



## **HEALTH AND MENTAL HEALTH CLUSTER AGENDA REVIEW MEETING**

**DATE:** Wednesday, June 28, 2023

**TIME:** 11:30 A.M.

**THIS MEETING WILL CONTINUE TO BE CONDUCTED VIRTUALLY AS  
PERMITTED UNDER THE BOARD OF SUPERVISORS' FEBRUARY 7, 2023,  
ORDER SUSPENDING THE APPLICATION OF BOARD POLICY 3.055 UNTIL  
JUNE 30, 2023**

**TO PARTICIPATE IN THE MEETING, PLEASE CALL AS FOLLOWS:**

**DIAL-IN NUMBER: 1 (323) 776-6996**

**CONFERENCE ID: 322130288#**

**[MS Teams link](#) (Ctrl+Click to Follow Link)**

### **AGENDA**

Members of the Public may address the Health and Mental Health Services Meeting on any agenda item. Two (2) minutes are allowed for each item.

**THIS TELECONFERENCE WILL BE MUTED FOR ALL CALLERS. PLEASE DIAL \*6  
TO UNMUTE YOUR PHONE WHEN IT IS YOUR TIME TO SPEAK.**

- I. Call to order
- II. **Information Item(s) (Any Information Item is subject to discussion and/or presentation at the request of two or more Board offices):**
  - a. **DPH:** Board Resolution to Recommend to the California Department of Health Care Services Approval of an Application for a Driving-Under-The-Influence License (#06974)
- III. **Presentation Item(s):**
  - a. **DHS:** Request Approval to Amend the EMS Commission Ordinance, Correct the Names of Certain Nominating Agencies as they are Registered with the California Secretary of State, and to Change Nominating Agencies and Membership Titles of Nominated Members to Require that the Nominating Agency's Nominee Either be Working or Practicing in Los Angeles County

IV. **Discussion Item(s):**

**a. DMH:** Community Assistance, Recovery and Empowerment (CARE)  
Court Update

**b. DPH:** Improving School Climate and Safety

V. Items Continued from a Previous Meeting of the Board of Supervisors or from the Previous Agenda Review Meeting

VI. Items not on the posted agenda for matters requiring immediate action because of an emergency situation, or where the need to take immediate action came to the attention of the Department subsequent to the posting of the agenda.

VII. Public Comment

VIII. Adjournment

# BOARD LETTER/MEMO CLUSTER FACT SHEET

DRAFT

☒ Board Letter

☐ Board Memo

☐ Other

<b>CLUSTER AGENDA REVIEW DATE</b>	6/28/2023	
<b>BOARD MEETING DATE</b>	7/11/2023	
<b>SUPERVISORIAL DISTRICT AFFECTED</b>	<input type="checkbox"/> All <input type="checkbox"/> 1 <sup>st</sup> <input type="checkbox"/> 2 <sup>nd</sup> <input checked="" type="checkbox"/> 3 <sup>rd</sup> <input type="checkbox"/> 4 <sup>th</sup> <input type="checkbox"/> 5 <sup>th</sup>	
<b>DEPARTMENT(S)</b>	Department of Public Health (Public Health)	
<b>SUBJECT</b>	BOARD RESOLUTION TO RECOMMEND TO THE CALIFORNIA STATE DEPARTMENT OF HEALTH CARE SERVICES APPROVAL OF AN APPLICATION FOR DRIVING-UNDER-THE-INFLUENCE LICENSE	
<b>PROGRAM</b>	Substance Abuse Prevention and Control (SAPC)	
<b>AUTHORIZES DELEGATED AUTHORITY TO DEPT</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>SOLE SOURCE CONTRACT</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, please explain why:	
<b>DEADLINES/ TIME CONSTRAINTS</b>	N/A	
<b>COST &amp; FUNDING</b>	Total cost: N/A	Funding source: N/A
	TERMS (if applicable): N/A	
	Explanation: N/A	
<b>PURPOSE OF REQUEST</b>	<p>Approval of the recommended action will allow Public Health, in agreement with the Los Angeles County Commission on Alcohol and Other Drugs (CAOD), to submit Fred Kennedy Associates, Inc. (FKA) DUI program license application to the California Department of Health Care Services (DHCS) for approval, as required by State regulations.</p> <p>The California Code of Regulations requires that the county alcohol program administrator and the county alcohol advisory board review DUI program license applications and submit their recommendations to the county board of supervisors. The county board of supervisors shall then select applications to submit to DHCS for final approval.</p> <p>In accordance with this State regulation, Public Health and CAOD have reviewed the DUI program license application for FKA and recommend that your Board approve the submission of this application to DHCS for approval.</p>	
<b>BACKGROUND</b> (Include internal/external issues that may exist including any related motions)	FKA is currently licensed as a DUI program service provider for Wet Reckless and First Offender participants in Carson and San Pedro. On July 2015, FKA entered into a Memorandum of Understanding with the County of Los Angeles (County) to provide DUI Program services in Los Angeles County and intends to continue operating as a licensed DUI provider in the Santa Monica area, in addition to the cities mentioned above. FKA's application is to provide DUI program services for First Offender, Second and Subsequent Offender, and Third and Subsequent Offender participants in Santa Monica.	

<b>EQUITY INDEX OR LENS WAS UTILIZED</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, please explain how:
<b>SUPPORTS ONE OF THE NINE BOARD PRIORITIES</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, please state which one(s) and explain how: Board Priority: Care First Jail Last/ Justice Reform – By increasing the amount of DUI program service providers for First Offender, Second and Subsequent Offender, Third and Subsequent Offender participants, to assist in their rehabilitation, and assist in decreasing or abstaining from alcohol and/or drug usage.
<b>DEPARTMENTAL CONTACTS</b>	Name, Title, Phone # & Email:  Joshua Bobrowsky, Public Health Director Government Affairs, (213) 288-7871 <a href="mailto:jbobrowsky@ph.lacounty.gov">jbobrowsky@ph.lacounty.gov</a>  Emily Issa, Senior Deputy County Counsel (213) 974-1827 <a href="mailto:eissa@counsel.lacounty.gov">eissa@counsel.lacounty.gov</a>  Gary Tsai, Public Health Substance Abuse Prevention and Control (626) 299-3504 <a href="mailto:GTsai@ph.lacounty.gov">GTsai@ph.lacounty.gov</a>



