



## DEPARTMENT OF MENTAL HEALTH

hope. recovery. wellbeing.

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March 12, 2025

TO: Supervisor Kathryn Barger, Chair  
Supervisor Hilda L. Solis  
Supervisor Holly J. Mitchell  
Supervisor Lindsey P. Horvath  
Supervisor Janice Hahn

FROM: Lisa H. Wong, Psy.D.  
Director

SUBJECT: **EVALUATING THE FIRST YEAR OF COMMUNITY ASSISTANCE, RECOVERY, AND EMPOWERMENT (CARE) COURT IN LOS ANGELES COUNTY (ITEM 5, AGENDA OF FEBRUARY 11, 2025)**

On February 11, 2025, your Board approved a motion directing the Department of Mental Health (DMH) to provide an overview and analysis of the first year of Community Assistance, Recovery, and Empowerment (CARE) Court in Los Angeles County (LA County). The report should include:

- a. Data on the total number of petitions submitted to CARE Court, their sources, and outcomes;
- b. A summary of the outreach and public awareness efforts that have been conducted, including any public awareness campaign, a list of all the organizations that have received CARE Court training, and help center visits;
- c. The number and type of DMH filled and vacant positions dedicated to CARE Court;
- d. An update on state funding for CARE Court; and
- e. Identified challenges that were faced in the first year of implementation, anticipated future challenges, and opportunities for improvement.

### **Overview**

The CARE Court program was successfully implemented in LA County on December 1, 2023. The program is operational in all eight (8) Service Planning Areas (SPAs) and is providing the full array of mental health and supportive services in the

community. The program achieved a milestone of one year providing services as of December 2024. This report highlights some of the program's accomplishments and emerging opportunities for broader service provision.

### **Data on the Total Number of Petitions Submitted to CARE Court, their Sources, and Outcomes**

CARE Court received a total of 485 referrals and 386 petitions since the program's inception through February 28, 2025. Family members initiated and filed 305 petitions, 12 petitions were initiated by the DMH Provider Network, and seven (7) petitions were filed by individuals seeking services for themselves or "self." In collaboration with the California Department of State Hospitals (DSH), 25 petitions were received. In addition, five (5) petitions were initiated by the California Department of Corrections and Rehabilitations (CDCR). Lastly, LA County DMH initiated the filing of 32 petitions.

<b>TABLE 1.1 CARE COURT PETITIONS</b>	
Family Initiated Petitions	305
Provider Network Initiated Petitions	12
Self	7
Incompetent to Stand Trial (IST) to CARE Court Pilot (State Hospitals)	25
California Department of Corrections and Rehabilitations (CDCR)	5
DMH Initiated Petitions	32
<b>Total</b>	<b>386</b>

### **Outcomes**

The Superior Court dismissed 130 CARE Court petitions from December 1, 2023, through February 28, 2025. The dismissals were for the following reasons: Incarcerated (11), Deceased (1), Declined to Participate (1), Petition Withdrawn (5), Met Criteria for Assisted Outpatient Treatment (AOT) (1), Moved Out of County/Resides out of LA County (15), Diagnostic Criteria not Met (17), Impairment Criteria not Met (not at risk for Gravely Disabled (GD), Danger to Self (DTS), and Danger to Others (DTO)) (2), Unable to Locate Client (5), Receiving Adequate Mental Health Services (43), and Unlikely to Benefit (Needs Higher Level of Care) (29). (Table 1.2)

<b>TABLE 1.2 CARE COURT PETITIONS: REASON FOR DISMISSALS</b>	
Incarcerated	11
Deceased	1
Declined to Participate	1
Petition Withdrawn	5
Met Criteria for AOT	1
Moved Out of County/Resides out of LA County	15
Diagnostic Criteria not Met	17
Impairment Criteria not Met (not at risk for GD, DTS, and DTO)	2
Unable to Locate Client	5
Receiving Adequate Mental Health Services	43
Unlikely to Benefit (Needs Higher Level of Care)	29
<b>Total</b>	<b>130</b>

**Data Regarding the Total Number of Referrals and their Sources**

The chart below describes the origin of referrals received for the CARE Court program. A significant portion of the referrals were received as Senate Bill (SB) 317 suitability requests from the Hollywood Court (280). The remaining referrals are from a variety of internal and external sources. The CARE Court team follows up on referrals with outreach and engagement to determine the individual’s needs and the best avenue to receive mental health services and supports.

