CARE
(Community Assistance, Recovery and Empowerment) Act

California Health & Human Services Agency

Person Centered. Equity Focused. Data Driven.

Services & Supports and Training, Technical Assistance & Communications Ad Hoc Group Meeting

January 16, 2025

California Health & Human Services Agency

***Person Centered. Equity Focused. Data Driven*.**

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Healthy CALIFORNIA ALL

1. Welcome and Introductions

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Virtual Meeting Guidelines

- Meeting is being recorded
- Zoom captioning enabled

Members & Policy Partners

- Mute/Unmute works
- Please stay ON MUTE when not speaking and use the “raise hand feature” if you have a question or comment.
- Please turn on your camera as you are comfortable

MEMBERS OF THE PUBLIC will be invited to participate during public comment period

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Ad Hoc Group Requirements

- Meetings are open to the public and subject to Bagley-Keene Open Meeting Act requirements.
- Members understand and acknowledge that CalHHS has a responsibility to implement the CARE Act as enacted in statute.
- This is not an oversight or voting group. The goal is to generate ideas and solutions to support the successful implementation of the CARE Act.
- Meeting agendas are prepared and posted online 10 days in advance of a meeting. Members are encouraged to suggest agenda items.

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Ad Hoc Group Agreements

- Be present and curious.
- Respect each other's expertise and time and participate fully.
- Encourage different opinions and be respectful of disagreements.
- Be accountable to your fellow group members and practice patience and persistence – we can't solve everything in a single conversation or meeting, but we need to remain solution focused.
- Assume Positive Intent: Trust that people are doing the best they can

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Services & Supports Ad Hoc Group Members

Co-Chairs

- Jodi Nerell
- Tracie Riggs

Special Advisor

- Katherine Warburton

Facilitators (Desert Vista Consulting)

- Karen Linkins
- Jennifer Brya
- Ruby Spies
- John Freeman

Members

- Aaron Meyer
- Al Rowlett
- Dr. Brock Kolby
- Dr. Cameron Quanbeck
- Carina Gustafsson
- Dawan Utecht
- Deb Roth

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Training, Technical Assistance & Communications Ad Hoc Group Members

Chair
- Susan Holt

Special Advisor
- Katherine Warburton

Facilitators (Desert Vista Consulting)
- Karen Linkins
- Jennifer Brya
- Ruby Spies
- John Freeman

Members
- Dr. Ambarin Faizi
- Amber Irvine
- Ellen Guevara
- Linda Mimms
- Mike Phillips
- Nicole Cable
- Stacey Robbins-Podvin

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2. Recap Previous Meeting

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Recap of October Meeting

- Introductions and Goals of Group
- HMA presentation on SB42 and SB1400 and associated data and service delivery implications as well as impacts of SB 42 to CARE activities and process such as referrals, petitioning, timeframes, notice etc.
- Ad hoc members discussed topics for upcoming meetings and topics to be raised for the Working Group
- Minutes available on CARE Act Working Group page

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3. Discussion of CARE Implementation and Q&A

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Psychiatric Advance Directive™
My Plan • My Voice

Psychiatric Advance Directives: A Multi-County Initiative

January 16, 2025

Kiran Sahota, MA

Types of Directives

What are the different types of Directives?

1. **Psychiatric Advance Directive**

- Specifies preferences for mental health or substance use care during a behavioral health crisis.
- Includes treatment preferences, medications, and facilities to avoid (when possible).
- Can designate a preferred contact to advocate for one's preferences when the individual is in crisis or incapacitated.
- May include a durable power of attorney for times of lost capacity
- Can be a document that transitions with an individual throughout their life span.