DRAFT



BARBARA FERRER, Ph.D., M.P.H., M.Ed.  
Director

MUNTU DAVIS, M.D., M.P.H.  
County Health Officer

MEGAN McCLAIRE, M.S.P.H.  
Chief Deputy Director

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BOARD OF SUPERVISORS

Hilda L. Solis  
First District

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Kathryn Barger  
Fifth District

July 11, 2023

The Honorable Board of Supervisors  
County of Los Angeles  
383 Kenneth Hahn Hall of Administration  
500 West Temple Street  
Los Angeles, California 90012

Dear Supervisors:

**BOARD RESOLUTION TO RECOMMEND TO THE CALIFORNIA DEPARTMENT OF  
HEALTH CARE SERVICES APPROVAL OF AN APPLICATION FOR DRIVING-UNDER-THE-  
INFLUENCE LICENSE  
(THIRD SUPERVISORIAL DISTRICT)  
(3 VOTES)**

**SUBJECT**

Request approval of a resolution to submit the Fred Kennedy Associates, Inc. application for a Driving-Under-the-Influence program license to the California Department of Health Care Services for approval.

**IT IS RECOMMENDED THAT THE BOARD:**

Approve the attached Board Resolution, Exhibit I, delegating authority to the Director of the Department of Public Health (Public Health), or designee, to submit for approval to the California Department of Health Care Services (DHCS) an application for a Driving-Under-the-Influence (DUI) program license for Fred Kennedy Associates, Inc. (FKA), as recommended by the Los Angeles County Commission on Alcohol and Other Drugs (CAOD) and Public Health, in accordance with State regulations for DUI program licenses.

**PURPOSE/JUSTIFICATION OF RECOMMENDED ACTION**

The DUI program is intended to provide awareness to participants of the impact, significance, and consequences of a DUI offense and to assist in the rehabilitation of persons convicted of a DUI as a result of consuming intoxicating alcohol or being under the combined effect of alcohol and drugs. The DUI program is designed to educate first-time and repeat offenders and to assist participants in decreasing or abstaining from alcohol and/or drug usage. The overall objective is to decrease the incidence of DUI offenses. All DUI program service providers must be licensed by DHCS.

Approval of the recommended action will allow Public Health, in agreement with CAOD, to submit FKA's DUI program license application to DHCS for approval, as required by State regulations.

The California Code of Regulations requires that the county alcohol program administrator and the county alcohol advisory board review DUI program license applications and submit their recommendations to the county board of supervisors. The county board of supervisors shall then select applications to submit to DHCS for final approval.

In accordance with this State regulation, Public Health and CAOD have reviewed the DUI program license application for FKA and recommend that your Board approve the submission of this application to DHCS for approval.

FKA is currently licensed as a DUI program service provider for Wet Reckless and First Offender participants in Carson and San Pedro. On July 2015, FKA entered into a Memorandum of Understanding (MOU) with the County of Los Angeles (County) to provide DUI Program services in Los Angeles County and intends to continue operating as a licensed DUI provider in the Santa Monica area, in addition to the cities mentioned above. FKA's application is to provide DUI program services for First Offender, Second and Subsequent Offender, and Third and Subsequent Offender participants in Santa Monica.

#### **Implementation of Strategic Plan Goals**

The recommended action supports Strategy I.2 – Enhance Our Delivery of Comprehensive Interventions, Objective I.2.3 – Integrate Substance Use Disorder (SUD) Treatment Services of the County's Strategic Plan.

#### **FISCAL IMPACT/FINANCING**

There are no net County costs associated with this action.

#### **FACTS AND PROVISIONS/LEGAL REQUIREMENTS**

DHCS licenses programs, establishes program regulations, and approves participant fees and fee schedules. The County is responsible for ensuring the provision of DUI program services at the local level.

California Code of Regulations, Title 9, Division 4, Chapter 3, Subchapter 2, Article 1, Section 9802(c) states that a new application for licensure pursuant to Section 9804 shall be required to establish a new DUI program.

The California Code of Regulations, Title 9, Division 4, Chapter 3, Subchapter 2, Article 2, Section 9810 governs the review and recommendation of DUI program license applications. FKA is in compliance with State laws and DUI program regulations.

#### **CONTRACTING PROCESS**

Each Supervisor

July 11, 2023

Page 3

On June 9, 2015, your Board approved the execution of MOUs with 41 DUI service providers effective July 1, 2015, through June 30, 2020, with an option to extend through June 30, 2025, and delegated authority to Public Health to amend the MOUs.

Subsequently, Public Health executed an MOU with FKA effective July 1, 2015, through June 30, 2020, and on July 30, 2020, Public Health executed an amendment to extend the term of the MOU through June 30, 2025.

If your Board approves submission of the application and upon DHCS' issuing the DUI program license, Public Health will exercise its delegated authority to amend the MOU with FKA to reflect the new service site.

**IMPACT ON CURRENT SERVICES (OR PROJECTS)**

Approval of the recommended action will allow Public Health to recommend to DHCS approval of a DUI program application which, if approved, will allow FKA to provide DUI program services in Santa Monica.

Respectfully submitted,

Barbara Ferrer, Ph.D., M.P.H., M.Ed.  
Director

BF:jt  
#06974

Enclosure

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

**LOS ANGELES COUNTY DEPARTMENT OF PUBLIC HEALTH**

**RESOLUTION AUTHORIZING  
RECOMMENDATION TO THE CALIFORNIA STATE  
DEPARTMENT OF HEALTH CARE SERVICES**

WHEREAS, the Director of the Department of Public Health (Public Health), or designee, in concurrence with the Los Angeles County Commission on Alcohol and Other Drugs (CAOD), recommends the Board of Supervisors submit for approval to the California State Department of Health Care Services (DHCS) an application for additional Driving-Under-the-Influence (DUI) program license for Fred Kennedy Associates, Inc. (FKA). The additional license will allow FKA to provide DUI services for First Offender, Second and Subsequent Offender, and Third and Subsequent Offender participants in Santa Monica, in accordance with State regulations.

WHEREAS, FKA demonstrates that it has sufficient resources, technical expertise, and/or experience to provide DUI program services.

WHEREAS, The California Code of Regulations, Title 9, Division 4, Chapter 3, Subchapter 2, Article 2, Section 9810 mandates that the county board of supervisors shall review the application and shall select applications to be submitted to DHCS for final approval of licensure.

NOW, THEREFORE, be it resolved that the County of Los Angeles Board of Supervisors, with the recommendation of CAOD and Public Health, has selected the DUI Program application of FKA for DUI Program Services and authorizes the submission of the application to DHCS for final approval FKA's DUI Program license.