<b>TABLE 1.3 CARE COURT REFERRALS AS OF FEBRUARY 28, 2025</b>	
SB 317	280
Psychiatric Mobile Response Team (PMRT)/School Threat Assessment Response Team (START)/Mental Evaluation Team (MET)	81
Full-Service Partnership (FSP)	5
Department of Health Services (DHS)	8
Public Guardian	55
Promoting Health Preventing Homelessness (PH <sup>2</sup> )	2
Court Linkage	5
Hollywood 2.0	1
DMH Outpatient Clinics / Legal Entities	24
Harbor Interfaith	1
Homeless Outreach Mobile Engagement (HOME)	3
LAPD	3
PIH Whittier Hospital	2
Hollywood Mental Health Court	1
<b>Total</b>	<b>471</b>

The CARE Agreements are a written recovery road map or plan where consensus has been developed between the Respondent and DMH, regarding the services and supports that the client agrees to participate in. County Counsel, Independent Defense Counsel Office (IDCO), DMH, the Respondent, Client Supporter, and the Bench Officer all participate and endorse the agreed upon services. December 1, 2023, to February 28, 2025, 63 CARE Agreements were fully executed or implemented.

The CARE Plans were employed in instances where the Respondent may not fully realize the need for mental health services and support. Three CARE Plans were developed and initiated during this period. The CARE Plan outlines the services and supports that are essential to promoting the respondents' recovery and well-being. The respondent, IDCO, DMH, County Counsel, Client Supporter, and Bench Officer are involved in this collaborative planning process.

The initial CARE Court hearing happens after a DMH licensed clinician submits a report on whether the client meets program criteria. During the hearing, the judge explains the process, reviews the client's rights, and may replace the original petitioner with DMH.

The hearing on the merits determines if a client meets the program’s criteria. If the client agrees to meeting CARE criteria, then they waive their right to a hearing. If they disagree, a DMH licensed clinician and possibly a Forensic Psychologist hired by the client’s attorney will testify and opine (express an opinion) about the CARE criteria. After reviewing all evidence, the judge makes the final decision.

A case management hearing in CARE Court is where the judge, the client, their attorney, County Counsel, and the treatment team review the case and agree on a CARE agreement or plan. The agreement/plan outlines the mental health services and support the client will receive. The hearing ensures everyone is on the same page.

A Progress Hearing updates the court on the client’s progress in CARE Court. Before the hearing, the DMH treatment team submits a report on services provided, progress made, and any challenges. During the hearing, the judge reviews the progress, praises the client, and addresses additional services that should be included in the CARE agreement/plan. The table below shows the Progress Hearing outcomes during this reporting period.

<b>TABLE 1.4 CARE COURT HEARING OUTCOMES AS OF FEBRUARY 28, 2025</b>	
CARE Agreement	63
CARE Plan	3
Pre-Initial Hearing Engagement	116
<b>Scheduled Hearing Type:</b>	
Initial	44
Merits	2
Case Management (CARE Agreement/Plan)	25
Progress	44
Graduation	1

\*At the Initial Hearing, the client can waive the hearing of the Merits and Case Management Hearing and proceed directly to a CARE Agreement.

**A Summary of the Outreach and Public Awareness Efforts that Have Been Conducted, Including Any Public Awareness Campaign, a List of All the Organizations that Have Received CARE Court Training, and Help Center Visits**

Prior to the launch of CARE Court in LA County, DMH hired the Fenton Media Consultant Group to design and implement its media campaign. This campaign sought to engage and educate key audiences affected by CARE Court including caregivers, elected officials, Community Based Organizations (CBOs) and other providers, first responders, as well as the community at large. This education was accomplished through advertising,

media and press outreach, online resource centers, community meetings as well as the development and dissemination of printed material in 12 threshold languages. This campaign resulted in 167 radio ads and 106 assets developed (printed materials such as FAQs, brochures, resource materials, etc.).

