastructure. Their findings persuaded the Board to transfer the County's DV/IPV functions to DPH, in alignment with the County's recent shifts in treating violence, first and foremost, as a public health epidemic. The Health Promotion Bureau within DPH is now

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home to the Domestic Violence Council, as well as the Violence Prevention Program, and will soon house the Office of Violence Prevention.

Given this concentration of relevant programming, DPH is the prime candidate to oversee operations of the FJC. Because FJCs are an outgrowth of the domestic violence movement and work closely with community-based domestic violence shelters and programs, DPH should be encouraged to explore the feasibility of operating the FJC as a public-private partnership.

WE THEREFORE MOVE THAT THE BOARD OF SUPERVISORS:

1. Instruct the Director of the Department of Public Health (DPH) to propose a programmatic and operational plan for the Martin Luther King, Jr. (MLK) Family Justice Center (FJC) and submit the plan in writing in 90 days;
2. Direct DPH, in consultation with the Chief Executive Officer (CEO), to explore funding requirements and opportunities and submit in writing in 90 days, a three-year operating budget for the MLK FJC, as well as potential funding sources to sustain operations in subsequent years; and
3. Authorize DPH to retain the services of an experienced consultant who can conduct a community needs assessment and assist DPH with program design in order to determine the range and configuration of services that should be available at the MLK FJC.

(ECW)

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