BE IT FURTHER RESOLVED that the Director of Public Health, or designee, is hereby authorized to submit to DHCS the necessary application for FKA for final approval.

The foregoing resolution was passed on \_\_\_\_\_ day of \_\_\_\_\_, 2023 adopted by the Board of Supervisors of the County of Los Angeles and ex officio the governing body of all other special assessment and taxing districts, agencies and authorities for which said Board so acts.

\_\_\_\_\_  
Fesia Davenport, Executive Officer  
of the Board of Supervisors  
County of Los Angeles

\_\_\_\_\_  
Barbara Ferrer, Director  
Department of Public Health

APPROVED AS TO FORM:  
DAWYN R. HARRISON  
COUNTY COUNSEL

By \_\_\_\_\_  
Deputy



# BOARD LETTER/MEMO CLUSTER FACT SHEET

☒ Board Letter

☐ Board Memo

☐ Other

<b>CLUSTER AGENDA REVIEW DATE</b>	06/28/2023	
<b>BOARD MEETING DATE</b>	07/11/2023	
<b>SUPERVISORIAL DISTRICT AFFECTED</b>	<input checked="" type="checkbox"/> All <input type="checkbox"/> 1 <sup>st</sup> <input type="checkbox"/> 2 <sup>nd</sup> <input type="checkbox"/> 3 <sup>rd</sup> <input type="checkbox"/> 4 <sup>th</sup> <input type="checkbox"/> 5 <sup>th</sup>	
<b>DEPARTMENT(S)</b>	Department of Health Services	
<b>SUBJECT</b>	APPROVAL OF ORDINANCE AMENDMENT TO THE COUNTY CODE, TITLE 3 – ADVISORY COMMISSIONS AND COMMITTEES, CHAPTER 3.20, EMERGENCY MEDICAL SERVICES COMMISSION	
<b>PROGRAM</b>	Emergency Medical Services	
<b>AUTHORIZES DELEGATED AUTHORITY TO DEPT</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>SOLE SOURCE CONTRACT</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>DEADLINES/ TIME CONSTRAINTS</b>	N/A	
<b>COST &amp; FUNDING</b>	Total cost: The EMS Commission members serve without compensation; therefore, this recommendation will have no fiscal impact.	Funding source: N/A
	TERMS (if applicable): N/A	
<b>PURPOSE OF REQUEST</b>	Approve and adopt the Ordinance to Title 3 – Advisory Commissions and Committees, Chapter 3.20, Emergency Medical Services Commission (EMS Commission), to amend the provisions relating to Section 3.20.040 – Composition, to correct the names of certain nominating agencies as they are registered with the California Secretary of State, and to change nominating agencies and membership titles of nominated members to require that the nominating agency's nominee either be working, or practicing, in Los Angeles County which will create a clear nexus between the nominee and the interests of the residents of the County.	
<b>BACKGROUND</b> (include internal/external issues that may exist including any related motions)	County Code section 3.20.040 was originally enacted in 1942 and has undergone several amendments since that time. On April 7, 1981, the Board approved and adopted Ordinance 12332 which established an EMS Commission in accordance with California Health and Safety Code Sections 1797.270, 1797.272, 1797.274, and 1797.276. At various times thereafter, County Code section 3.20.040 has been amended to, for example: change one nominating agency for another when the former ceased to exist; adding seats on the EMS Commission nominated by the Los Angeles County Chiefs' Association; and adding a trauma surgeon who practices in Los Angeles County at a designated trauma center and nominated by the Southern California Chapter of the American College of Surgeons. The EMS Commission, in consultation with the Department of Health Services, has determined that updating the names of or changing nominating agencies, and adding nominee requirements to either work or practice in Los Angeles County better serves its goals, and follows current industry trends to allow insight from active emergency medical care personnel and firefighting professionals.	

<b>EQUITY INDEX OR LENS WAS UTILIZED</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, please explain how:
<b>SUPPORTS ONE OF THE NINE BOARD PRIORITIES</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, please state which one(s) and explain how:
<b>DEPARTMENTAL CONTACTS</b>	Name, Title, Phone # & Email: Richard Tadeo, Director, (562) 378-1610 <a href="mailto:rtadeo@dhs.lacounty.gov">rtadeo@dhs.lacounty.gov</a>

July 11, 2023

**DRAFT**

The Honorable Board of Supervisors  
County of Los Angeles  
383 Kenneth Hahn Hall of Administration  
500 West Temple Street  
Los Angeles, California 90012

Dear Supervisors:

**APPROVAL OF ORDINANCE AMENDMENT TO THE COUNTY CODE, TITLE 3 –  
ADVISORY COMMISSIONS AND COMMITTEES, CHAPTER 3.20, EMERGENCY  
MEDICAL SERVICES COMMISSION  
(ALL SUPERVISORIAL DISTRICTS)  
(3 VOTES)**

**SUBJECT**

Request approval of an ordinance to amend Los Angeles County (LA County) Code, Title 3 – Advisory Commissions and Committees, Los Angeles County Code Chapter 3.20, Emergency Medical Services Commission, Section 3.20.040 – Composition.

**IT IS RECOMMENDED THAT THE BOARD:**

Approve and adopt the attached Ordinance (Exhibit I) to Title 3 – Advisory Commissions and Committees, Chapter 3.20, Emergency Medical Services Commission (EMS Commission), to amend the provisions relating to Section 3.20.040 – Composition, to correct the names of certain nominating agencies as they are registered with the California Secretary of State, and to change nominating agencies and membership titles of nominated members to require that the nominating agency's nominee either be working, or practicing, in LA County.

**PURPOSE/JUSTIFICATION OF RECOMMENDED ACTION**

LA County Code establishes the member composition for the EMS Commission and identifies the state or local agencies responsible for nominating representatives. Approval of this recommendation will amend LA County Code to correct the names of, or change, nominating agencies. The amendment will also create a clear nexus between the nominee and the interests of the residents of LA County by requiring the nominee to either work or practice within LA County.

**Implementation of Strategic Plan Goals**

The recommended action supports III.3, "Striving for Operational Effectiveness, Fiscal Responsibility and Accountability," of the County's Strategic Plan.

**FISCAL IMPACT/FINANCING**

The EMS Commission members serve without compensation; therefore, this recommendation will have no fiscal impact.