Of note, this campaign also resulted in 24.6 million Digital Ad Impressions (quantifies the number of digital views on advertisements, posts or webpages), and 1.14 billion Earned Media Reach (press coverage that is not paid rather through outreach to reports, editors and influencers).

To educate the LA County community on the CARE Court program, CARE Court staff reached out to a variety of different stakeholders, including individuals/community members, community-based organizations, hospitals, first responders, and others. Table 1.5 (attached) outlines the steps made from December 2023 to December 2024.

LA Superior Court has Self-Help Centers to assist individuals who need to proceed on their own without an attorney. They are staffed by attorneys and paralegals. While other self-help centers deal with a myriad of issues, the Self-Help Center at the Norwalk courthouse is dedicated to assist individuals in completing and filing CARE Court petitions. DMH has dedicated staff, at that center, who assist with needed mental health resources. Video capabilities are available in 11 other courthouses to allow individuals to connect with DMH staff virtually. This allows individuals in other LA Superior Courthouses direct access to DMH staff. The numbers below include telephone/video and face-to-face inquiries addressed by DMH staff.

<b>Table 1.6 SELF-HELP CENTER VISITS</b>		
<b>Month</b>	<b>Telephone/Video Inquiries to the Help Center</b>	<b>Face-to-Face Inquiries at the Courts</b>
12/2023	0	2
01/2024	12	31
02/2024	15	15
03/2024	9	10
04/2024	5	14
05/2024	12	15
06/2024	2	15
07/2024	7	9
08/2024	10	5
09/2024	7	2
10/2024	7	5
11/2024	4	2
12/2024	6	5
<b>Grand Total</b>	<b>96</b>	<b>130</b>

### **The Number and Type of DMH Filled and Vacant Positions Dedicated to CARE Court**

DMH utilized the emergency appointment process to expeditiously hire multiple clinical and administrative items. Since inception, DMH has reached 70 percent of its total clinical and administrative hiring, and this staffing has allowed the Department to meet the current demands of CARE Court. DMH will continue utilizing the emergency appointment process, transfer opportunities, and open competitive exams to hire the remaining items. Staffing and vacancy details can be found on Table 1.7 (attached).

### **An Update on State Funding for CARE Court**

Initially, it appeared that all aspects of the CARE Court program would receive State funding and implementation plans including staffing patterns for both DMH and County Counsel staff were based on full State funding. Unfortunately, funding was later limited to outreach and engagement and administrative tasks. Furthermore, funding for County Counsel was limited to legal administrative tasks. On April 15, 2024, the DHCS released a Behavioral Health Information Notice No. 24-015 entitled "Community Assistance, Recovery, and Empowerment (CARE) Act Reimbursement Rates and Billing Guidance." This billing guidance enables DMH to claim for CARE Court related administrative services such as Court Hearing Time, Court Report Drafting and Submission, Outreach and Engagement, Notice and Data Reporting. As of December 2024, CARE Court has submitted the 2<sup>nd</sup> Quarter Administrative claim for Fiscal Year (FY) 2023-24 to the DHCS. DMH is exploring potential Behavioral Health Services Act (BHSA) Assertive Community Treatment (ACT) or Full Service Partnership (FSP) funding for the CARE Court program, for direct client services delivered given the population served, frequency and intensity of services provided and to ensure there is an ongoing reliable funding source for the program beyond the State reimbursements.

### **Identified Challenges that Were Faced in the First Year of Implementation, Anticipated Future Challenges, and Opportunities for Improvement**

Most program vacancies include psychologists, psychiatrists, and nurses. Challenges in recruitment of these positions reflects an overall national shortage in these fields. To that end, DMH has implemented the following strategies:

- Recruiting from the Standard Eligibility and Emergency Appointment List
- Posting Transfer Opportunity Bulletins
- Attending professional conferences such as APA
- Fostering strong relationships with college and universities
- Increasing internship opportunities for these professions
- Participating in Loan Forgiveness and Repayment Programs (psychologists)
- Increasing participation in professional organizations
- Participating in Hiring Events

- Offering Field-Based Bonuses
- Offering Relocation Allowances (psychiatrists)
- Offering Recruitment Incentives (psychiatrists)

Upcoming challenges include new data requirements introduced in legislation that took effect January 2025. The new data requirements include expanded definitions of all types of CARE participants, new timeframes for how long clients need to be tracked, tracking inquiries to DMH about CARE, and increasing the number of data elements that need to be reported on for every phase of the CARE Court process. Counties have yet to receive a finalized data dictionary for the new data elements despite the new requirements going into effect on January 1, 2025. Additional resources will need to be dedicated to revising our data systems, state submission process, and training new staff on additional data elements once a finalized data dictionary is received. The increased reporting requirements will take additional time away from serving the clients to comply with all the administrative requirements of CARE Court.

