



Board of Supervisors Health and Mental Health Cluster Agenda Review Meeting

DATE: June 18, 2025

TIME: 9:00 a.m. – 11:30 a.m.

MEETING CHAIR: Tyler Cash, 5th Supervisorial District

CEO MEETING FACILITATOR: Jack Arutyunyan

THIS MEETING IS HELD UNDER THE GUIDELINES OF BOARD POLICY 3.055

To participate in the meeting in-person, the meeting location is:

Kenneth Hahn Hall of Administration
500 West Temple Street
Los Angeles, California 90012
Room 140

To participate in the meeting virtually, please call teleconference number:

1 (323) 776-6996 and enter the following: 880 681 649# or [Click here to join the meeting](#)

For Spanish Interpretation, the Public should send emails within 48 hours in advance of the meeting to ClusterAccommodationRequest@bos.lacounty.gov

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. **Board Motion(s):**

- a. **SD1:** Enhancing Support for Pregnant People and New Parents who are Experiencing Homelessness.pdf
- b. **SD4:** Improving CARE Court in Los Angeles County.pdf

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

- a. **DHS:** Relocation of Adult and Adolescent Inpatient Psychiatric Services from Augustus F. Hawkins Mental Health Center to Los Angeles General Medical Center

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

V. 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.

VI. Public Comment

VII. Adjournment

IF YOU WOULD LIKE TO EMAIL A COMMENT ON AN ITEM ON THE HEALTH AND MENTAL HEALTH SERVICES CLUSTER AGENDA, PLEASE USE THE FOLLOWING EMAIL AND INCLUDE THE AGENDA NUMBER YOU ARE COMMENTING ON:

HEALTH_AND_MENTAL_HEALTH_SERVICES@CEO.LACOUNTY.GOV

MOTION BY SUPERVISOR HILDA L. SOLIS

July 1, 2025

Enhancing Support for Pregnant People and New Parents who are Experiencing Homelessness

On November 26, 2024, the Board of Supervisors (Board) approved a motion titled Supporting Pregnant People and New Parents who are Experiencing Homelessness, directing Los Angeles County’s Department of Health Services (DHS) Housing for Health (HFH), in collaboration with the Los Angeles Homeless Services Authority (LAHSA), the Chief Executive Office Homeless Initiative (HI), the Department of Mental Health (DMH), the Department of Public Health (DPH), the Department of Public Social Services (DPSS), the Office of Immigrant Affairs (OIA), and the Department of Child and Family Services (DCFS) to develop a plan to better support pregnant people and new parents who are experiencing homeless, with a focus on Skid Row. In response to the motion, HFH convened a working group with LAHSA, HI, DMH, DPH, DPSS, OIA, and DCFS, to develop a plan in alignment with the motion.

On February 25, 2025, HFH provided a report back to the Board with a plan outlining existing resources, opportunities to enhance or expand existing resources, and additional resources needed. The report back highlighted the high rates of pregnancy among people experiencing homelessness who were assigned female at birth and were between the ages of 18 and 44. The plan also described how pregnancy and new

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July 1, 2025

Enhancing Support for Pregnant People and New Parents Who Are Experiencing Homelessness

parenthood creates unique vulnerabilities for people experiencing homelessness due to challenges in accessing prenatal care, behavioral healthcare, and maintaining safety.

Since the plan was developed, and in alignment with the November 26, 2024 motion, significant work has occurred to increase training for outreach teams, interim housing providers, and field medicine teams to support people experiencing homelessness who are pregnant or new parents. The County has a wide array of programs to support pregnant people and new parents, but gaps remain in both tailored services for people who are experiencing homelessness and who are pregnant and/or new parents, and linkage between programs available through the homeless response system and County programs targeting pregnant people or new parents. Pregnant people and new parents experiencing unsheltered homelessness may also struggle to secure safe living accommodations because of resource shortages in the Family Coordinated Entry System.