## **FACTS AND PROVISIONS/LEGAL REQUIREMENTS**

LA County Code section 3.20.040 was originally enacted in 1942 and has undergone several amendments since that time. On April 7, 1981, the Board of Supervisors approved and adopted Ordinance 12332 which established an EMS Commission in accordance with California Health and Safety Code Sections 1797.270, 1797.272, 1797.274, and 1797.276.

At various times thereafter, LA County Code section 3.20.040 has been amended to, for example: change one nominating agency for another when the former ceased to exist; adding seats on the EMS Commission nominated by the LA County Chiefs' Association; and adding a trauma surgeon who practices in LA County at a designated trauma center and nominated by the Southern California Chapter of the American College of Surgeons.

The EMS Commission, in consultation with the Department of Health Services, has determined that updating the names of or changing nominating agencies, and adding nominee requirements to either work or practice in LA County better serves its goals, and follows current industry trends to allow insight from active emergency medical care personnel and firefighting professionals.

County Counsel has reviewed and approved Exhibit I.

## **CONTRACTING PROCESS**

Not applicable.

## **IMPACT ON CURRENT SERVICES (OR PROJECTS)**

The Ordinance will enhance the EMS Commission's knowledge base through discussion and input from public representation and professionals related to emergency medical care and issues impacting LA County.

Respectfully Submitted,

Christina R. Ghaly, M.D.  
Director

CRG:am

Attachment

c: Chief Executive Office  
County Counsel  
Executive Office, Board of Supervisors  
Emergency Medical Services Commission

**ANALYSIS**

An ordinance amending Title 3 – Advisory Commissions and Committees of the Los Angeles County Code, relating to the Emergency Medical Services Commission and modifying the composition of its representatives to reflect the current state of expertise in the field of Emergency Medical Services.

DAWYN R. HARRISON  
County Counsel

BRIAN CHU  
Principal Deputy County Counsel  
Health Services Division

BTC:er

Requested:	4/28/2022
Revised	11/20/2022
	01/19/2023

**ORDINANCE NO. \_\_\_\_\_**

An ordinance amending Title 3 – Advisory Commissions and Committees of the Los Angeles County Code, relating to the Emergency Medical Services Commission and modifying the composition of its representatives to reflect the current state of expertise in the field of Emergency Medical Services.

The Board of Supervisors of the County of Los Angeles ordains as follows:

**SECTION 1.** Section 3.20.040 is hereby amended to read as follows:

**3.20.040 Composition.**

The commission shall be composed as follows:

- A. An emergency medical care physician who practices in Los Angeles County in a paramedic base hospital and nominated by the California Chapter of the American College of Emergency Physicians;
- B. A ~~cardiologist~~ physician who practices in Los Angeles County and nominated by the American Heart Association, Western States ~~Affiliate~~ Region;
- C. A mobile intensive care nurse nominated by the ~~California~~ Greater Los Angeles County Chapter of the Emergency ~~Department~~ Nurses Association California State Council;
- D. A hospital administrator who works in Los Angeles County and nominated by the ~~Healthcare~~ Hospital Association of Southern California;
- E. A representative of a public provider agency nominated by the ~~Los Angeles Chapter~~ Director of Area 2/South of the California Fire Chiefs' Association;

...

H. A psychiatrist who practices in Los Angeles County and nominated by the Southern California Psychiatric Society;

I. A physician nominated by ~~†~~The Los Angeles County Medical Association;

J. A licensed paramedic who works in Los Angeles County and nominated by the California ~~State Firefighters Association, Emergency Medical Services Committee,~~ doing business as California Professional Firefighters;

. . .

L. A law enforcement representative nominated initially by the California Highway Patrol. After the first term of office for this position is completed, the law enforcement representative shall be nominated by the Los Angeles County Professional Peace Officers' Association;

. . .

N. A police chief nominated by the Los Angeles County Police Chiefs' Association;

O. A representative who works in Los Angeles County and nominated by the Southern California Public Health Association.

[320040BCCC]

**Los Angeles County**

# **CARE Court**

Connie D. Draxler  
Acting Chief Deputy Director  
6.28.23





# Contents

- 1 What Is **CARE** Court?
- 2 CARE **Court** In LA County
- 3 Who Does This Program **Help**?
- 4 **Who** Can Petition?
- 5 **How** To File A Petition
- 6 What Is In A CARE **Agreement/Plan**?
- 7 How Is CARE Court **Different** From Assisted Outpatient Treatment (AOT)?
- 8 What Other **DMH** Programs May Be Right For You?

# What is **CARE** Court?

## **Community Assistance, Recovery & Empowerment Act**

### New **CIVIL COURT PROCESS** established to:

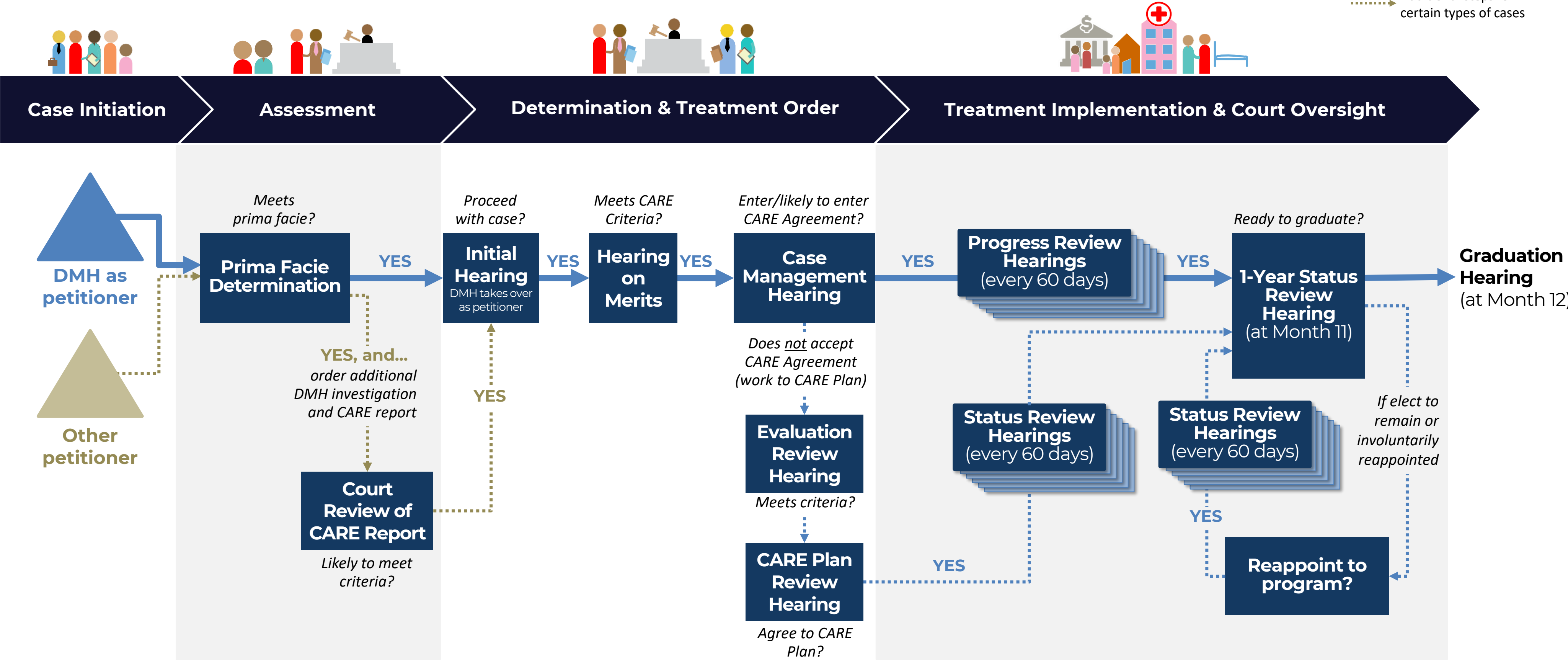
- Focus counties and other local governments on serving persons with **untreated schizophrenia spectrum or other psychotic disorders**
- Provide **behavioral health and housing resources and services**
- **Protect self-determination and civil liberties** by providing legal counsel and promoting supported decision making
- **Intervene sooner** in the lives of those in need to provide support
- Ensure local governments have support while **driving accountability** for their role