### **Opportunities for Calendar Year 2025**

- Closely collaborate with the FSP programs to identify clients that may be appropriate for CARE Court services.
- Outreach and training for First Responders, including law enforcement and LA County paramedics. This began in 2024 and will be expanded to LA City Fire and other First Responders.
- Continued engagement with the Hospital Association regarding a Pilot for high utilizers of emergency departments.
- Effective July 1, 2025, SB 42 will be implemented in California. It is likely to result in additional referrals. SB 42 authorizes specified facilities to refer an individual held involuntarily under the Lanterman-Petris-Short (LPS) Act to a county behavioral health agency for assessment.
- DHCS is in the process of developing a referral tool that LPS Facilities would utilize to refer and potentially connect clients to CARE Court Services. This would include required timelines in which counties would need to respond and follow-up on referrals.
- The potential passage of SB 823, expanding the diagnostic criteria eligible for CARE to include Bipolar I will likely increase of number of petitions. At present, the trainings about CARE Court have stressed the limited included diagnosis of Schizophrenia Spectrum Disorders. With the potential passage of SB 823, all future trainings would need to include the additional diagnosis of bipolar disorder. The result could be an increase in the number of petitions particularly from families, hospitals, DSH, CDCR, as well as all other qualified referring parties.
- In September 2024, DSH began a pilot program with the first eight (8) Cohort 1 counties. The pilot targets a small subset of individuals initially found incompetent to stand trial on felony charges who have since been restored to competency. DSH



anticipates approximately 25 individuals will be released statewide monthly. It is projected by the State that DMH would receive 15 petitions each month. These individuals will be coming to LA County from all 13 state hospitals. This will increase the number of petitions filed in LA County.

## **SUMMARY**

DMH implemented the CARE Court program countywide on December 1, 2023. Much of the initial work of the program involved the recruitment of staff, development and implementation of programmatic workflows and orientation to the numerous data collection requirements. In addition, strong collaboration and coordination was fostered with the Superior Court, County Counsel, IDCO, and other stakeholders. The number of petitions is increasing and the process for implementing CARE Agreements/Plans is also gaining traction. Staff hiring and retention will be key to program effectiveness as various staff initiatives will steer additional individuals toward inclusion in the CARE Court program.

If you have any questions or require additional information, please contact me, or staff can contact Dr. Curley Bonds, Chief Medical Officer, at (213) 738-4108 or via email at [cbonds@dmh.lacounty.gov](mailto:cbonds@dmh.lacounty.gov).

LHW:CB:jl

### Attachments

c: Executive Office, Board of Supervisors  
Chief Executive Office  
County Counsel