2. **Medical Advance Healthcare Directive (AHCD)**

- Specifies preferences during lost capacity for general medical care, including end-of-life decisions.
- Often includes appointing a healthcare proxy or durable power of attorney for health decisions.
- Proxy can make decisions independently of the individual only when the individual has lost capacity.
- Focuses on interventions like resuscitation, mechanical ventilation, tube feeding, and organ donation.
- Not typically used throughout the lifespan

3. **POLST- Physician Orders for Life-Sustaining Treatment**

- The "Pink" form
- Typically used for terminal diagnosis, hospice, or palliative care.
- Give the individual more control over end-of-life decision
- Allows healthcare providers to easily share information about patient care.
- Include how to relieve pain and suffering and DNR (do not resuscitate.)

What is a Psychiatric Advance Directive (PAD)?

- A Psychiatric Advance Directive (PAD) is a VOLUNTARY self-directed legal document that details a person's specific instructions or preferences regarding future mental* health treatment.
- Part if the Patient's Rights Act of 1990, only 27 states have enacted laws supporting PADs.
- PADs plan for the possibility that someone may lose the capacity to give or withhold informed consent to treatment during acute episodes of psychiatric illness
- Allows a person in a behavioral health crisis to retain their decision-making capacity by choosing trusted agents or durable power of attorney for pre-determined preferences.
- When handled skillfully, a PAD is a powerful tool to increase a person's quality of care within mental health and justice-involved settings.
- If used in a crisis, it may elevate the need for incarceration, hospitalization, or a more tragic officer-involved shooting.

** Mental health and behavioral health are used interchangeably to describe a mental health or substance use disorder crisis. Current laws have not clarified the definition of the term behavioral health.*

What are the two legal parts of a PAD*?

- **An Instructive PAD** gives specific instructions about the specific mental health treatment you prefer should you experience a psychiatric crisis. The treatment preferences could include medication preferences, inpatient treatment considerations, and follow-up care instructions. *This kind of PAD doesn't give another person the right to make decisions for you*.
- **A Proxy PAD** names a healthcare proxy or agent to make decisions and advocate for you until the mental health crisis is over **if** you are deemed incompetent to make your own decisions due to the mental health condition.
- ** Once signed and witnessed, the PAD in either of these two categories is considered legal under CA Probate laws 4679 and 4701.*

Center for Medicaid Services (CMS)

- “Hospitals, health facilities and managed care organizations are required to provide information about PADs to patients, and to inquire if the person has a PAD. Though hospitals may have a note about whether the person has an advance directive in their discharge plan, they have yet to reach the standard that CMS is calling for. They are not yet part of routine care and there has not been much technical assistance to promote their use.”

https://library.samhsa.gov/sites/default/files/psychiatric-advance-directives-pep19-pl-guide-4.pdf

PADs from the Peer Perspective

- https://www.youtube.com/watch?v=cy8GAAVrxh8

PADs a Perfect Fit

Most importantly, electronic PADs are a perfect fit across the continuum of care:

- Justice-involved, including 90-day reach-in with scheduled to release incarcerated,
- Assisted Outpatient Treatment (AOT),
- Full-Service Partnership (FSP),
- Housing insecure,
- Individuals who visit Wellness Centers,
- Crisis Residential Programs,
- Follow-up after hospitalization (either in-patient or emergency department),
- Non-minor dependents, college students, or transitional-aged youth (TAY), including college students and early psychosis intervention, and
- CARE Courts, SB 43, Prop 1
- 988 and mobile crisis

Challenges with PADs

- Not universally used by the individual
  - Lack of trust that their preferences will not be honored
  - Lack of access once it is completed- “lost it”
  - Lack of trust with first responders and behavioral health professionals.
  - Lack of facilitators (knowledge of PADs use)
- Lack of medical and behavioral health professional adherence to Patient Rights and 42 CFR
- Lack of understanding about the use of PADs
- Court systems and medical staff, “checking in the box” with completion or asking if someone has a PAD.
- Forced completion (patient rights violation) with little understanding of what comes next should their PAD be needed
- First responders do not have access
- Hospital EDs do not have access
- Lack of training for facilitators, first responders, and medical and behavioral health professionals.