# CARE Court in LA County



LOCATION: NORWALK COURTHOUSE

→ Base path  
→ Additional steps for certain types of cases



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# Who Does This Program **Help**?



**18 years or older**



**Has diagnosis in disorder class: Schizophrenia Spectrum and Other Psychotic Disorders**



**Currently experiencing behaviors & symptoms associated with severe mental illness (SMI)**



**Not clinically stabilized in on-going voluntary treatment**



**At least one of the following:**

- Unlikely to survive safely without supervision and condition is substantially deteriorating
- Needs services & supports to prevent relapse or deterioration, leading to grave disability or harm to others



**Participation in a CARE Plan or Agreement is the least restrictive alternative**



**Likely to benefit from participating in a CARE Plan or Agreement**

# Who Can Petition?

## ***"FAMILY / HOME"***

- **Person with whom respondent resides**
- **Spouse, parent, sibling, child, grandparent** or other individual in place of a parent
- **Respondent** (i.e., self-petition)



## ***"COMMUNITY"***

- **First responder** (e.g., peace officer, firefighter, paramedic, mobile crisis response, homeless outreach worker)
- **Director of a hospital**, or designee, in which respondent is hospitalized (including for 5150s, 5250s)
- **Licensed behavioral health professional**, or designee treating respondent for mental illness
- **Director of a public/charitable organization** providing behavioral health services or whose institution respondent resides



## ***"COUNTY"***

- **County behavioral health director**, or designee (e.g., DMH CARE team)
- **Public guardian**, or designee
- **Director of adult protective services**, or designee



## ***"TRIBAL JURISDICTION"***

- **Director of a California Indian health services program**, California tribal behavioral health department, or designee
- **Judge of a tribal court** located in CA, or designee





# How to File a Petition

**CONFIDENTIAL** **CARE-100**

ATTORNEY OR PETITIONER WITHOUT ATTORNEY		STATE BAR NUMBER:	FOR COURT USE ONLY	
NAME:			<b>DRAFT</b> <b>Not approved by</b> <b>the Judicial Council</b>	
FIRM NAME:				
STREET ADDRESS:				
CITY:		STATE: ZIP CODE:		
TELEPHONE NO.:		FAX NO.:		
FIRM ADDRESS:				
ATTORNEY FOR (name):				
SUPERIOR COURT OF CALIFORNIA, COUNTY OF				
STREET ADDRESS:				
MAILING ADDRESS:				
CITY AND ZIP CODE:				
BRANCH NAME:				
CARE ACT PROCEEDINGS FOR (name):				
RESPONDENT				
CASE NUMBER:				
PETITION TO COMMENCE CARE ACT PROCEEDINGS				

For information on completing this form, see *Information for Petitioners—About the CARE Act* (form CARE-050-INFO).

1. Petitioner (name):  
is 18 years of age or older and (check all that apply):

a. ☐ A person who lives with respondent.

b. ☐ A spouse or registered domestic partner, parent, sibling, child, or grandparent of respondent.

c. ☐ A person who stands in the place of a parent to respondent.

d. ☐ The director\* of a hospital in which respondent is hospitalized.

e. ☐ The director\* of a public or charitable organization, agency, or home

(1) ☐ who is or has been, within the past 30 days, providing behavioral health services to respondent; or

(2) ☐ in whose institution respondent resides.

f. ☐ A licensed behavioral health professional\* who is or has been, within the past 30 days, treating or supervising the treatment of respondent.

g. ☐ A first responder, including a peace officer, firefighter, paramedic, emergency medical technician, mobile crisis response worker, or homeless outreach worker who has had repeated interactions with respondent.

h. ☐ The public guardian\* or public conservator\* of the county named above or a private conservator referred by the court under Welfare and Institutions Code section 5978.

i. ☐ The director\* of the county behavioral health agency of the county named above.

j. ☐ The director\* of adult protective services of the county named above.

k. ☐ The director\* of a California Indian health services program or a California tribal behavioral health department.

l. ☐ A California tribal court judge.\*

m. ☐ Respondent.

\* This person may designate someone else to file the petition on their behalf. If the petitioner is a designee, check this category and put designee's name in item 1, above.