<b>TABLE 1.5 CARE COURT INFORMATION DISSEMINATION</b>		
<b>Month</b>	<b>Number of Training/ Outreach Per Month</b>	<b>Organizations</b>
12/2023	12	Community Members: Farmers Market, Norwalk Court House (multiple times)
01/2024	17	Community Members: Farmers Market, Norwalk Court House (multiple times)
		Contracted Providers and DMH Staff of SA 1
		DMH and LE Contracted Child/TAY FSP providers
		DMH and LE Contracted Child/TAY FSP providers
		SA 4 Community and LE providers
02/2024	10	DMH and LE Contracted Child/TAY FSP providers
		Homeless FSP providers and DMH staff
		Community Members
		PMRT SA7: Teams
		USC - LE Providers
		San Gabriel Valley MET monthly meeting
		GENESIS - Directly Operated program staff
		East San Gabriel Health Neighborhood Monthly Meeting
		Field Deputies Training Teams
Union station Homeless Services Monthly Meeting		
03/2024	8	SA 8 Directly Operated DMH staff
		SALT 4 AOA.
		Union Station Homeless Services (ADMIN TEAM).
		CAMP; Teams: Mental Health Clinical Supervisor, United Mental Health Promoters, Promotores de Salud Menal
		SALT 1
		SA 4 LE Providers and Directly Operated staff
		PMRT SA6 AOT/Care Court Teams
		Northeast Mental Health Center
04/2024	2	EI Monte Health Neighborhood Monthly Meeting
05/2024	15	LAPD Harbor Division
		City of Torrance Commission and community representatives
		Norwalk Homeless Task Force
		Korean American Press, Newspaper, Radio and TV
		Community Members
		Harbor UCLA staff-social workers
		DMH MH Court Linkage
		Center of Excellence Forensic Center
		Olive View UCLA Medical Center.
		Trauma Informed Approach Conference
		LA LAW Library Monthly Presentation
West Valley MHC		
West Side Shelter		

Month	Number of Training/ Outreach Per Month	Organizations
		Salvation Army Shelter: Bell Shelter
		Jail (Care Transitions meeting) TTCF
		City of Norwalk Administrators
		Southeast Region MET Signal Hill Police Department
06/2024	9	Mental Health Month Santa Monica Pier).
		Adult Protective Services (New SW induction)
		Update at Homeless Coalition, 30 people.
		Homeless Advisory Committee.
		East San Gabriel Mental Health Clinic
		CRDF- Jail
		Downey Police Department
		Represented CARE Court at the Juneteenth Event
		NAMI South Bay Programs
07/2024	5	State Senator Menjivar & Initiate Justice Virtual Care Court Town Hall
		DHS CSW Supervisor Collaborative
		Statewide Mental Health Program – Press Release Program. CDCR - Division of Health Care Services
		Desert View Ad Hoc Support and Services Group
		Office of Public Guardian staff meeting CARE Court
08/2024	7	Presentation with group of LCSWs at UCLA Medical Center
		Culver City Mobile Crisis Team (MCT) 4 people
		DMH program, Enhanced Care Manager
		CARE Court Staff – Terrace
		Korean MH Promoters at their Team Building
		Brentwood Council, via Zoom.
		SA 2 Health Neighborhood today
09/2024	13	L.A. Downtown Medical Center
		SA 6 Faith Based Monthly
		GD work group Statewide League of Women Voter Homeless Coalition
		GD work group – Monday
		South Bay Cities Outreach and Care Coordination
		SALT 3 Presentation
		Veterans Mental Evaluation Team in West Covina
		Client Advisory Counsel
		DMH Supervisors forum
		Presentation to Relay, NAMI (Whittier and Long Beach Area)
		Presentation Korean Festival <b>9/26-9/30/24</b>

10/2024	5	NAMI California Conference in Anaheim
		SA7 HOME team staff meeting
		Sheriff's Department – MET Team
		NAMI Urban LA
		CARE Court (in Spanish) at NAMI
11/2024	2	Harbor UCLA to present at the DHS Social Worker's staff meeting. Social workers were from Emergency Rooms social workers, outpatient social workers, and inpatient social workers and some DMH Staff
		Training Adult Protective Services Workers
12/2024	None	