Digital PADs: a Multi-County Pilot Project

PADs Multi-County Project

www.padsca.org

The PADs project is a time-limited, multi-county project that seeks to develop and pilot the implementation of digital PADs in specific target populations in counties across the State.

Participating counties will pilot PADs with adults (ages 18+). The decision to create a PAD is voluntary. Each county has a specific population or program as its focus to identify learnings across diverse groups.

The innovative component of this project is the development and use of a digital platform to create, store, access and share PADs.

Alameda County will be joining Phase 2 of the project in July 2025.

For more information visit the project website www.padsca.org

Community Voices

Quick access to information in the field aids law enforcement in making more quality decisions for all parties.

– Isaiah Hicks, Deputy Sherriff, OCSD

This technological resource will help to save lives, as well as lower the risk of causing further trauma to those in the middle of a mental health crisis.

– Savannah B., Certified Peer Support Specialist

At times, the digital space feels cold and distant, yet this project resonates differently with me. It's rooted in compassion, and it has the power to transform what was once a scary place into a comforting and familiar space.

– Jackie S., Certified Peer Support Specialist

Having an electronic version of PADs is going to be completely game-changing. Almost no one I've worked with who receives mental health services is even aware of PADs. This is going to bring so much awareness!

– Tiffany E., Certified Peer Support Specialist

Benefits of a Digital PAD (pilot project)

Improve efficiency:

- Real-time accessibility
- Supporting digital signatures by peers and witnesses

Improve quality of care:

- Utilizes the individual's preferences to potentially avoid loss of capacity
- Personalized information on medication, treatment preferences
- Personalized crisis de-escalation recommendations - can reduce risk to staff and individual
- Timely information to reduce hospital and jail recidivism

Increase care coordination between law enforcement, providers, hospitals, crisis teams, etc.:

- Accessible if individual moves between counties
- Immediate connection to an appointed advocate/agent
- Easily accessible in medical and residential care systems

Video Demo

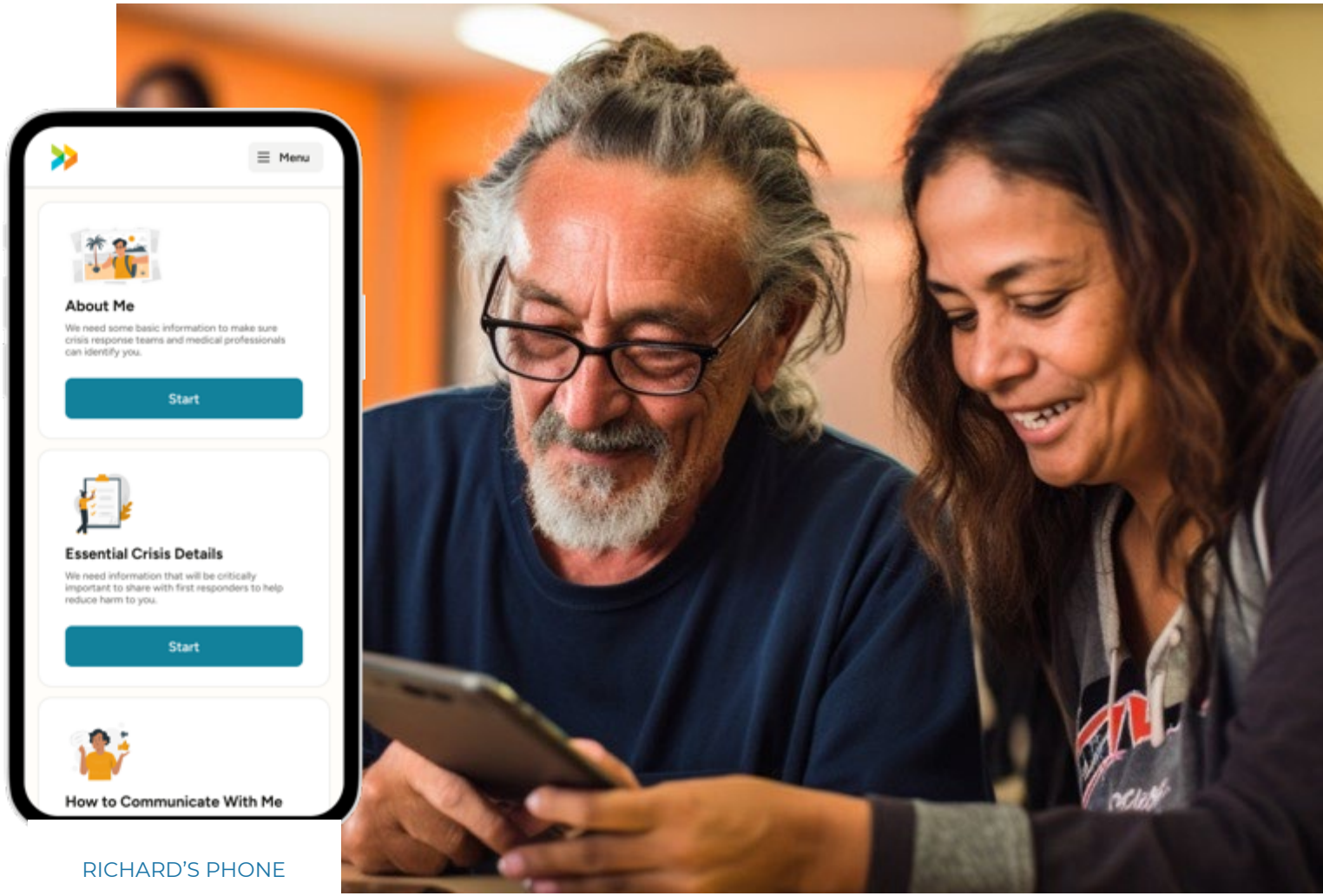
https://www.youtube.com/watch?v=Vs-7Tbt_TGQ

