CARE
(Community Assistance, Recovery and Empowerment) **Act**

California Health & Human Services Agency

Person Centered. Equity Focused. Data Driven.

CARE Act Working Group Meeting
November 8, 2023

California Health & Human Services Agency

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Welcome and Introductions

Working Group Members

Al Rowlett

Anthony Ruffin

Beau Hennemann

Bill Stewart

Charlene Depner

Chevon Kothari

Dhakshike Wickrema

Eric Harris

Dr. Fadi Nicolas

Harold Turner

Herb Hatanaka

Hon. Maria Hernandez

Jenny Bayardo

Jodi Nerell

Keris Myrick

Khatera Aslami

Kiran Savage

Lauren Rettagliata

Lorin Kline

Matt Tuttle

Sarah Jarman

Stephanie Welch

Susan Holt

Tomequia Moss

Tracie Riggs

Tyler Sadwith

Dr. Veronica Kelley

Vitka Eisen

Xóchitl Rodriguez Murillo

Zach Friend

Zachary Olmstead

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Virtual Meeting Guidelines

- Meeting is being recorded
- American Sign Language interpretation in pinned video
- Live captioning link provided in chat

Working Group Members

- Mute/Unmute works for members and policy partners.
- 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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Working Group Overview – Operations

- The Working Group will meet quarterly during the implementation of the CARE Act through December 31, 2026.
- Working Group meetings will be a mix of in person and virtual, with in person meetings held primarily in Sacramento, but at times possibly in other locations throughout California.
- Working group members are expected to attend 75% of meetings each year, with the option of sending a delegate for the remainder.
- All meetings of the Working Group shall be open to the public and subject to Bagley-Keene Open Meeting Act requirements.

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Working Group Overview Operations (continued)

OPERATIONS CONT.

- Members will be respectful of each other's expertise and any differences of opinion.
- This is not an oversight or voting group. The goal is to generate ideas and solutions aimed at successful implementation of the CARE Act.
- Members are encouraged to be brief and brilliant. Keep the discussion moving to allow for new ideas from all group members.
- Members understand and acknowledge that CalHHS has a responsibility to implement the CARE Act as enacted in statute.
- Meeting agendas will be prepared and posted online in advance of a meeting. Working Group members are encouraged to suggest agenda items.

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CARE Working Group 2024 Meetings

- February 14, 2024
- May 15, 2024
- August 21, 2024
- November 6, 2024

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CARE Act Implementation Update

Stephanie Welch, MSW, Deputy Secretary of Behavioral Health, CalHHS

Charlene Depner, Director, Center for Families, Children & the Courts | Judicial Council of California

Christopher McConkey, Program Supervisor, Office of Access & Inclusion | The State Bar of California

Tyler Sadwith, Deputy Director, Behavioral Health, DHCS

CalHHS Roles and Responsibilities (overall)

Overall

- Lead coordination efforts with and between the Judicial Council and DHCS
- Engage with cross sector partners at city and county level, individually and through collaboratives and convenings (3rd Cohort 1 Convening this week)
- Coordinate with partners and a diverse set of stakeholders via regular meetings – including county associations *(CSAC and key affiliates like CBHDA, RCRC, CA Association of PA/PC/PG, CWDA, etc.)*
- Support DHCS training, technical assistance and evaluation efforts, as well as implementation of Behavioral Health Bridge Housing program, monitor housing related needs throughout implementation
- Support communications through a website dedicated to the CARE Act, including a listserv, respond to media, legislature, and other stakeholder inquiries, provide proactive media and community engagement and outreach

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CalHHS Roles and Responsibilities (Working Group)

CARE ACT Working Group

- Working group began in early 2023 as a mechanism to **receive feedback from partners to support successful implementation** and help key constituents understand policy and program progress who can then **disseminate accurate information**.
- Representation from families, cities and counties, behavioral health providers, judges, legal counsel, peer organizations, disability rights and racial equity stakeholders, and housing and homelessness providers.
- Provide feedback on implementation activities including:
  - Annual report and evaluation plan, including data collection and reporting
  - TA/training for counties, volunteer supporters, legal counsel, judges, etc.
  - County implementation progress
  - Housing access
  - Other emerging issues

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Information and Communication Tools

Visit the CalHHS CARE Act website for updated information and communication tools, including the Quarter 3 Update: English / Spanish

See also:

- CARE Act Resource Center
- Department of Health Care Services (DHCS) CARE Act Website
- Judicial Council of California (JCC) CARE Act Website

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CARE ACT WORKING GROUP

Judicial Council Progress Update

November 8, 2023

Updates:

- **Budget:** Court funding allocation methodology approved by Judicial Council for final approval July 21. Implementation funding distributed to cohort 1 courts and LA. Planning funding distributed to Cohort 2 courts.
- **Rules and Forms:** Available on Adult Mental Health page on Judicial Council public website
- CARE-050-INFO (Information for Petitioners-About the CARE Act)
- CARE-060-INFO (Information for Respondents-About the CARE Act)
- CARE-100 (Petition to Commence CARE Act Proceedings)
- How to File the CARE 100
- CARE-101 (Mental Health Declaration-CARE Act Proceedings)
- CARE-113 (Notice of Respondent's Rights-CARE Act Proceeding)
- **Language Access:** Links to translated forms to Chinese; Vietnamese; Korean, and Spanish.
- **Cohort 2 support:** Responding to requests for information from Cohort 2 courts.
- **Presentations:** Cohort 1 presentation to statewide meeting of Court Providing Judges and Court Executives; Presentation to Judicial Council Budget Services partners.

Updates (cont.)

- **Communications:** Care Act Communication Hub and JC CARE Act mailbox; All courts can access updates on the Judicial Resource Network; Listserv available to all Courts. Updated Procedural Memorandum.
- **Information Resources:** Adult Mental Health page on Judicial Council public website provides a CARE Act Toolkit (Fact Sheet, Terminology, Eligibility Criteria, Court locations, Implementation Timeline), Care Act 101 Overview (recorded training) eligibility video.

- **Data Collection and Reporting:** CFCC, Office of Court Research, and Information Services, preparing for manual data collection and reporting; time reporting data required in FY 23 Budget Act. Data Dictionary approved by DHCS, awaiting their instructions for data submission. Meetings with each cohort 1/LA court data specialists to review data collection protocols and align measurement methods; ongoing meetings to plan future migration to enterprise database.
- **Readiness:** Cohort 1 Courts bimonthly check ins; trial run on data collection submissions; Meetings and technical assistance to court Self-Help Centers. Check-in with Los Angeles.
- **Training completed:** CARE Act Rules and Forms – for Cohort 1/LA; Judicial Officers; Clerk Training, Overview Courses for Self-Help Center staff; Effective Communication with court users with psychiatric disabilities; CJER CARE ACT training at Cow County Judges Institute. Additional audiences. Additional audiences and topics planned.