In addition to recommendations that would address these gaps in services and linkage by enhancing processes, trainings, and partnerships, the plan highlighted the importance of DPH's Project H.O.P.E. (Help for homeless pregnant and parenting families, Opportunities for a better tomorrow, Peace of mind, Early intervention, and enrichment). This program is a pilot home visitation program that supports pregnant and parenting families experiencing homelessness in Service Planning Areas 2 and 6. Families are paired with a community health worker and public health nurse to provide pregnancy and parenting support, school readiness assistance, connections to

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July 1, 2025

Enhancing Support for Pregnant People and New Parents Who Are Experiencing Homelessness

resources to help families achieve their goals, and mental health support.

The plan also outlined the importance of DPH's Abundant Birth Project guaranteed income pilot, which provides cash with no strings attached as a strategy to prevent stress during pregnancy for those most at risk of adverse birth outcomes. Research shows that this support is likely to prevent babies from being born too early or too small and can also protect the health of the birthing parent.

While the County has created a variety of programs that serve pregnant people and new parents experiencing homelessness, resource shortages and gaps in program delivery may exacerbate the unique challenges that pregnant and new parents experiencing homelessness face. It is imperative, even when facing budgetary constraints, to do everything in the County's power to support these vulnerable families, individuals, and babies by providing critical interventions to support their health and wellbeing and to prevent unsheltered homelessness.

I, THEREFORE, MOVE that the Board of Supervisors direct:

1. The Los Angeles Homeless Services Authority, the Department of Public Social Services, the Chief Executive Office Homeless Initiative, Department of Health Services Housing for Health, and, once established, the new County department on homelessness, to report back in writing twice a year with an assessment of the capacity of CalWORKs Homeless Programs and the Family Coordinated Entry System to meet the demand for support of families experiencing homelessness, including system utilization data, language access, resource

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July 1, 2025

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gaps, immigration status concerns, and funding scenarios to address unmet needs.

2. The Chief Executive Office and the Department of Public Health to report back in writing in 90 days on proposed funding options to continue and potentially expand the Department of Public Health's Project H.O.P.E. and Abundant Birth Project.
3. The Department of Public Social Services, the Office of Immigrant Affairs, and the Department of Child and Family Services to report back in writing in 90 days on their existing staff training, and knowledge and information exchanges related to supporting pregnant people and new parents experiencing homelessness, and any additional training, or knowledge and information exchanges that may be needed; and how their staff are connecting these individuals to appropriate resources.

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MOTION BY SUPERVISOR JANICE HAHN

AGN. NO.
July 1, 2025

Improving CARE Court in Los Angeles County

CARE Court provides upstream treatment opportunities to individuals suffering from severe mental health and/or substance use disorders by authorizing specified people, like family members, to petition a civil court to create a CARE plan or agreement for an adult who is suffering from schizophrenia spectrum and psychotic disorders and lacks medical decision-making capacity. On February 11, 2025, the Los Angeles County (County) Board of Supervisors (Board) unanimously approved a motion¹ that directed the Department of Mental Health (DMH) to report back with an analysis of the first year of CARE Court and to collaborate with the Los Angeles County Behavioral Health Commission (BHC) to gather stakeholder feedback on CARE Court. On April 4, 2025, the BHC hosted a CARE Court Feedback Town Hall, where stakeholders, who attended in person and virtually, shared their experiences, concerns, and suggestions related to CARE Court. Shortly thereafter, two separate reports-back² were submitted that covered data from the first year, outreach efforts, challenges and potential solutions, as well as stakeholder feedback.

¹ [Evaluating the First Year of CARE Court in Los Angeles County](#)

² [May 12, 2025, and May 20, 2025 Reports Back in response to the motion “Evaluating the First Year of CARE Court in Los Angeles County”](#)

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While there has been progress since the program was implemented in the County on December 1, 2023, particularly with getting people the help they need by establishing CARE agreements and CARE plans, there have also been challenges that should be addressed in order to make the program more impactful. DMH and stakeholders expressed a shared frustration that the program does not allow for the court and providers to compel treatment. Because this barrier is a result of the way the law was written, future legislative changes may be necessary to increase intensity of services by mandating treatment. However, there was also frustration with there not being a process to transition people who require a higher level of care out of CARE Court into a more appropriate treatment program, until the court decides to dismiss the case. Similarly, attendees of the Town Hall expressed a desire to see a process for referring people with a higher level of acuity from CARE Court to conservatorship when appropriate, when documents clearly support the diagnosis.