ONBOARDING & SETUP

His decisions, His voice, His choice.

He’s especially vulnerable when in a moment of crisis, so it’s important that we understand him.

- Move from a 50-page medical form to a social media-like profile
- Ensure it’s quick, personalized, and easy to comprehend
- Empowered with simple security and sharing preferences



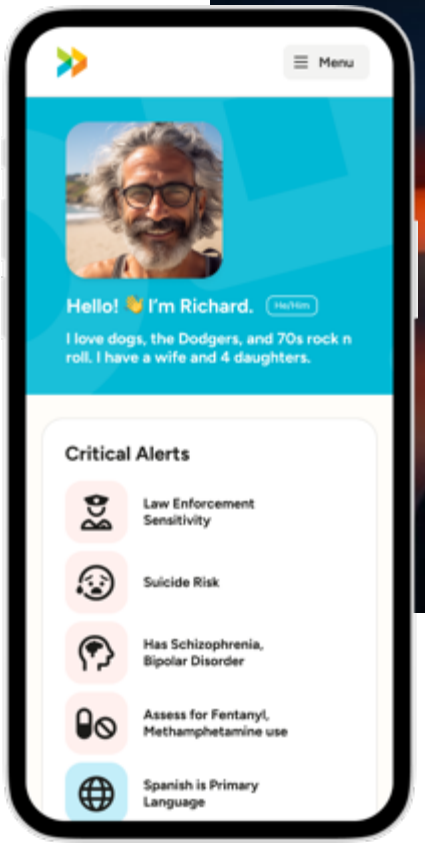
RICHARD’S PHONE

CRISIS RESPONSE EXPERIENCE

Reduce harm to him in his time of need.

Clarity of communication is crucial, as mishandling a peer's care during a moment of crisis could lead to harm or trauma.

- Remind crisis teams that the peer's current state is not representative of them at all times
- Provide a clear understanding of how one reacts during moments of crisis, and the best approach to support them
- Design a simple experience with the most important info at a glance



CRISIS RESPONDER'S PHONE

THE GOAL

His wellness, His community, His life.