The State Bar of California

State Bar of California Update on CARE Court Funding for Legal Aid, Public Defenders, and Other Entities

Chris McConkey, Program Supervisor, Office of Access & Inclusion

CARE Act Working Group Meeting, November 8, 2023

State Bar Update on CARE Court

- A core part of the State Bar's mission is promoting access to the legal system. This includes staffing the Legal Services Trust Fund Commission (LSTFC).
- The LSTFC administers state and federal funding for free civil legal services to low-income Californians. It administered over $150 million for 2023. For 2024, it will administer about $200 million. Most of these funds go to nonprofit qualified legal services projects (QLSPs) and support centers.
- The LSTFC funds QLSPs and public defenders to represent CARE Court respondents. It may also fund qualified support centers and other entities to provide legal training and technical assistance to implement the CARE Act. Budget Act of 2023.
- CARE Courts must appoint QLSPs to represent respondents. Where no QLSP is available, the Court must appoint a public defender instead. Welfare and Institutions Code § 5977.

State Bar Update on CARE Court (continued)

- The Budget Act funds these QLSP, public defender, support center, and other entity services.
- This year, the minimum amount for QLSPs and public defenders to represent respondents was $20,400,000.
- Support centers and other entities could receive up to $1,020,000 to provide legal training and technical assistance to implement the CARE Act.
- The LSTFC approved two grants ($752,095 total) to QLSPs. They represent respondents in San Francisco County. It also approved a grant ($254,850) for legal training and technical assistance. This will include live trainings, on-demand classes, and written resources.
- The remaining $20,413,055 has gone to public defender offices in each of the eight counties.

State Bar Update on CARE Court (cont.)

- The LSTFC must also collect expenditure and outcome data from public defenders, QLSPs, support centers, and other entities. That "[d]ata shall be reported using [a] framework developed by the [LSTFC] in consultation with the Judicial Council to ensure that data reporting is consistent and comparable across Judicial Council and Legal Services Trust Fund data…" Budget Act of 2023.
- The LSTFC CARE Court Grants Committee approved reporting requirements on August 23, 2023.
- The State Bar has launched a portal for public defenders and other entities to report their activities (expenditures and services) and access helpful resources.
- On September 28, the State Bar held a webinar to present the portal and describe the reporting requirements. The State Bar has also begun individual outreach to each entity receiving funding to offer technical assistance.

DHCS CARE Act Implementation Update

Tyler Sadwith, Deputy Director, Behavioral Health, DHCS

Community Assistance, Recovery, and Empowerment (CARE) Act Working Group

DHCS Updates

Tyler Sadwith
Deputy Director, Behavioral Health
California Department of Health Care Services
November 8, 2023

DHCS

DHCS' Role and Responsibilities

DHCS is a department within the California Health and Human Services Agency (CalHHS) that finances and administers several health care service delivery programs, including Medi-Cal.

Technical assistance to support CARE Act implementation Welfare and Institutions Code (W&I Code) 5980 & 5983	**Consultation to support CARE Act implementation** W&I Code 5983	**Annual report** W&I Code 5985
Independent evaluation W&I Code 5986	**Administer startup funds, Accountability Fund, and ongoing mandated costs** W&I Code 5970.5, 5979, 5977, 5977.1, 5977.2 & 5977.3	**Issue guidance for delayed implementation** W&I Code 5970.5

CARE Act Startup Funding

- AB 179 appropriated $57 million in funding to DHCS for the implementation of the CARE Act
  - Of the $57 million, $26 million was appropriated to support Cohort I county planning and preparation to implement the CARE Act.
  - The remaining $31 million was appropriated to be distributed to all counties.
  - All $57 million has been distributed to counties.
- Behavioral Health Information Notice 22-059: DHCS issued guidance on General Uses of the CARE Act Startup Funding to notify counties of the purposes of the startup funds distributed in support of the implementation of the CARE Act (released on November 9, 2022).

Behavioral Health Bridge Housing (BHBH)

- $1.5 billion in funding to county BH and Tribal entities through June 2027
  - Address immediate housing needs of people with significant BH conditions experiencing homelessness
  - CARE participants prioritized for BHBH-funded bridge housing.
- DHCS has awarded 51 county behavioral health agencies almost $900 million in funding, with two more county behavioral health agencies expected to participate.
- DHCS has awarded 8 tribal entities over $25 million to support a variety of bridge housing settings.

Claiming for Administrative Activities

- DHCS is in the process of finalizing a claim form that counties will use to claim for CARE Act staffing costs for specific CARE activities including the following:
  - Court Report
  - Court Hearing
  - Outreach and Engagement
  - Appearance/Disclosure Notifications
  - Data Reporting
- CARE activities will be claimed quarterly and paid at a statewide rate established by DHCS for the providers likely to perform the activities.
  - Each activity has an hourly rate blended by practitioners assumed to complete each activity
  - Counties will provide on the claim form which activities were completed by what staffing type. DHCS will review submissions after the first quarter of claiming.

Training and Technical Assistance - Updates

Implementation Trainings and Resources

- To date, HMA has provided 15 trainings with 9 open forums
  - Over 900 participants, representing counsel, courts, BH agencies; advocacy groups, volunteer supporters, and other community members.
- Available Resources:
  - CARE Agreement and Plan Worksheet
  - CARE Act at a Glance, Legal Roles, and Supporter Resource Briefs,
  - CARE Process Flow and Eligibility Factsheet

Volunteer Supporter and Peer Resources

- Volunteer Supporter Toolkit:
  - Trainings and resources specific to the volunteer supporter role.
  - Worksheets and strategies to assist the supporter and respondent through the CARE process.
- *Upcoming Trainings: Role of Peers in the CARE Process and Role of the Family in the CARE Process*

Housing Resources

- Developing robust training and technical assistance to support counties and housing providers.

To access trainings and resources, visit CARE-Act.org.