<b>TABLE 1.7 CARE COURT STAFFING AND VACANCIES</b>					
<b>SERVICE AREA</b>	<b>POSITION TITLE</b>	<b>TOTAL FTE</b>	<b>FILLED</b>	<b>PENDING START DATE</b>	<b>VACANT</b>
1	CLINICAL PSYCHOLOGIST II	1	0	0	1
	COMMUNITY HEALTH WORKER	1	0	0	1
	MEDICAL CASE WORKER II	1	1	0	0
	MENTAL HEALTH COUNSELOR, RN	1	0	0	1
	MENTAL HEALTH PSYCHIATRIST	1	0	0	1
	PSYCHIATRIC SOCIAL WORKER II (CP II)	1	1	0	0
	SENIOR COMMUNITY HEALTH WORKER	1	1	0	0
	SUBSTANCE ABUSE COUNSELOR	1	1	0	0
	SUPERVISING PSYCHOLOGIST	1	0	0	1
	<b>TOTAL - SA 1</b>		<b>9</b>	<b>4</b>	<b>0</b>
2	CLINICAL PSYCHOLOGIST II	1	0	0	1
	MEDICAL CASE WORKER II	1	1	0	0
	MENTAL HEALTH COUNSELOR, RN	1	0	0	1
	MENTAL HEALTH PSYCHIATRIST	1	0	0	1
	PSYCHIATRIC SOCIAL WORKER II (CP II)	1	1	0	0
	SENIOR COMMUNITY HEALTH WORKER	2	1	0	1
	SUBSTANCE ABUSE COUNSELOR	1	0	1	0
	SUPERVISING PSYCHOLOGIST	1	1	0	0
<b>TOTAL - SA 2</b>		<b>9</b>	<b>4</b>	<b>1</b>	<b>4</b>
3	CLINICAL PSYCHOLOGIST II	1	1	0	0
	MEDICAL CASE WORKER II	1	1	0	0
	MENTAL HEALTH COUNSELOR, RN	1	0	0	1
	MENTAL HEALTH PSYCHIATRIST	1	0	0	1
	PSYCHIATRIC SOCIAL WORKER II (CP II)	1	1	0	0
	SENIOR COMMUNITY HEALTH WORKER	2	2	0	0
	SUBSTANCE ABUSE COUNSELOR	1	0	0	1
	SUPERVISING PSYCHOLOGIST	1	1	0	0
<b>TOTAL - SA 3</b>		<b>9</b>	<b>6</b>	<b>0</b>	<b>3</b>

SERVICE AREA	POSITION TITLE	TOTAL FTE	FILLED	PENDING START DATE	VACANT
4	CLINICAL PSYCHOLOGIST II	1	0	0	1
	MEDICAL CASE WORKER II	1	1	0	0
	MENTAL HEALTH COUNSELOR, RN	1	0	0	1
	MENTAL HEALTH PSYCHIATRIST	1	0	0	1
	PSYCHIATRIC SOCIAL WORKER II (CP II)	1	0	1	0
	SENIOR COMMUNITY HEALTH WORKER	2	2	0	0
	SUBSTANCE ABUSE COUNSELOR	1	1	0	0
	SUPERVISING PSYCHOLOGIST	1	1	0	0
	<b>TOTAL - SA 4</b>	<b>9</b>	<b>5</b>	<b>1</b>	<b>3</b>
5	CLINICAL PSYCHOLOGIST II	1	0	0	1
	COMMUNITY HEALTH WORKER	1	0	0	1
	MEDICAL CASE WORKER II	1	1	0	0
	MENTAL HEALTH COUNSELOR, RN	1	0	0	1
	MENTAL HEALTH PSYCHIATRIST	1	0	0	1
	PSYCHIATRIC SOCIAL WORKER II (CP II)	1	0	0	1
	SENIOR COMMUNITY HEALTH WORKER	1	1	0	0
	SUBSTANCE ABUSE COUNSELOR	1	1	0	0
	<b>TOTAL - SA 5</b>	<b>9</b>	<b>3</b>	<b>0</b>	<b>6</b>
6	CLINICAL PSYCHOLOGIST II	1	0	0	1
	MEDICAL CASE WORKER II	1	0	0	1
	MENTAL HEALTH COUNSELOR, RN	1	0	1	0
	MENTAL HEALTH PSYCHIATRIST	1	0	0	1
	PSYCHIATRIC SOCIAL WORKER II (CP II)	1	1	0	0
	SENIOR COMMUNITY HEALTH WORKER	2	1	1	0
	SUBSTANCE ABUSE COUNSELOR	1	1	0	0
	SUPERVISING PSYCHOLOGIST	1	1	0	0
	<b>TOTAL - SA 6</b>	<b>9</b>	<b>4</b>	<b>2</b>	<b>3</b>
7	CLINICAL PSYCHOLOGIST II	1	1	0	0
	MEDICAL CASE WORKER II	1	1	0	0
	MENTAL HEALTH COUNSELOR, RN	1	0	0	1
	MENTAL HEALTH PSYCHIATRIST	1	0	0	1
	PSYCHIATRIC SOCIAL WORKER II (CP II)	1	1	0	0
	SENIOR COMMUNITY HEALTH WORKER	2	2	0	0
	SUBSTANCE ABUSE COUNSELOR	1	1	0	0
	SUPERVISING PSYCHOLOGIST	1	1	0	0
	<b>TOTAL - SA 7</b>	<b>9</b>	<b>7</b>	<b>0</b>	<b>2</b>
7 (Self-Help)	MEDICAL CASE WORKER II	1	1	0	0
	MENTAL HEALTH COUNSELOR, RN	1	0	1	0
	PSYCHIATRIC SOCIAL WORKER II	2	1	1	0
	PSYCHIATRIC TECHNICIAN III	1	1	0	0
	SENIOR COMMUNITY HEALTH WORKER	2	2	0	0
	SENIOR MENTAL HEALTH COUNSELOR, RN	1	1	0	0
	SUBSTANCE ABUSE COUNSELOR	1	1	0	0