The goal of the Psychiatric Advance Directive is to help him be the best version of himself.

Thank you for helping him and making his voice heard.

FAQs (pilot project)

Who can edit my PAD?

- An individual creating a PAD (the owner) will **create an account and will use an email and password of their choosing** to log in to their account. The platform will also utilize secure methods of authentication to verify the user. From there, they will be able to create, edit/update, delete, share, and print the PAD.
- **No one other than the owner** will have permission to change or edit the PAD.

Who can access my PAD?

- The owner of the PAD will be able to **decide if they want to give access** to law enforcement, crisis responders, and medical professionals **via privacy settings**.
- Law Enforcement, Crisis Responders (such as EMS, Fire Dept, or mental health crisis response teams), Hospitals, and Behavioral Health Providers **will receive credentials from their employer to login to the system** based on role and need to access PADs information.

FAQs

From what type of device can a digital PAD be accessed?

- The digital PAD platform will be **web-based**, so any modern device that has a web browser (e.g. Chrome, Safari, Edge, etc.) will be able to access the PADs platform. The **downloading of a separate app on a device will not be needed** in order to access the web-based platform.
- Devices one can use for access include **desktop computers, laptops, smartphones, or tablets**. The platform will be accessible on PC or Mac desktops and laptops and on Android or iOS smartphones and tablets.

How often can you update a digital PAD?

- The owner of the PAD can update/edit their PAD **as frequently as they deem necessary**.
- Because this information informs how one wishes to be treated during a behavioral health crisis and includes information about current treatment preferences, **one is encouraged to review and update this information regularly to ensure it is current and accurate**.

Discussion Questions

Discussion Question

- Do the courts employ peer support staff who could assist in completing the PAD with individuals in the CARE system?
- Are PADs truly voluntary? Are they a check box for CARE?

Discussion Questions Con’t

- How are PADs currently created and utilized within the Court system? Within your county?
  - Who, when, how are they stored?
  - How will they be accessed when needed?
- How do you see PADs improving CARE Court and the individual’s experience?

Thank you

www.padsca.org

ksahota@conceptsforward.com

AD HOC WORK GROUP MEETING: SERVICES AND SUPPORTS

HMA/DHCS Updates

January 2025

DHCS
CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES

HMA

A Look Back at TTA in 2024

Over **2,000** people joined **10** live events for a total of **125,000** minutes.

93.5% of participants agreed that training material is important to their work.

27,000 users visited the CARE Act Resource Center website.

Added **19** asynchronous trainings, with a total of **2,290** views.

1,171 individuals received CARE Act Resource Center listserv emails.

Added petitioner resources, including an intro video, **5** trainings, **4** briefs, and **3** detailed how-to videos.

Added **35** FAQs covering a range of topics.

Over **650** emails with resources and responses sent.

DHCS | HMA

Looking Forward to the 2025 TTA Approach

» Our TTA post implementation will build upon CARE Act success by focusing on sharing best practices, building capacity, and planning for sustainability.

Inputs

The approach is informed by county subject matter experts; the priorities and feedback of other key stakeholders with "on-the-ground" experience; legislative updates; and quarterly implementation surveys.

Topics

TTA will focus on critical areas of operationalizing the CARE Act and will offer practical tools and resources; incorporate lessons learned; share emerging trends; integrate legislative and partner updates; and promote equity and best practices.

DHCS | HMA

Post-Implementation TTA

Building upon CARE Act processes and programs through ongoing training and resources.

Revised Trainings

- Quality improvement, updated visuals, and statutory changes.

Live Training Sessions

- Combines presentations with open forums or panels.

"CARE in Practice" Discussions

- Interactive sessions sharing county strategies.

New & Updated Resources

- Expanded library with updates on key CARE Act topics.

Ongoing TA and Office Hours

- Informal Q&A sessions for general and specific support.