Data Collection and Reporting - Update

- Behavioral Health Information Notice 23-052: CARE Act Data Collection and Reporting Requirements Guidelines: provides guidance to the counties on the data reporting requirements to monitor the performance of the CARE Act model using the standards set forth in the CARE Act Data Dictionary (released on October 9, 2023).
  - County Behavioral Health Agencies are required to provide individual-level data, to the extent data is available, on the following **three pathways**:
    1. Clients with a CARE plan
    2. Clients with a CARE agreement
    3. *Elective Clients

*Elective clients are defined as former CARE respondents who meet prima facie and CARE criteria but are diverted to county services and supports through voluntary engagement, resulting in the petition being dismissed by the court.

Accountability Fund and Sanctions

- DHCS is finalizing a CARE Act sanctions process as required by the CARE Act
- Expected Process Steps:
  - Judicial representatives notify county of CARE Act fine
  - County remits sanction amounts to SCO using established TC-31 forms and process
  - County will remit funds to CARE Act Accountability Fund
  - County will notify DHCS (via email) of the sanction and sanction amounts
  - DHCS instructs SCO to return funds to the sanctioned county after the close of the fiscal year
    - Returned funds must be used for "…to serve individuals who have schizophrenia spectrum or other psychotic disorders and who are experiencing, or are at risk of, homelessness, criminal justice involvement, hospitalization, or conservatorship"

CARE Act Reporting Schedule

Report	Type	Reporting period	Report due date
Early Implementation Report	Legislative Report	October 1, 2023 – June 30, 2024	December 1, 2024
Annual CARE Act Report	Posted to DHCS internet website	October 1, 2023 – June 30, 2024	July 1, 2025
Annual CARE Act Report	Posted to DHCS internet website	July 1, 2024 - June 30, 2025	July 1, 2026
Preliminary Independent Evaluation Report	Legislative Report	October 1, 2023 – June 30, 2025	December 31, 2026
Annual CARE Act Report	Posted to DHCS internet website	July 1, 2025 – June 30, 2026	July 1, 2027
Annual CARE Act Report	Posted to DHCS internet website	July 1, 2026 – June 30, 2027	July 1, 2028
Final Independent Evaluation Report	Legislative Report	October 1, 2023 – June 30, 2027	December 31, 2028

DHCS Upcoming Milestones

- Development of annual report key performance indicators.
  - Build upon outcome measures listed in W&I Code 5985(e) to examine the scope of impact and monitor the performance of the CARE Act Model.
- Finalizing selection of Independent Evaluation (IE) vendor.
  - IE will assess the impact of the program on improving health equity and draft both a preliminary and a final evaluation report.
- Assessing Cohort I lessons learned to inform training plan for Cohort II counties.
  - DHCS, in collaboration with Judicial Council and CalHHS, will begin outreach and engagement with Cohort II Counties.
- Issue guidance for administrative claiming and sanctions for the CARE Act

How We Serve and Support

Katherine Warburton DO, Statewide Medical Director, California Department of State Hospitals

Schizophrenia Spectrum Disorder

- Usually diagnosed in late teens or early adulthood
- Often has a prodrome – symptoms of functional deterioration that precede psychotic symptoms
- Prevalence around 1%
- People with schizophrenia die 20+ years earlier than the rest of us
- One of the top 15 leading causes of disability worldwide
- Primarily focused on schizophrenia and schizoaffective disorder

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Symptoms

Hallucinations- perceiving things that are not there, usually voices

Delusions- misperceiving reality through false beliefs, often paranoia

Disorganization – in speech and behavior

Negative symptoms - diminished emotional expression and avolition

Schizoaffective disorder includes a mood component

The majority of patients are not aware that they are ill

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People with Schizophrenia often don't know it

- Poor insight is a lack of awareness of having an illness, of the deficits caused by the illness, the consequences of the disorder, and the need for treatment
- Poor insight is…
  - Common in schizophrenia (~60%)
  - Has a major impact on course of the illness and causes treatment nonadherence

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Amador X et al. Arch Gen Psychiatry 1994;51(10):826-36;
Buckley PF et al. CNS Drugs 2007;21(2):129-41;
Czobor P et al. Eur Neuropsychopharmacol 2015;25(8):1158-66.

What is happening now: case vignette

37-year-old transient male. Police called when patient refused to leave Jack in the Box. Police asked him to step outside and he complied. During a search, the police informed patient he was not welcome at the Jack in the Box. He became upset and tried to get out of the grasp of the officer. He then tried to call the police on an imaginary phone. He was talking to himself about the devil. He was missing his left eye and informed police he took out his eye because the devil told him to. The police attempted to handcuff patient and the patient struggled, was tasered multiple times. Charged with battery with injury on a police officer and resisting executive officer.

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Outcomes

While people with Schizophrenia make up only 1% of overall population, they make up:

- 20-30% of homeless population
- 15% of state prison population
- 24 % of jail population

HUD 2010 AHAR to Congress (Paquett), Folsom and Jeste et al 2005, Ayano et al BMC Psychiatry (2019), Garcia and Haskins (2020), US DOJ (2006), Sullivan et al 2000

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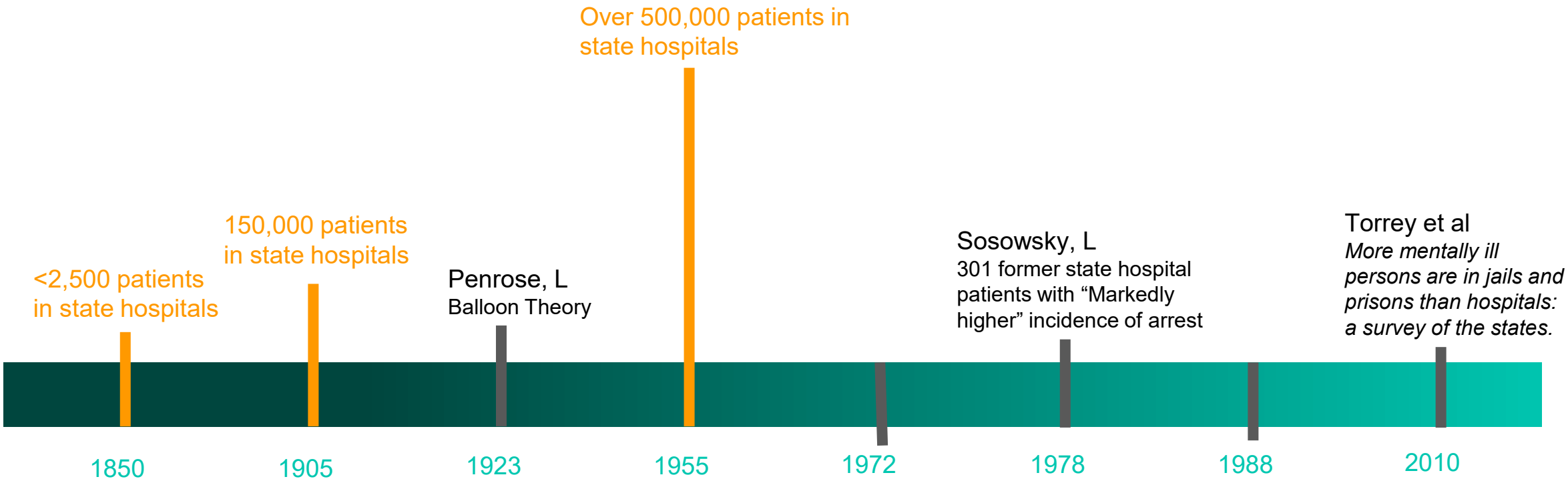
State Hospital overutilization: An historic problem