2. a. Petitioner asks the court to find that respondent (name):  
is eligible to participate in the CARE Act process and to commence CARE Act proceedings for respondent.

b. Petitioner's relationship to respondent (specify and describe relationship):

- Complete petition (CARE-100) – *remember to fill out all requested information*
- Additionally, provide the required documentation:
  - Completed ***Mental Health Declaration*** (CARE-101) from licensed behavioral health provider
  - OR -
  - Evidence the respondent was detained for a minimum of two periods of intensive treatment (**aka, WIC 5250 holds**), the most recent one within the previous 60 days

- Petitions can be **filed in-person at Norwalk and Hollywood Courthouses** and anywhere Self-Help Centers are located. Future plan to also offer e-file option.
- Help is available online and at **Self-Help Centers** located in courthouses where family law matters are heard



# What Is In A CARE **Agreement/Plan?**



**Behavioral Health Services**



**Medications**



**Housing Resources**

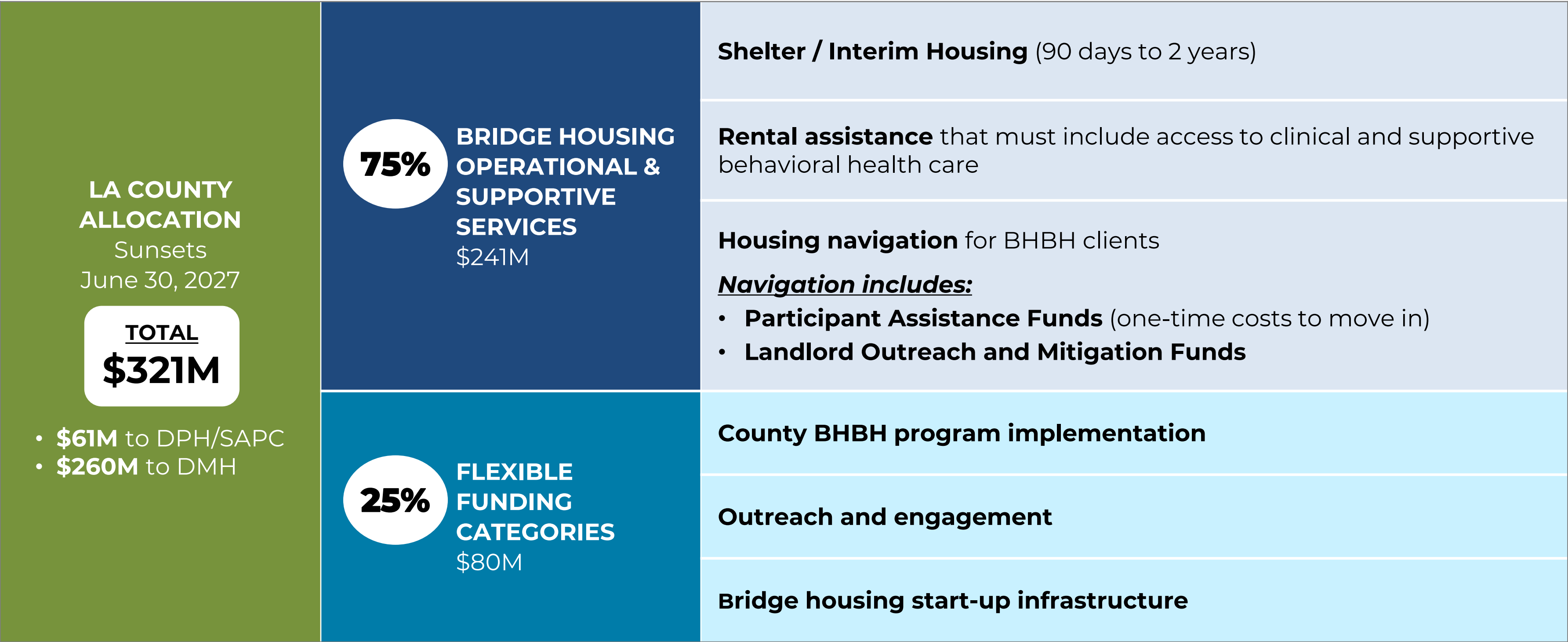


**Social Services & Supports**

# What Is In A CARE Agreement/Plan? *cont'd*

County (DMH + DPH/SAPC) Housing Strategy for CARE Court Population

**LA County Proposal for Behavioral Health Bridge Housing (BHBH) - Round 1**  
Submitted April 28, 2023 (decision to be announced June 2023)



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# How is CARE Court **Different** From AOT?



**CARE has narrow list of mental illness diagnoses which qualify**



**CARE has large list of qualifying petitioners**



**CARE allows for a supporter to assist with treatment team and supportive decision making**



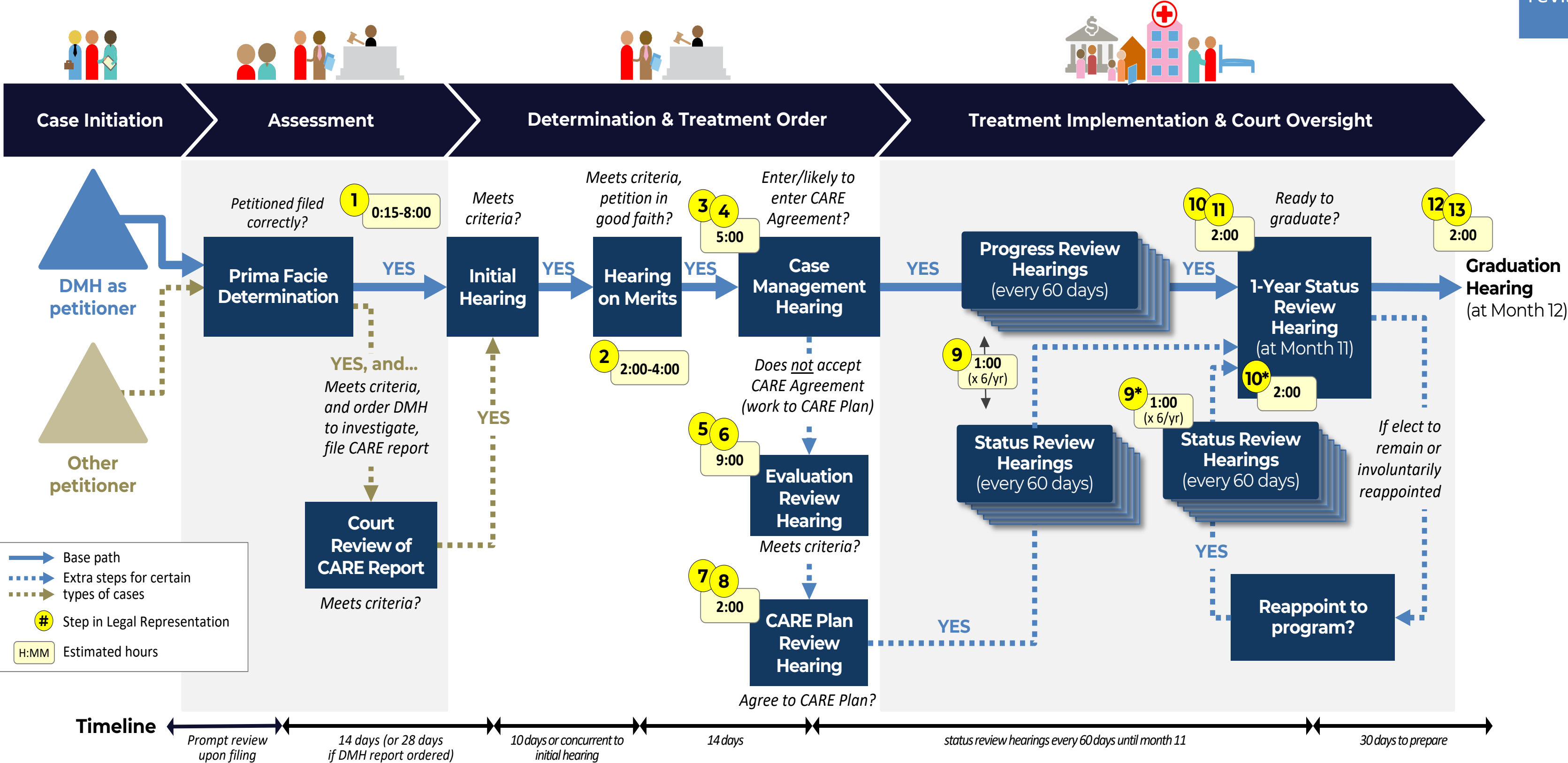
**CARE program duration is for one year (with a second year granted if necessary)**



