



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

October 17, 2024

California Health & Human Services Agency

Person Centered. Equity Focused. Data Driven.





1. Welcome and Introductions



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



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.



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



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

- Jason Robison
- Kelli Weaver
- Kiran Sahota
- Lauren Rettagliata
- Nicole Cable
- Dr. Susan Partovi
- Zachary Coil



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



2. Recap Previous Meeting



Recap of September Meetings

- Introductions and Goals of Group
- Discussion of recent San Diego graduation and video
- Presentation from Judicial Council staff on their activities
- Review of the petition pathways for CARE
- Discussion of Sutter Health CARE hospital petition pilot
- HMA provided updates on recent and upcoming TTA activities as well as updates on the Data Dictionary and data collection
- Minutes available on <u>CARE Act Working Group page</u>



3. Discussion of CARE Implementation and Q&A



CARE SERVICES AND SUPPORTS AD HOC GROUP

October 17, 2024

Training and Technical Assistance Updates





HMA

Agenda

Legislative Updates Overview of legislative updates

Implications

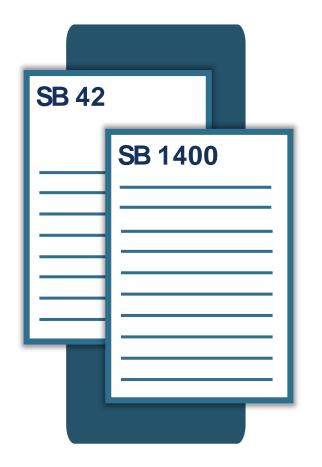
Key implications for Services and Supports

Training and Technical Assistance

Overview of available trainings, resources, and TA support



Legislative Updates



- Senate Bill (SB) 42: Amends provisions of the CARE Act, including referrals by facilities to County BH, communication between courts, alternatives to conservatorship, changes to CARE procedures and CARE agreements/plans, as well as collaboration on system performance.
- Senate Bill (SB) 1400*: Amends provisions of the Penal Code related to CARE referrals of individuals deemed incompetent to stand trial and expands requirements for data reporting pursuant to CARE Act inquiries and referrals from other court programs.

^{*}The bill requires DHCS, beginning in 2026, to include the additional data collected in its annual CARE Act report to be posted on the DHCS website (Effective January 1, 2025).



SB 42 & SB 1400 Briefs

- Two resource briefs, <u>SB 42</u> and SB 1400, that summarize the amended provisions of the CARE Act.
- » Changes related to referrals, petitioning, notice, eligibility, timeframes, data collection and reporting, etc.
- » Co-facilitate Office Hours on November 12.



CARE Act

Community Assistance, Recovery, and Empowerment Act

Senate Bill 42 Amendments

The Community Assistance, Recovery, and Empowerment (CARE) Act provides community-based behavioral health (BH) services and supports through a civil court process for individuals who are experiencing a serious mental disorder and who meet other eligibility

requirements. The CARE Act allows specified adults to petition the court to engage respondents in a broad range of treatment services and supports through a CARE agreement or CARE plan.

Senate Bill (SB) 42 amends provisions of the CARE Act in a number of ways, a summary of which is below:

- Permits facilities treating individuals under involuntary holds to refer those individuals to county BH agencies if they believe the individual meets or is likely to meet CARE criteria.
- Allows for communication between CARE courts and referring courts (juvenile, Lanterman-Petris-Short [LPS], Assisted Outpatient Treatment [AOT], Misdemeanor Incompetent to Stand Trial [MIST]) while both cases are pending.
- Requires that petitions for temporary conservatorships that are based on affidavits from a certain professional include an attestation that all available alternatives (including CARE) were considered and were found to be unavailable and unsuitable.
- . Clarifies what kind of evidence may be used to support a CARE petition.
- Extends timeframes for counties to file their investigative reports and enables changes to CARE plans and CARE agreements.
- <u>Provides</u> that the court shall give ongoing notice of proceedings to a petitioner who
 is a family member of, or lives with, the respondent.