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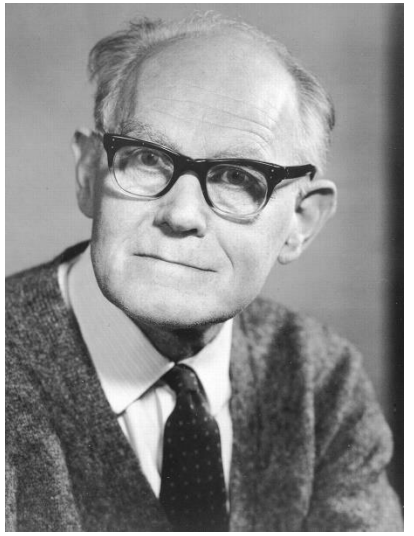
Penrose Effect/Penrose's Law

In 1939, British psychiatrist Lionel Penrose described an inverse relationship between the number of patients in mental hospitals and the number of sentenced adult prisoners



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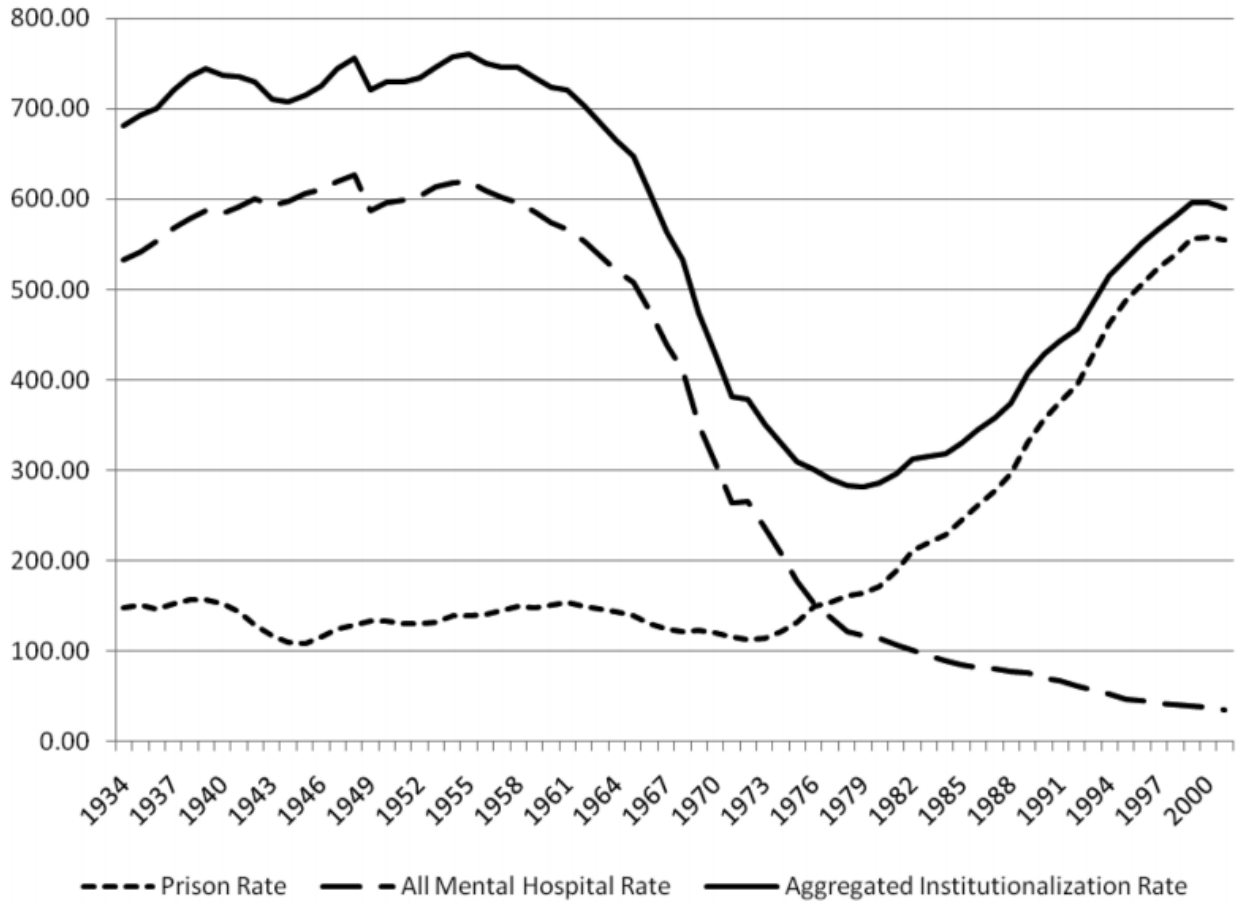
Penrose LS. Br J Med Psychol 1939;18(1):1-15;

US Rates of Institutionalization per 100,000



Harcourt BE. J Legal Stud 2011;40(1):39-83.