SERVICE AREA	POSITION TITLE	TOTAL FTE	FILLED	PENDING START DATE	VACANT
	<b>TOTAL - SA 7 (SELF-HELP)</b>	<b>9</b>	<b>7</b>	<b>2</b>	<b>0</b>
8	CLINICAL PSYCHOLOGIST II	1	0	0	1
	MEDICAL CASE WORKER II	1	1	0	0
	MENTAL HEALTH COUNSELOR, RN	1	0	0	1
	MENTAL HEALTH PSYCHIATRIST	1	0	0	1
	PSYCHIATRIC SOCIAL WORKER II (CP II)	1	1	0	0
	SENIOR COMMUNITY HEALTH WORKER	2	1	0	1
	SUBSTANCE ABUSE COUNSELOR	1	1	0	0
	SUPERVISING PSYCHOLOGIST	1	1	0	0
	<b>TOTAL - SA 8</b>	<b>9</b>	<b>5</b>	<b>0</b>	<b>4</b>
CW ADMIN	MENTAL HEALTH PROGRAM MANAGER IV	1	1	0	0
	MANAGEMENT SECRETARY III	1	0	0	1
	HEALTH PROGRAM ANALYST II	1	1	0	0
	<b>TOTAL - CW ADMIN</b>	<b>3</b>	<b>2</b>	<b>0</b>	<b>1</b>
NORTH ADMIN	MENTAL HEALTH PROGRAM MANAGER III	1	1	0	0
	MENTAL HEALTH PROGRAM MANAGER I	2	2	0	0
	SUPERVISING MENTAL HEALTH PSYCHIATRIST	1	1	0	0
	HEALTH PROGRAM ANALYST II	1	1	0	0
	STAFF ASSISTANT II	1	1	0	0
	SR. SECRETARY III	1	0	1	0
	SENIOR TYPIST-CLERK	1	1	0	0
	PATIENT FINANCIAL SERVICES WORKER	1	1	0	0
	CLINIC DRIVER	1	0	0	1
	<b>TOTAL - NORTH ADMIN</b>	<b>10</b>	<b>8</b>	<b>1</b>	<b>1</b>
SOUTH ADMIN	MENTAL HEALTH PROGRAM MANAGER III	1	1	0	0
	MENTAL HEALTH PROGRAM MANAGER I	2	1	1	0
	SUPERVISING MENTAL HEALTH PSYCHIATRIST	1	1	0	0
	HEALTH PROGRAM ANALYST II	1	1	0	0
	STAFF ASSISTANT II	1	1	0	0
	SR. SECRETARY III	1	1	0	0
	SENIOR TYPIST-CLERK	1	1	0	0
	PATIENT FINANCIAL SERVICES WORKER	1	1	0	0
	CLINIC DRIVER	1	1	0	0
	<b>TOTAL - SOUTH ADMIN</b>	<b>10</b>	<b>9</b>	<b>1</b>	<b>0</b>
	<b>GRAND TOTAL</b>	<b>104</b>	<b>64</b>	<b>8</b>	<b>32</b>
	<b>PERCENTAGE</b>	<b>100%</b>	<b>62%</b>	<b>8%</b>	<b>30%</b>

\* Data as of 2/28/2025