DMH has been working to increase community awareness and understanding of CARE Court, and improve referral processes from partner service providers, but more can be done in these areas as well. At the Town Hall, some family members who initiated a CARE application for a loved one expressed frustration with getting no follow-up afterwards, or not being made aware of their loved one's deteriorating condition. DMH plans to evaluate internal protocols to improve family and petitioner inclusion after initial applications are submitted, which could lead to better family experiences and better client outcomes. With regards to improving referrals, there may be an opportunity for DMH to expedite the process for first responders to refer frequent 911 callers to CARE Court if they meet criteria, and meetings to discuss this issue are under way. Additionally, there was concern about people falling through the cracks whose loved ones had applied to

multiple DMH programs in an attempt for help but then did not receive follow up or treatment from either.

Evaluating the first year of CARE Court allows DMH to identify specific areas that can be improved and move toward making the program work better for everyone involved. It also highlights the many challenges of providing care for people with intensive mental health needs and who have often been historically underserved and undertreated. While CARE Court will not be the solution for every individual with severe mental health challenges and in need of treatment, working to improve the program will benefit those who engage with it, their families and loved ones, and the County as a whole.

I, THEREFORE, MOVE that the Board of Supervisors (Board) direct the Department of Mental Health (DMH) to do the following:

1. Report back, in writing, in 120 days with progress updates on the following:
 - a. Collaboration with the Los Angeles Superior Court (LASC) and the Independent Defense Council Office (IDCO) to discuss ways to align with statutory timelines and streamline the disposition and processing of CARE Court cases;
 - b. Collaboration with the LASC and IDCO to develop a process by which Welfare and Institutions Code 5979³ will be utilized;
 - c. The development of expedited mechanisms for first responders to make seamless referrals to DMH for CARE Court;
 - d. Plans to increase community awareness and understanding of CARE Court;
 - e. An evaluation of internal protocols to improve family and petitioner inclusion after initial applications are submitted; and

³ *"To ensure the respondent's safety, the court may utilize existing legal authority pursuant to Article 2 (commencing with Section 5200) of Chapter 2 of Part 1. The court shall provide notice to the county behavioral health agency and the Office of the Public Conservator /Guardian if the court utilizes this authority."*

- f. In collaboration with the Chief Executive Office's Legislative Affairs and Intergovernmental Relations (CEO-LAIR) branch, prepare a list of potential legislative changes that the County could advocate for to improve the CARE Court program.
2. In partnership with the Behavioral Health Commission (BHC), host another stakeholder forum in 6 months, and annually thereafter, to gather additional community and stakeholder feedback on CARE Court.
3. Attend the October 2025, BHC meeting to discuss how DMH plans to improve the CARE Court program.

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RELOCATION OF LA GENERAL ACUTE INPATIENT PSYCHIATRIC SERVICES

June 18, 2025



Brad Spellberg , Chief Medical Officer, Los Angeles General Medical Center
Talene Keshishian, Chief of Psychiatry, Los Angeles General Medical Center