Psychiatric Bed Capacity

- Reductions to local psychiatric bed capacity were significantly correlated with an average increase of 256.2 jail inmates

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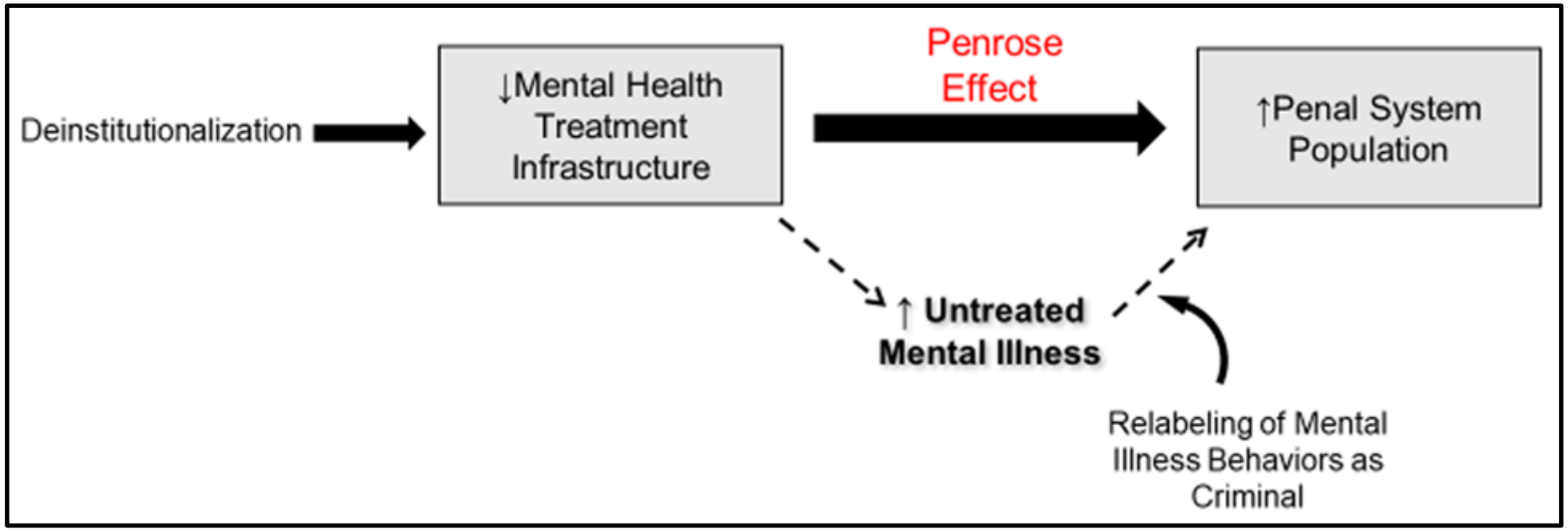
Gao YN. J Psychiatr Pract 2021;27(1):33-42.

Penrose Explained



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Grecco GG, Chambers RA. Transl Psychiatry 2019;9(1):320.

Forensic Patients in State Hospitals

- 74%↑ in the number of forensic patients in state hospitals from 1999 to 2014

- 72%↑ the number of IST patients from 1999 to 2014

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UC Davis Napa Research

- Started in 2008
- Large sample
- Initially Napa specific
- Expanded into statewide protocol

UCDAVIS HEALTH
DSH

The Incompetent to Stand Trial Crisis

- RESULTS
  - 67% of these patients are experiencing homelessness when they enter the system,
  - 47% have not received Medicaid reimbursable mental health services in the six months prior to entry, and
  - 70% are rearrested within 3 years of discharge.
  - Referrals are skyrocketing
- This cycle contributes to long-standing inequities where those with severe behavioral health conditions experience greater rates of chronic homelessness and incarceration.

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Rankings

- Responses ranked high in importance*:
  - Inadequate general mental health services (3.45)
  - Inadequate crisis services in community (3.71)
  - Inadequate number of inpatient psychiatric beds in community (3.78)
  - Inadequate ACT services in community (4.22)

*Lower numbers means a higher (more important) ranking

Link Between Beds and Arrest

Study of police discretion indicates that when confronted with the choice between arresting a person with mental illness or bringing that person to an emergency room, the most important factor was whether the officer thought that person would be admitted to a hospital bed.

- Green, TM International Journal of Law and Psychiatry, 1997

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Factors positively associated with high-frequency incarceration included:

- Schizophrenia spectrum/bipolar affective disorder
- Homelessness

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Jones RM et al. Can J Psychiatry 2020;706743720970829.

What is happening now: case vignette 2

- 45-year-old transient male entered a sandwich shop. Believed he owned the establishment. Locked the back door and put crates in front of it, per his comments to secure it because it "was busted", and asked for a sharpie and paper to put an out of order sign on the back door. Proceeded to bathroom, cleaned it, and expressed concern about someone slipping due to excess water on the floor. Asked the clerk for the money in the register stating, "Don't worry I'm the owner." Was denied without incident. Then asked for a sandwich. Clerk ran out and into the storefront adjacent for help. At the time of arrest was delusion about owning stores and talking about "Tony the Tiger". Pt charged with **false imprisonment and attempted robbery**.

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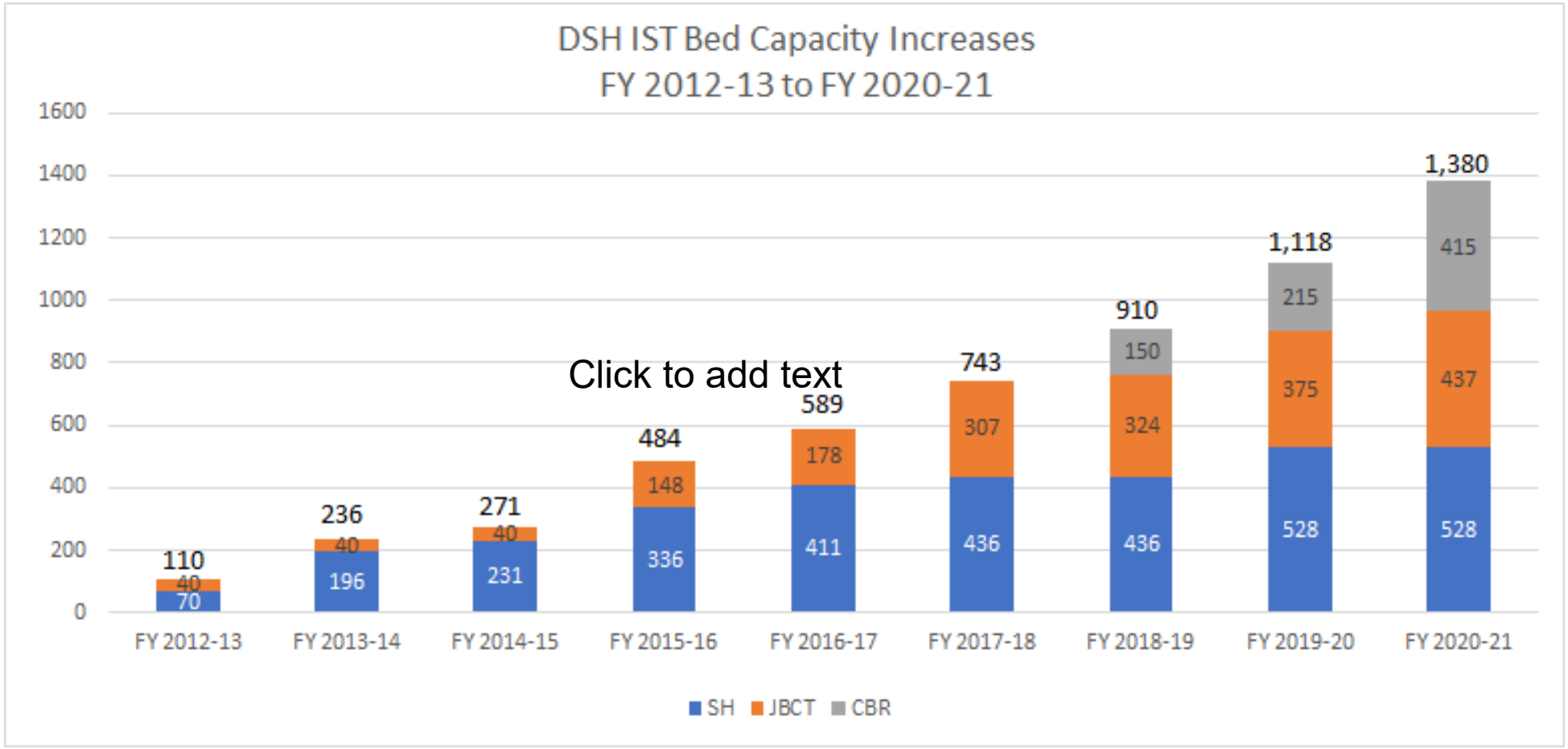
DSH Capacity Increases



