



BEHAVIORAL HEALTH COMMISSION

Advocacy, Accountability, and Oversight in Action

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EVALUATING THE FIRST YEAR OF CARE COURT IN LOS ANGELES COUNTY STAKEHOLDER FEEDBACK REPORT BACK

The Department of Mental Health, in partnership with the L.A. County Behavioral Health Commission convened a town hall on April 04, 2025, to provide a platform for family members, caregivers, and community stakeholders to share their personal experiences with the CARE Court Program and mental health services in Los Angeles County. The session was held in response to a request from Supervisor Janice Hahn to better understand the on-the-ground realities faced by families navigating mental health services for their loved ones.

Location: 510 S. Vermont Ave., Los Angeles, CA, 90020. This was a hybrid meeting with remote access using MS Teams.

Time: 5:30 PM to 7:30 PM

Attendance and Demographics:

A total of **95 individuals participated**, with **52 attending virtually** and **43 attending in person**. Participants represented a diverse cross-section of stakeholders, including:

- **29%** Petitioners
- **52%** Advocates
- **5%** Relatives of Petitioners
- **1%** Respondents
- **13%** Other (including service providers, legal professionals, and community members)

This demographic breakdown reflects strong engagement from those most directly impacted by CARE Court and mental health policy in the county.

Key Themes and Concerns Raised:

1. **Barriers to Accessing Care Court and Assisted Outpatient Treatment (AOT) Services:**
 - Participants described a confusing and inconsistent process when trying to initiate CARE Court and AOT petitions.
 - Petitioners often reported receiving limited or no follow-up after submitting applications or alerts about a loved one's deteriorating condition.
2. **Systemic Dismissal of Petitioner Input:**

- Families expressed feelings routinely ignored by professionals across multiple systems—including law enforcement, public defenders, and mental health clinicians.
 - Petitioners questioned how individuals suffering from untreated psychosis could be expected to make rational decisions about their care.
- 3. Insufficient Legal Authority and Need for Conservatorship Pathways:**
- There was widespread concern that CARE Court lacks the authority to compel treatment or initiate conservatorship, even in cases with clear documentation and repeated system contact.
 - Attendees urged policymakers to strengthen CARE Court's ability to serve as a gateway to conservatorship when appropriate.
- 4. Inadequate Housing and Ongoing Homelessness:**
- Participants highlighted that many individuals with severe mental illness remain unhoused or are cycling through the criminal justice system due to the absence of comprehensive care and housing.
- 5. Emotional Toll on Families:**
- Caregivers described the process as “all-consuming” and emotionally devastating, especially when forced to navigate these systems alone while watching their loved ones suffer.
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Public Testimony Highlight:

One petitioner shared a powerful and deeply personal account of systemic failure:

“CARE Court did nothing for me. DMH did nothing. Before filing CARE Court petition I had filed an AOT as well. Nothing happened. I kept DMH in constant contact on my husband’s whereabouts since he was homeless and in and out of jail due to psychosis. I informed his public defender of his mental illness. From my first CARE Court appearance, DMH just wanted to dismiss the case—but due to my article in the LA Times, it was continued. DMH was not happy that I had also filed an AOT. When a caregiver is desperate for help, they file for any program they can. NOBODY is listening to the petitioner—from the doctors to the police. How can someone so ill make a sound decision to accept care? CARE Court should be able to refer to conservatorship when the documents clearly support the diagnosis. We’re just going in circles while our loved ones are homeless or in jail. Nobody wants to help. Meanwhile, the public is tired of seeing people self-medicating in the streets to quiet the noise in their minds. It’s a desperate time. It’s all-consuming. It’s heavy on the petitioner and the one who is sick.”

This statement encapsulated the urgency and desperation felt by many attendees. It highlighted gaps in service coordination, legal structure, and the trauma experienced by family caregivers.

Department Response and Commitment:

Department leadership acknowledged these challenges, emphasizing that the evening's feedback would inform us of future improvements. They committed to:

- Continuing dialogue with families and community advocates.
- Supporting legislative advocacy for enhanced legal authority within the CARE Court Program.
- Improving collaboration with the courts and strengthening interdepartmental responsiveness.

They also invited ongoing participation in department surveys and town halls to ensure the public voice continues to shape reform efforts.

Closing Remarks Summary:

Closing remarks from Commissioner Weisman and DMH leadership were filled with gratitude and recognition. They honored the courage of those who shared personal stories and emphasized that this feedback was critical for evolving the CARE Court Program model. Leadership reaffirmed their shared mission to build a more responsive, inclusive, and compassionate mental health system in Los Angeles County.

The meeting concluded with the hope that this Town Hall marks the beginning of deeper collaboration between the County and its communities—and a renewed commitment to strengthening the tools, resources, and policies families desperately need.

Next Steps:

- Distribution of presentation materials.
- Sharing of state legislation currently under consideration for CARE Court reform.
- Department-led opportunities for continued engagement and advocacy.
- Evaluation of internal protocols to improve family and petitioner inclusion in care planning.

Sincerely,

Michael Molina, Chair
Los Angeles County Behavioral Health Commission