HMA County Liaison Support

- Liaisons connect counties to resources and triage assistance requests.

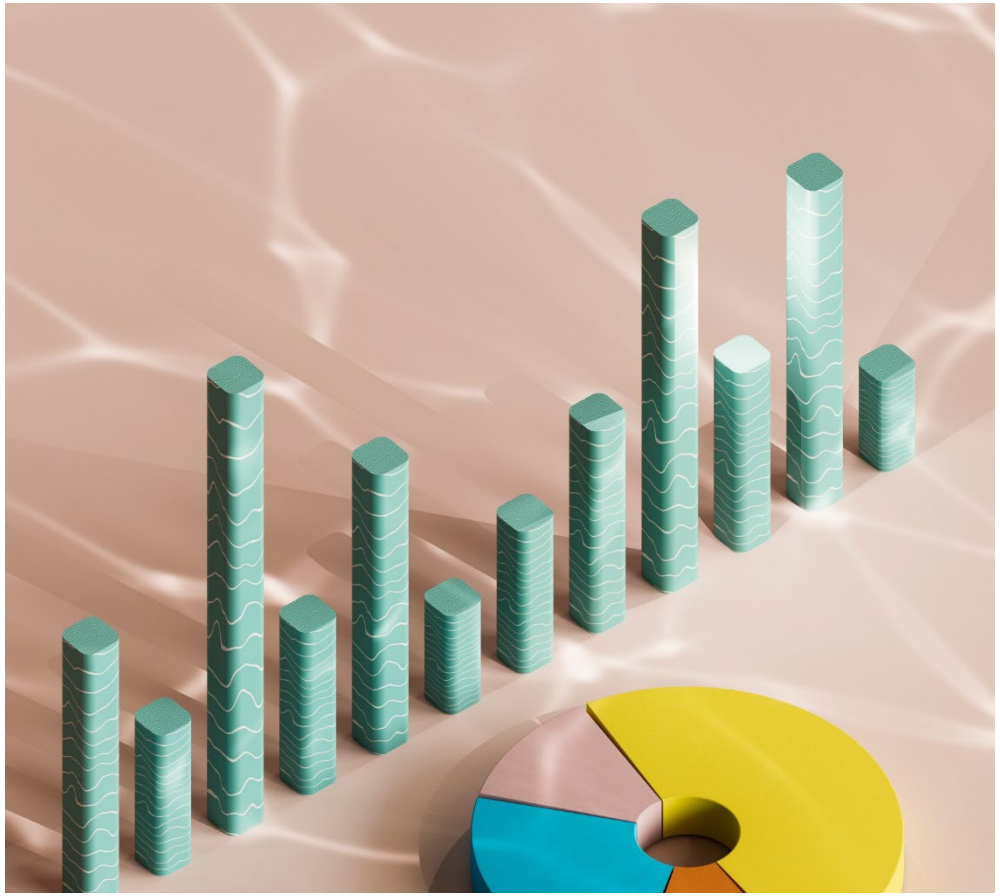
Monitoring TA Requests

- Continued timely, thorough responses to partner and community inquiries.

DHCS | HMA

Continuing TTA Support to Counties: CARE Act Liaisons

- 10 liaisons assigned to 58 counties.
- All counties that have engaged with their liaison report being very satisfied with the support that they receive from their liaison.
- Over 50% of the counties meet at least monthly with their liaison.
- Over 87% of the counties are in direct email communication with their liaisons up to 10 or more times per month
- Counties report that the TA provided by liaisons was beneficial, time-saving, and helpful and helped them stay on track for implementation.



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Continuing TTA Support to Counties: CARE Act Liaisons Cont.

During Q4 2024, liaisons provided support on:

- Housing
- Petitioning and the court process
- Serving respondents
- Billing and claiming for CARE
- County and court coordination
- Stakeholder communication needs
- Data collection & reporting
- Lessons learned from implemented counties

Liaison activities reflected needs of counties, including:

- Sending priority updates and answered county-specific questions via email.
- Participating in regular or ad hoc meetings with counties.
- Facilitating TA conversations on specific topics.
- Facilitating county-county document sharing.
- Leading small/rural county discussions.
- Sharing promising practices in office hours.