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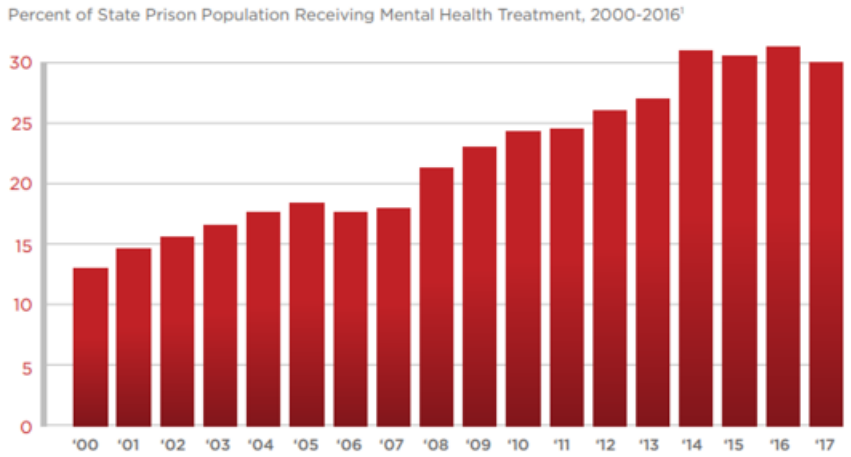
California Outcomes

State Prison Population Receiving Mental Health Treatment



Stanford Justice Advocacy Project 2017.

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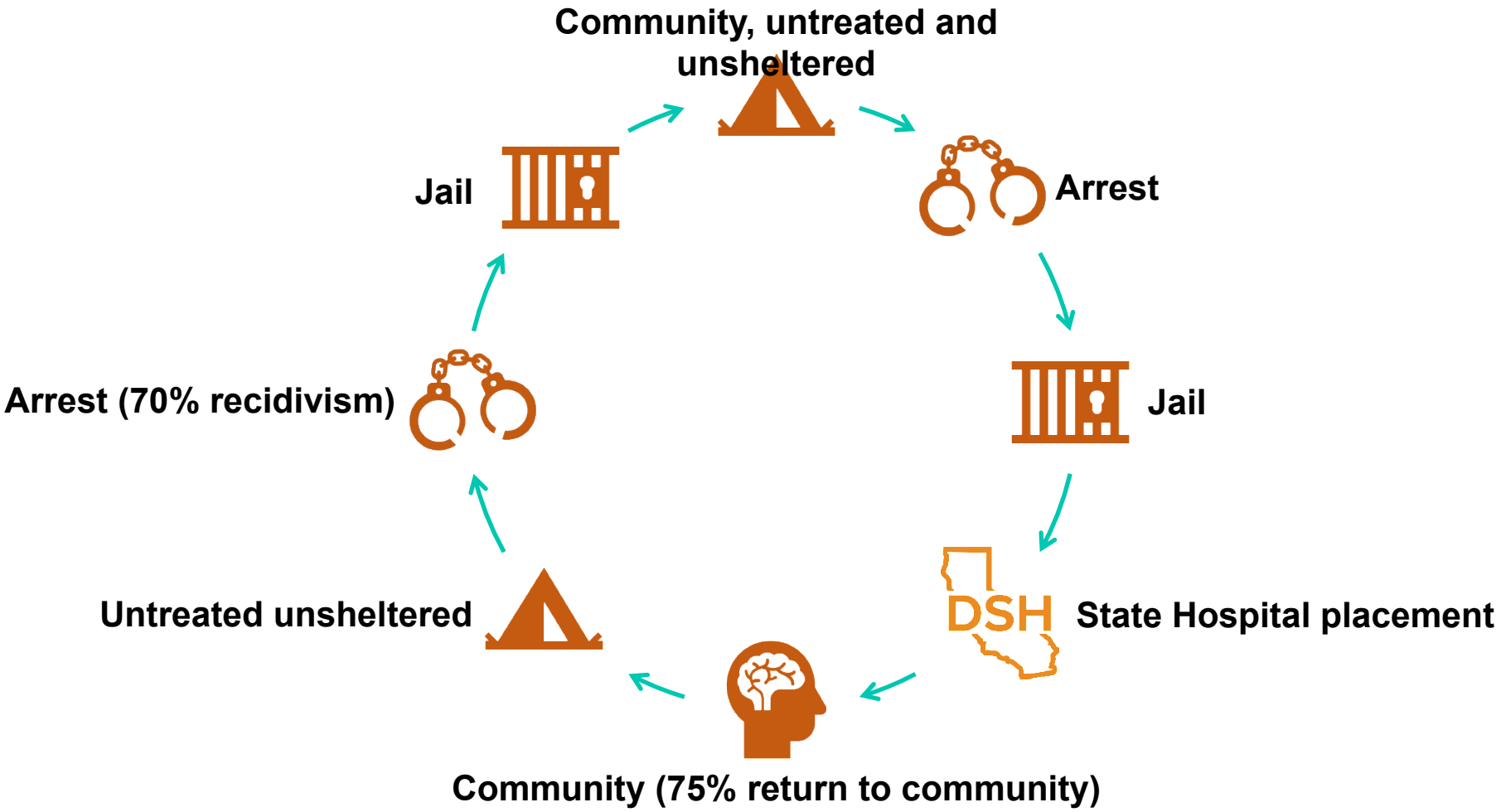
Why?: Our Hypothesis