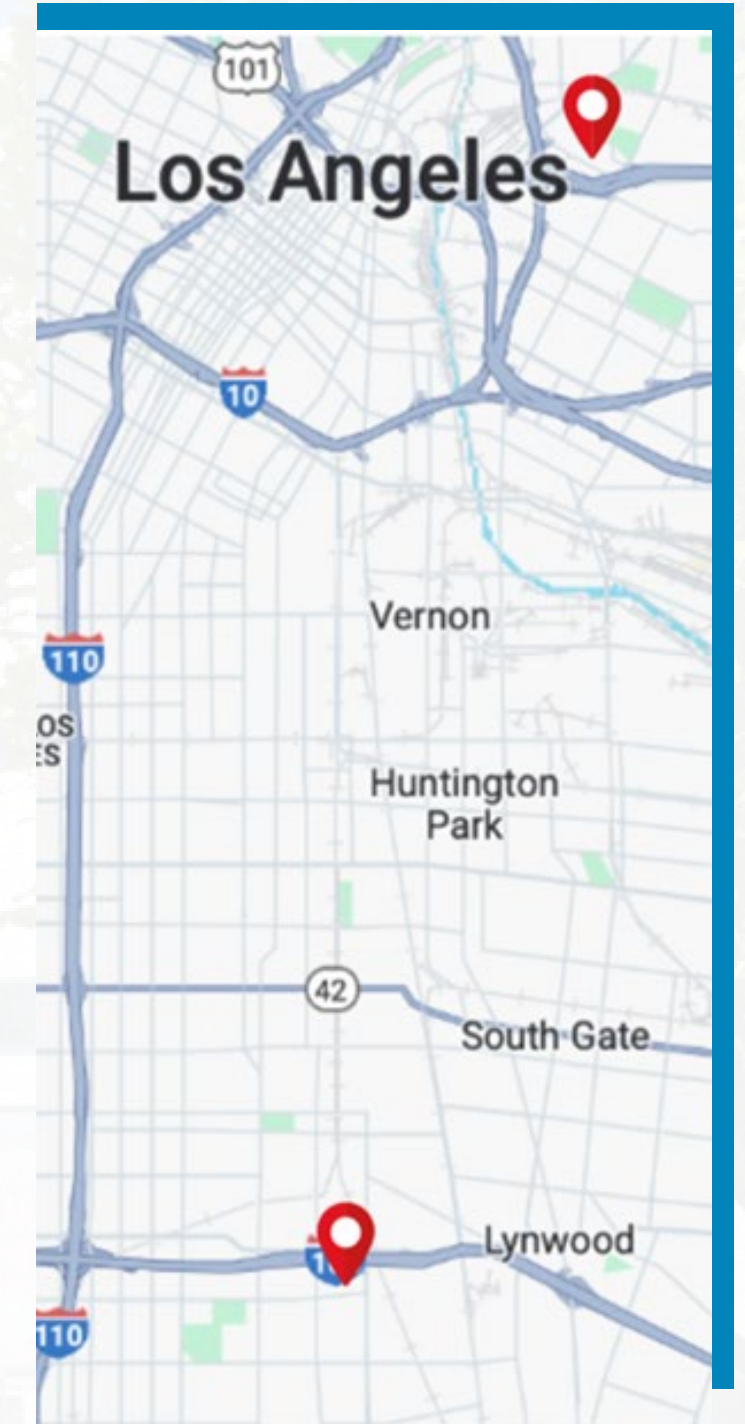


Moving Back To LA General Campus

- In 1994, Northridge quake rendered LA General psychiatric unit unusable
- LA General began leasing beds in community facilities
- Upon MLK-Harbor's closure, County moved LA General psych unit into Augustus Hawkins, vacant since MLK Hospital closure
- Since that time, **LA General's acute psychiatric inpatient units have been housed in the Augustus Hawkins facility, located 17 miles from LA General**

Distance Limitations

- Medical and psychiatric care separated by 17 miles
- Fragmented care has led to delays in treatment
 - Distance – traffic/time
 - Safety risks during transport
- Operational inefficiencies
 - Additional staff needed to assist in transport
 - Medical emergencies taken to nearby private hospitals



Facility Limitations

- Augustus Hawkins built in 1976
- Concrete wall construction – Barrier to upgrades
 - WiFi and radio frequency range
 - Staff safety duress system
- Requires frequent maintenance
 - Limits available beds during repairs