**CARE will be available in every county statewide by 2025—no matter the insurance plan!**

# Legal Representation

Base estimate 28-38 hrs to represent client in CARE Court, 36-46 hrs if reappointed for 2<sup>nd</sup> year – in line with state’s revised estimate



# Supporter Role

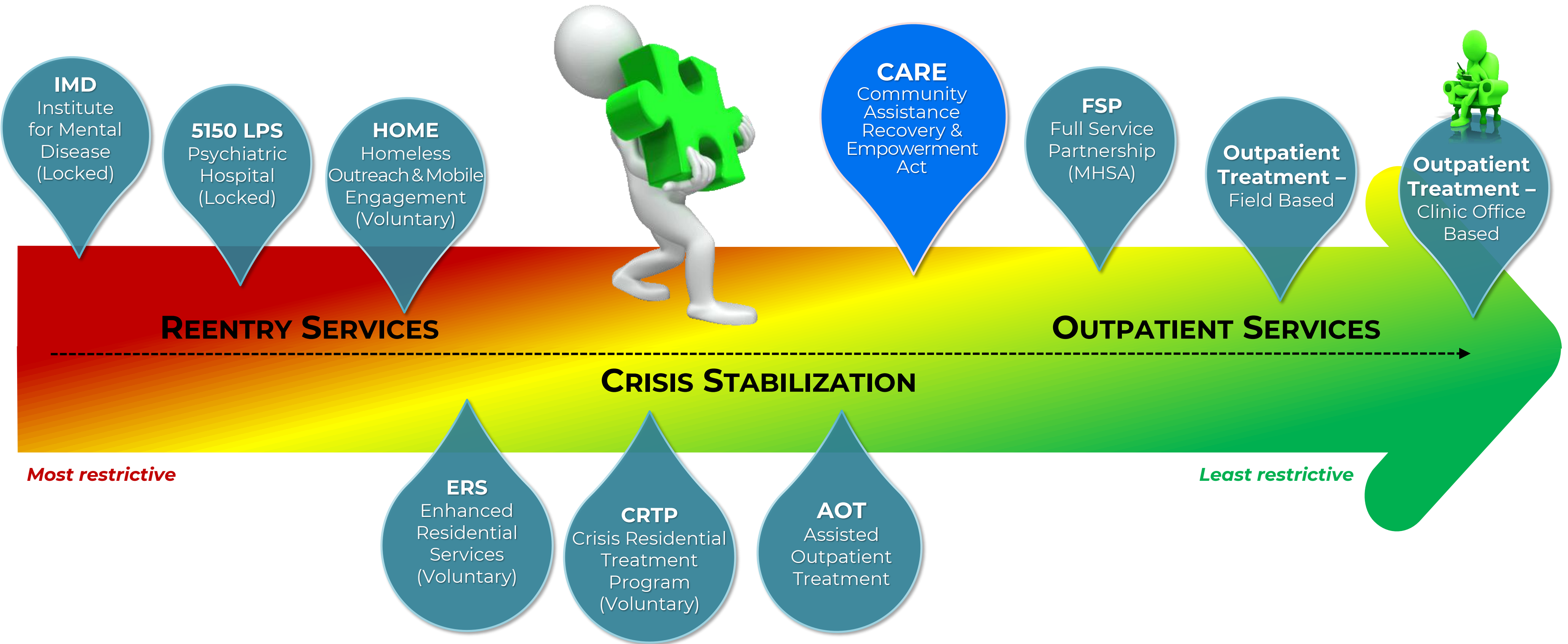
CARE Act allows for a volunteer supporter

- Chosen by the respondent/client
- Provided training by State contractor
- Participate in treatment planning, court hearings, etc.
- Provides supportive decision making
- Can assist with a Psychiatric Advance Directive

DMH Innovation Project Proposal

- MHSA funding for 5-year project
- Provide supporters/peers to respondents who do not have a volunteer supporter
- Anticipate August Mental Health Services Oversight and Accountability Commission hearing

# What Other **DMH** Programs Are Available?



# Next Up

- **60-day budget report** back due August 7
- **90-day implementation update** due September 6
- **Communications** planning underway, in partnership with Court
  - Branding and logo design to rollout in next week or so
  - Identified agency, working to get in contract asap
  - Media engagement already beginning
  - Planning to launch site presence in Fall
  - Exploring regional SoCal collaboration
- **Continue to engage stakeholders** (additional townhalls being scheduled with NAMI, cities/COGs, SALTs, UsCC's, etc.)
- **Continue to attend Various Workgroup meetings**





# **Enhancing School District Capacity for Safety: Pilot Proposal**

## **LA County Office of Violence Prevention**

### **HMHS Cluster Meeting – Discussion Item June 28, 2023**

# School Safety Innovation Pilot

*Proposal pursuant to July 12<sup>th</sup>, 2022, Board Motion.*

## Directives:

- **Identify 2-3 school districts** in communities most impacted by violence and COVID-19 to partner with on a pilot.
- **Collect input from students, families, and school staff** on needed services and supports.
- **Identify effective school safety practices and programs** to highlight and expand efforts.
- **Identify resources and strategies needed** to support safety goals of school stakeholders.
- **Develop recommendations on how the County can best support schools**, including trauma and healing informed supports for school personnel, students, and families.