- Individuals with Schizophrenia Spectrum Disorders are drifting into an untreated, unsheltered condition.
- These conditions are leading to increased contact with police and criminal charges.
- This increased contact is leading to a surge in IST referrals to state hospitals.
- Building more state hospital beds will only exacerbate the problem long term.
- IST restoration is not adequate long term treatment plan.
- So, what can we do?

Criminalization Cycle



CARE is designed to break the cycle

- As a civil court process, CARE is an upstream diversion designed to break the cycle of homelessness, criminalization, and institutionalization
- The success of CARE will be based on whether this process can connect the respondent to the right services and supports including stabilization medications, wrap around behavioral health services, and housing.

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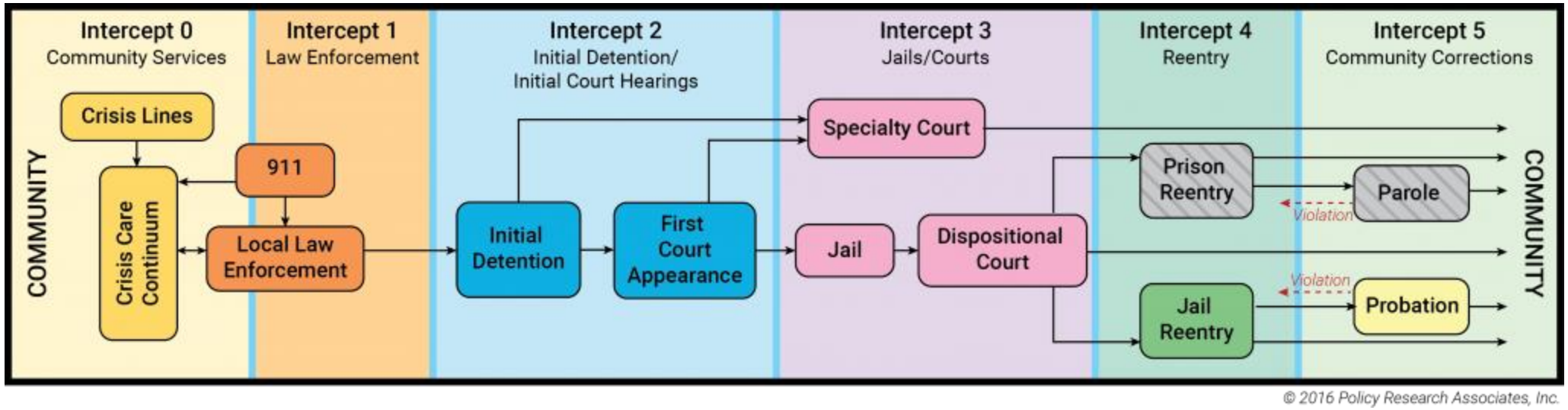
Sequential Intercept Model (SIM)



CARE Plan

- (b) “CARE plan” means an individualized, appropriate range of community-based services and supports, as set forth in this part, which include clinically appropriate behavioral health care and stabilization medications, housing, and other supportive services, as appropriate, pursuant to Section 5982.
- Should be based in the standard of care

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Standard of Care- APA Guidelines

- 4. APA *recommends*(**1A**) that patients with schizophrenia be treated with an antipsychotic medication and monitored for effectiveness and side effects.*
- 10. APA *suggests*(**2B**) that patients receive treatment with a long-acting injectable antipsychotic medication if they prefer such treatment or if they have a history of poor or uncertain adherence.*
- 19. APA *recommends*(**1B**) that patients with schizophrenia receive assertive community treatment if there is a history of poor engagement with services leading to frequent relapse or social disruption (e.g., homelessness; legal difficulties, including imprisonment).*

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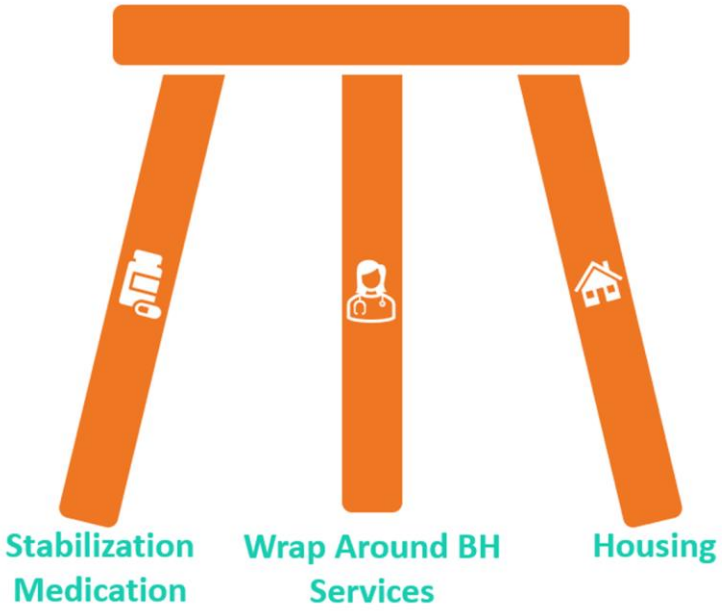
Three-Legged Stool



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Medication

- According to systematic reviews of observational and naturalistic studies, following treatment, **complete** recovery or remission occurs in:
  - ~38% of patients with multi-episode psychosis
  - ~55–57% of patients with first-episode psychosis
- Adherence to antipsychotics is associated with symptomatic and psychosocial remission, as well as community integration
- Effect on symptoms reduction overall compares with treatment for other chronic conditions such as high cholesterol and hypertension

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Huxley P et al. Brain Behav 2021;11(6):e02172; Catalan A et al. Eur Psychiatry 2021;64(1):e69; Bernardo M et al. Rev Psiquiatr Salud Men 2017;10(3):149-59.