Move Benefits for Patients & System

Improved Patient and Staff Safety

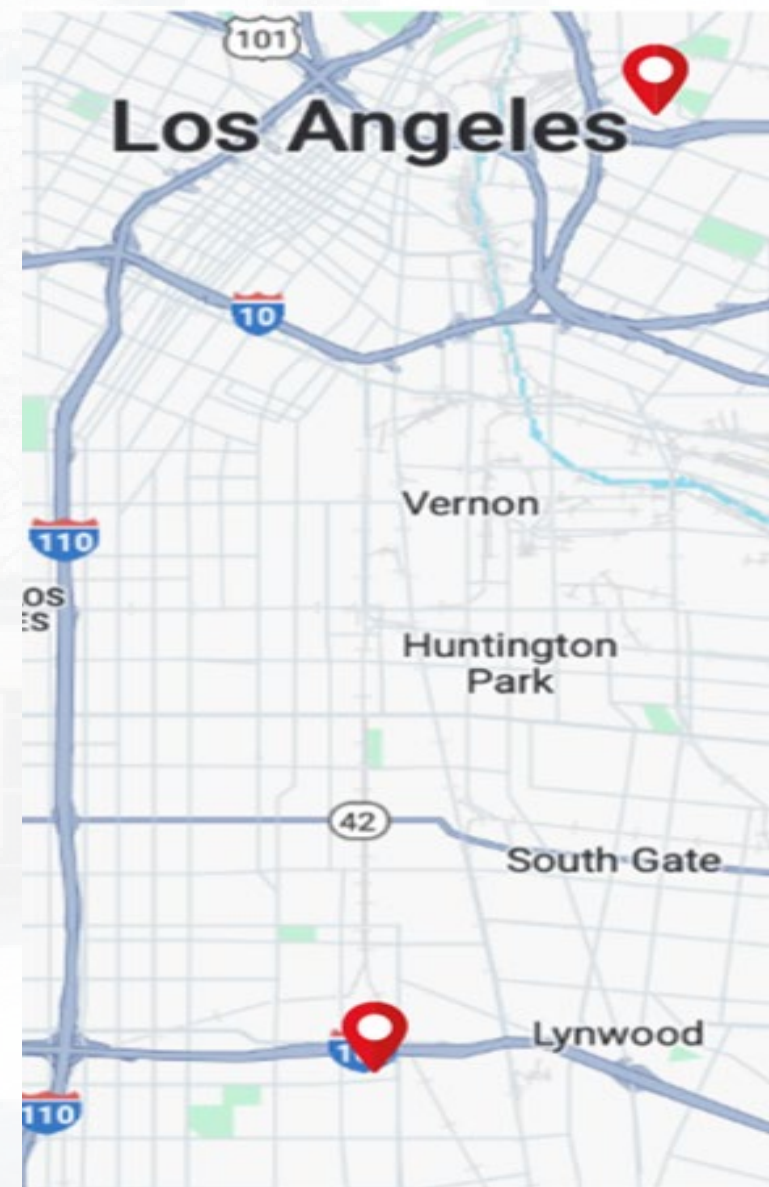
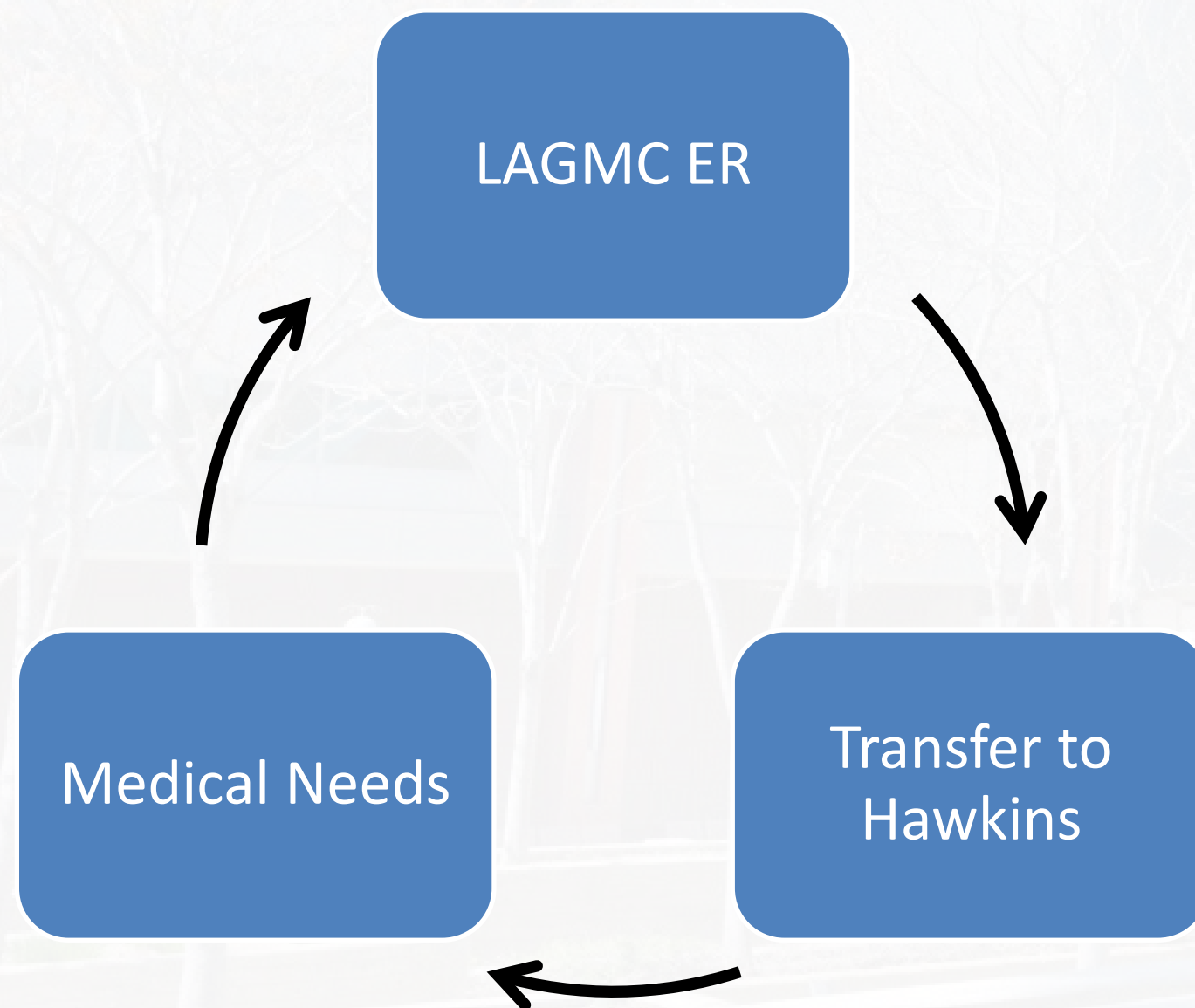
- No more cross-city transfers
- Immediate access to LA General's emergency services
- Newly remodeled psychiatric units at LA General
- Ability to utilize safety and communication technologies