A more substantive summary, including citations, can be found below.

SB 42 included an urgency clause that became effective immediately after signing, except as noted below related to ongoing notice.





Key Implications for Services and Supports



Permits facilities treating individuals under involuntary holds to refer those individuals to county BH agencies if they believe the individual meets or is likely to meet CARE criteria. County BH is required to assess, and if appropriate, file a petition within 14 business days.



Clarifies what kind of evidence may be used to support a CARE petition.



Allows for communication between CARE courts and referring courts (juvenile, Lanterman-Petris-Short [LPS], Assisted Outpatient Treatment [AOT], Misdemeanor Incompetent to Stand Trial [MIST]) while both cases are pending.



Key Implications for Services and Supports, cont'd



Requires that petitions for temporary conservatorships that are based on affidavits from a certain professional include an attestation that all available alternatives (including CARE) were considered and were found to be unavailable and unsuitable.



Extends timeframes for counties to file their investigative reports and enables changes to CARE plans and CARE agreements.

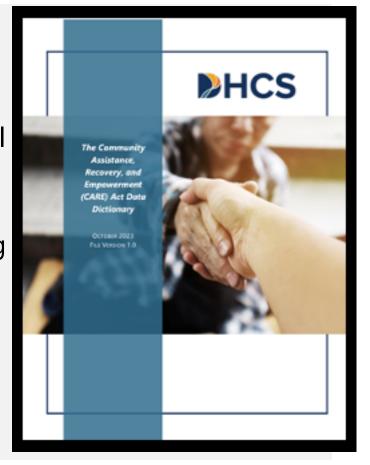


Provides that the court shall give ongoing notice of proceedings to a petitioner who is a family member of, or lives with, the respondent.



Overview of Proposed Data Dictionary Changes

- » Petitioned Individuals: Expands data reporting to include:
 - Outreach and engagement to petitioned individuals
 - Services provided during the CARE Initiation Period
 - Rationale for CARE petition dismissal, attestation on clinical stability
 - Provides clarification on existing data points
- CARE Inquiries: Adds aggregate data collection and reporting requirements for inquiries about CARE to County BH
- System Referrals: Adds individual-level data collection and reporting requirements for referrals made to County BH from misdemeanor proceedings, Assisted Outpatient Treatment proceedings, a facility, or a qualified mental health expert.





Legislative Updates TTA

HMA will provide ongoing support to all 58 counties in navigating workflow changes impacting services and supports to support legislative updates.

- » Live and asynchronous trainings
- » Open-Forum Discussions
- » Revised resources, including flowcharts, briefs, supplemental guides, etc.
- > 1:1 TTA and liaison support
- » Office hours for legislative updates and implementation support
- » Dedicated email and TTA Request Forms
- » CARE Act Resource Center





Questions?

CARE-Act.org info@CARE-Act.org





4. Public Comment

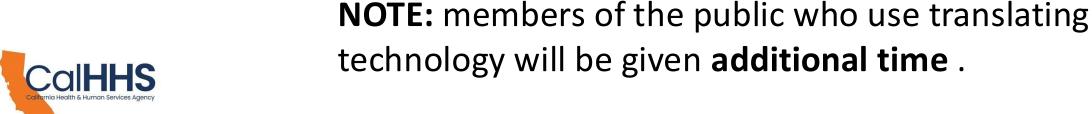


Public Comment

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





5. Meeting Wrap Up and Next Steps



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



Next Steps

- Ad hoc groups next meetings
 - Data Collection, Reporting, and Evaluation (December 11th, 1:30-3:00 ongoing meetings on second Wednesday)
 - Training, Technical Assistance, and Communication (January 15th 1:00-2:30 ongoing meetings on third Wednesday)
 - Services and Supports (January 16th, 11:30-1:00 ongoing meetings on third Thursday)
- CARE Act Working Group meets November 6th 10am 3pm

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





Thank you!

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