Medication (continued)

- Possession of psychotropic medication reduces the odds of arrest.
- The combined effects of medication possession and outpatient services reduces risk of arrest even further
- Effect size of antipsychotic medication is comparable to those for other chronic conditions such as hypertension, high cholesterol
- People with other chronic conditions also struggle with compliance
- Good medication management can assist with compliance, side effects are real and should be addressed in an ongoing partnership, the importance of this relationship should not be oversimplified

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Van Dorn et al. Psych Services 2013
Leucht et al. BMC Medicine 2015

AMA Principles of Medical Ethics

- The process of informed consent occurs when communication between a patient and physician results in the patient's authorization or agreement to undergo a specific medical intervention.
- Requires an assessment of the patient's ability to understand relevant medical information and the implications of treatment alternatives and to make an independent, voluntary decision

Insight is necessary for medical-decision making capacity

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Medication in CARE Act

5977.1(d)(3) A court may order medication if it finds, upon review of the court-ordered evaluation and hearing from the parties, that, by clear and convincing evidence, the respondent lacks the capacity to give informed consent to the administration of medically necessary stabilization medication.

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Medication in Context

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Prompts in Optional CARE Plan/Agreement Worksheet

- What are the person's stated preferences regarding medication?
- What is the person's history with psychotropic medications?
- If known, list the psychotropic medications that the person has taken in the past and the reasons these were stopped.
- If the person is currently on medication, what do they report regarding the benefits and side effects of that medication?
- Does the person have a preferred medication? If so, why?
- Are there medications that the person does not want to take? If so, why?
- Does the person have any allergies to medication?
- What is the recommended course of medication for the person?
- How will the proposed medication, or class of medications, address the person's symptoms and/or behavior?
- What are the potential side effects of the proposed medication or class of medications? Has anyone explained the possible benefits and side effects?
- Who is the person's prescriber (name and contact information)?
- What is the frequency of assessment by the prescriber?
- Will the person be assessed by a prescriber at least weekly until stabilized on medication? If not, why not?
- How will care be coordinated between the psychiatric prescriber and the person's treatment team?

CalHHS
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Services

Gold Standard is Assertive Community Treatment

- Evidence-based model backed by 50 years of research
- Designed to improve housing stability, medication adherence, and overall functioning
- 24/7 Access to multi-disciplinary care team in the community
- Intensive, coordinated, integrated, highly individualized care to meet the patient's needs, delivered by a team the patient trusts
- Medication management and rehabilitative and supportive services
- Many studies support use of ACT, with outcomes such as:
  - reduction in jail/prison booking
  - reduction in days incarcerated
  - reduction in psychiatric hospitalization
  - Improved medication adherence, housing stability and overall functioning

CalHHS
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Housing

- Maintaining stability and staying connected to treatment is extremely difficult when unhoused
- Clients/Respondents participating in the CARE Process will need a diverse range of housing options, including:
  - Clinically enhanced interim or bridge housing
  - Licensed adult and senior care facilities
  - Supportive housing
  - Housing with family and friends

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What is happening now: case vignette 3

35-year-old male transient male. Police called, arrived as patient was on roof, pulling the roofing tiles off the residence and throwing roofing tiles off the roof. He took off his clothing. Officers stated patient then threw roofing tiles at them. One tile landed a foot from officers. Broke skylight, doused himself with water from spout. No response to taser. Ran away and was apprehended. Agitated and talking to himself. Charged with **felony aggravated assault** on a police officer (**AWDW roof tile**), and felony vandalism.

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Recap

- Early intervention is key, and too often absent
- People are very, very sick
- People are too often involved with the criminal justice system, homelessness, and not being served
- The three-legged stool of medications, 24 hour coordinated services, and housing forms the foundation for recovery

CalHHS
California Health & Human Services Agency

Updates on Cohort 1 County Implementation

CARE Act Working Group
November 8th, 2023

Riverside County
Implementation

Overview

- Riverside County began CARE Act program 10/2/23

- Court, Behavioral Health, and partner agencies working toward optimization

Riverside University HEALTH SYSTEM

Implementation Activities

- Planning (initial & ongoing)
- Marketing / Media
- Community / Stakeholder Meetings
- Website Development
- Staffing / Workforce Development
- Training
- Service Provision
- IT Investment
- Data Collection

Riverside University HEALTH SYSTEM

Volume

- Behavioral Health has received 40 calls to access line
  - 30 unique callers
- Superior Court Self Help has received 46 callers
  - 16 appointments for service (in person & virtual)
- 15 total petitions
  - 2 initial hearings
  - 3 homeless
  - 2 cannot be located
- 4 referrals from criminal court (PC 1370)
- 4 referrals from Adult Protective Services / Department of Public Social Services

Riverside University HEALTH SYSTEM

Challenges

- Workforce
- Long road to engagement
- Housing / Residential Treatment shortage
  - Emergency
  - Crisis Residential
  - Bridge / Transitional
  - Severe Co-occurring Substance Use Residential (ASAM Level of Care 3.3)
  - **Adult Residential Facilities (aka Board & Care)**
  - **Permanent Supportive Housing**
  - **Affordable Housing**

Riverside University HEALTH SYSTEM

Case Study

- Petitioner very invested
- Respondent doesn’t perceive need
- Respondent not yet engaged
- Respondent did not appear
- Respondent has simultaneous criminal proceeding
- Petitioner disappointed by CARE’s limitations (modest power of influence)
- Team will continue to try to engage

Riverside University HEALTH SYSTEM

Successes

- Education
- Visibility
- Successful Voluntary Engagement
- Multiple venues for appearance
  - In person, mobile, and virtual
- Coordination of Services

Riverside University HEALTH SYSTEM

Next Steps

- Increased staffing
- Housing buildout
- Optimization
- Data Collection / Analysis
- Sustainability

Riverside University HEALTH SYSTEM

BREAK

Updates on Time Limited Ad Hoc Sub-Groups

Services and Supports – Tracie Riggs and Jodi Nerell

Training, Technical Assistance, and Communication – Susan Holt and Anthony Ruffin

Data Collection, Reporting & Evaluation – Keris Myrick and Beau Hennemann

Working Group Member Discussion of CARE Act Emerging Issues

Working Group Members

Closing Thoughts

Stephanie Welch, MSW, Deputy Secretary of Behavioral Health, CalHHS

Public Comment

Public Comment will be taken on any item on the agenda

There are 3 ways to make comments:

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

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

Adjourn and Thank you!