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Resource Center Updates

» Recent Updates

- Migrated recordings to YouTube for over 150 multilingual video captions.
- Consolidated resources for easier access by petitioners.
- Added FAQs on co-occurring diagnoses and information sharing.
- Launched CARE Act Resource Center overview video.

» Upcoming in Q1

- Reorganizing data collection & reporting page.
- Developing introduction video for respondents.
- Updating Website Directory with county court information.

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County Data Reporting Expectations and Available Resources and Supports

County Responsibilities

- Review Senate Bill (SB) 42 and SB 1400 to understand the amended provisions of the CARE Act.
- Counties shall provide DHCS with additional data required per SB 42 and 1400 for inclusion in the 2026 Annual Report.
- Counties shall report in alignment with the current Data Dictionary 1.0 for the Q4 2024 reporting period.
- Counties are expected to report on expanded data elements in alignment with Data Dictionary 2.0 **effective January 1, 2025.**

DHCS/HMA Resources

- Revised Data Dictionary 2.0.
- Data Flow Charts for Petitioned Individuals and System Referred Individuals.
- Updated SurveyMonkey Forms.
- Updated Data File Template Options A and B.
- Updated QA Checklist.
- New Supplemental Guide for the CARE Act Data Dictionary.
- TTA on Q1 2025 submission and QA process.
- Redesigned CARE Act Data Collection and Reporting Resources page.

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Data Collection and Reporting Resources and Support

Existing Data TTA Resources:

- Bi-Weekly Data-Focused Office Hours (continuing through 2025).
- Data Collection & Reporting Resource Library.
- Data Collection and Reporting TA Request Form.
- Direct email to HMA CARE Data Team CAREDataTeam@HealthManagement.com.
- Support to county team members and their EHR vendors (as applicable).
- December 2024 – Presentation of Data Dictionary v2.0 Overview during Implementation Office Hours.

Planned Data TTA:

- Q1 2025:
  - Data Dictionary v2.0 Overview Training, including CARE Act Data Flow Charts.
  - Updated Data Submission Options Training (i.e., revised and new SurveyMonkey surveys and data file templates), including updated QA Process Overview Training.
- Concurrent with release of DD 2.0:
  - Redesigned CARE Act Data Collection and Reporting Resources page, including updated FAQs and Supplemental Guide for the CARE Act Data Dictionary.
- Future 2025:
  - Post-Q1 2025 data submission, open-forum discussion on common data quality issues, guidance to address data deficiencies.

4. Public Comment

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Public Comment

Public Comment will be taken on any item on the agenda

There are 2 ways to make comments:

1. Raise hand on zoom to speak. If joining by call-in, press *9 on the phone.
2. We encourage email comment to CAREAct@chhs.ca.gov

Please limit comments to 2 minutes

NOTE: members of the public who use translating technology will be given **additional time** .

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5. Meeting Wrap Up and Next Steps

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Information and Communication Tools

- CARE Act Resource Center
- Petitioner TTA and other resources
- CARE Act Working Group Site
- Department of Health Care Services (DHCS) CARE Act Website
- Judicial Council of California (JCC) CARE Act Website (court forms and more)
- CalHHS CARE Act website
  - Information for Petitioners Site

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Next Steps

- Ad hoc groups next meetings
  - Data Collection, Reporting, and Evaluation (March 12th, 1:30-3:00 – ongoing meetings on second Wednesday)
  - Services and Supports – With TTA/Comms (March 20th, 11:30-1:00 – ongoing meetings on third Thursday)
- CARE Act Working Group meets February 12th 10am – 3pm

NOTE: Ad hoc groups will not meet in February, May, August, or November (months with Working Group meetings)

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Thank you!

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