## Definition of School Safety

*School safety reflects a climate where students, families and staff feel safe from violence, bullying and harassment including the influence of substance use, and violence perpetrated by individuals and systems. Enhancing school safety requires addressing the root causes of violence and trauma that occur in schools, in school-related activities, and in the surrounding communities, through policies and practices that strengthen the network of prevention and response services using an equity and healing-centered lens.*





# School Safety Pilot Planning Activities

- Collected and analyzed data to identify districts with high need
- Met with key stakeholders and convened county School Safety Workgroup to guide pilot planning
- Researched and summarized school climate/safety best practices and existing county safety initiatives
- Coordinated with LACOE and LAUSD to connect with priority districts and discuss the pilot
- Held community listening sessions in 5 Supervisorial Districts and with DPH youth coalitions
- Prioritized short, mid, and long-term pilot components

## Next Steps

- **Submit pilot recommendations report to the Board (July)**
- **Confirm 3 school districts and secure input from youth, parents and staff**



# Stakeholder Input

# Key Recommendations from Youth Sessions

- Define “safe school” as having respect for the struggles and concerns of students, allowing for constant and open dialogue, and listening to students and addressing issues that they may be facing.
- Define a “safe school” as having more of an emphasis on mental health with more funding for counselors and therapists, and safe spaces, like student wellbeing centers, at all school sites with full-time staff available throughout the school day.
- Identify bullying, substance use, and gang activity as the most urgent student safety issues to address.
- Students can be treated as criminals instead of as a kid who made a mistake. Schools need to have youth-friendly and non-gendered protocols, and focus on checking in on students, using conflict mediation instead of punishment.

# Key Recommendations from District Sessions

- Increase partnerships with CBOs to provide programming and services to address urgent school safety issues; including youth substance use, bullying linked to protected identities such as race or sexuality and cyberbullying via social media, community and gang violence prevention and safe passage, and trauma-informed mental health and social emotional learning.
- Increase mental health capacity of schools and employ more restorative practices over punitive practices to promote healing and collective wellbeing on school campuses by hiring more full-time mental health specialists, school counselors, and other student support professionals on campus.
- Expand student-centered safe spaces, such as existing HRC Dream Centers and DPH Wellbeing Centers to all school sites.
- Provide more opportunities for youth in decision making on school safety and climate issues, such as peer mentoring, youth leadership bodies, and meetings with school leadership to build youth advocacy and empowerment.



# School Safety Innovation Pilot



# Pilot Goals and Approach

**Build capacity of school districts to address the systemic issues that are root causes of violence to ensure that all youth feel safe and supported.**

- Identify under-resourced schools with demonstrated need and deep commitment to being centers of excellence for holistic youth safety.
- Support school districts to shift to a care first, restorative, community-driven approach that engage trusted credible messengers.
- Coordinate effective county school safety strategies and expand them to more school sites that are under-resourced and have demonstrated need. Engage county and community partners to address issues in concert with school districts.

# Proposed Pilot Strategies

1. Partner with LACOE to convene a School Safety Learning Community with a cohort of interested school districts.
2. Identify funding for efforts at 5 pilot school districts to build and sustain a culture of safety and wellbeing.
3. Continue to convene the School Safety Workgroup to work on systems change priorities.



# 1. Create School Safety Learning Community

**Partner with LACOE to convene a Learning Community for school districts to share safety best practices and address challenges.**

- Provide training on topics such as trauma informed practices, restorative approaches, youth leadership, and parent engagement.
- Provide technical assistance for Comprehensive Safe School Plans, and meeting mandates such as SB906 to address gun safety.
- Discuss ways to streamline processes such as MOUs with CBOs, threat assessment, youth suicide prevention and crisis response.
- Host peer learning exchange across school districts to share best practices.





## 2. Resources for 5 Pilot School Districts

**Selected school districts choose to implement up to 3 strategies from the following list of identified investment opportunities**

- **School Infrastructure Investments**

- Increase number of student support counselors
- Train school staff in positive youth development, trauma informed practices, de-escalation strategies, cooperative discipline, restorative justice, and conflict mediation
- Establish in-school safety collaboratives that engage and promote youth and parent leadership

- **Healing and Well-being Investments**

- Create on campus safe spaces for youth dialogue, leadership training, and peer mentorship
- Train youth and families in mental health first aid, conflict resolution, and restorative justice
- Integrate creative wellbeing programming that builds student skills in managing emotions and relationships
- Adopt emotional well-being curriculum to support healthy relationships



## 2. Resources for 5 Pilot School Districts (cont.)

- **Community Support Service Investments**

- Develop Bridge Programs to support transition between elementary, middle, and high schools.
- Provide Home Visitation for disconnected students and families to connect to resources for basic needs and social services
- Provide trauma Informed parenting classes to support families
- Improve accessibility of substance use treatment
- Provide mentoring programs for at-risk youth
- Partner with community-based violence intervention agencies to provide safe passages for youth to attend school.

### 3. Continue School Safety Workgroup

A School Safety Workgroup, comprised of representatives across county departments, met to develop the pilot and will continue to work together to implement 4 key systems change recommendations:

- **MOUs with CBOs:** Implement policies and programs in jurisdictions countywide that support the role of school sites as community hubs and invest in community-based programs and service linkages.
- **Training and Technical Assistance:** Promote a culture shift to disrupt the school to prison pipeline by investing in healing and trauma informed trainings for students, families, and all school personnel; and increasing use of social and emotional learning and restorative justice best practices, to address multiple forms of violence.

### 3. Continue School Safety Workgroup

- **Coordinated Crisis Response:** Build on existing crisis response and school threat assessment response efforts to develop a multi-disciplinary crisis response system that rapidly triages school-linked incidents for the best response, which may include de-escalation or diversion to community-based approaches, engagement of mental health, and/or law enforcement, and incorporates restorative justice and culturally appropriate practices.
- **Youth and Family Engagement:** Support schools to connect with struggling and disconnected families through home visitation, linkage to resources and training, trauma informed parenting classes, and opportunities for youth and families to play a leadership role in school safety decisions.

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