Integrated Care

- Better coordination between medical and psychiatric services
- Full access to LA General's specialists, labs, and diagnostics
- Consolidation of county resources

Relocation, Not Closure

- Augustus Hawkins is LA General's acute psychiatric facility
- Patients can only be admitted to Hawkins psychiatric beds through LA General



Number of Available Beds

- Relocated LA General psychiatric units will have 34 total beds
 - Number of adolescent beds remain the same
 - Number of adult beds will be equivalent to number of beds historically occupied by patients with inpatient acute psychiatric needs
 - For the last 18 months, Hawkins has only had 30–35 staffed beds per day

Mental Health Services in Surrounding Community

- DMH, as the local Mental Health Plan, maintains a network of providers for **specialty** mental health. DHS is one of many acute inpatient providers within DMH's network.
- DMH has expanded the network of services across the County in recent years to meet growing demand.
- DMH has leveraged State grants to build out infrastructure for all levels of care, including on our hospital campuses.
- On the BHC campus in particular, DMH has built a Behavioral Health Center which includes PHF, subacute and CRTP beds. Already on the MLK campus is the Exodus Urgent Care Center, which will continue to operate as well.

In Summary - More Access To Better Care

- Restores integrated mental and medical care
- Ends high-risk, resource-heavy transfers
- Dovetails DMH's long-term subacute expansion
- Ongoing planning to ensure care continuity



Thank You

