



CARE

(Community Assistance, Recovery and Empowerment)

Court

March 14, 2022



Accessibility Resources

- **American Sign Language (ASL) Interpreter available on screen during this meeting**
- **Zoom Closed Captioning available during this meeting**
- **Communication Access Real-Time Translation (CART) transcription available at <https://www.streamtext.net/player?event=DOR>**
- **Real-time Spanish translation**

Call 1-877-402-9753 Passcode: 1424990#

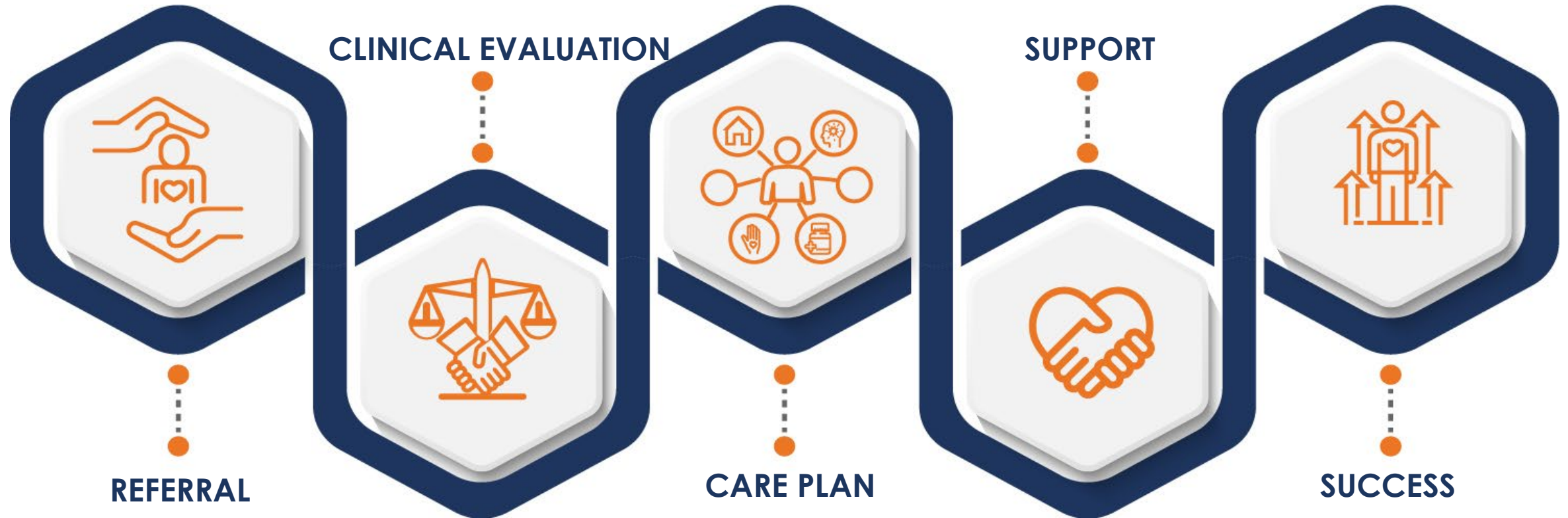
For future CARE Court stakeholder updates, please email accessibility requests 48 hours in advance of the meeting to

Today's Agenda

- What is CARE Court?
- CARE Court Pathway
- Frequently Asked Questions
- Next steps for engagement and feedback
- Q&A: Please email questions to be answered during today's Q&A to CAREcourt@chhs.ca.gov

Slides will be posted on the CARE Court website at chhs.ca.gov/care-court/

CARE Court Pathway



What is CARE Court?

- CARE Court is a new approach and a paradigm shift.
- CARE Court aims to deliver behavioral health services to the most severely ill and vulnerable individuals, while preserving self-determination and community living.
- CARE Court is an upstream diversion to prevent more restrictive conservatorships or incarceration.
- CARE Court is based on evidence which demonstrates that many people can stabilize, begin healing, and exit homelessness in less restrictive, community-based care settings.
- CARE Court holds accountable both government and participants.

Referral & Clinical Evaluation



REFERRAL

Individual with untreated schizophrenia spectrum or other psychotic disorder who lacks medical decision-making capacity may be referred to the court by a family member, behavioral health provider, first responder, or other approved party to provide care and prevent institutionalization.



CLINICAL EVALUATION

The civil court orders a clinical evaluation and appoints public defender and Supporter. Court reviews the clinical evaluation and, if the individual meets the criteria, the court orders the development of a Care Plan.

Care Plan & Support



CARE PLAN

Care Plan is developed by county behavioral health, participant and Supporter including behavioral health treatment, stabilization medication, and a housing plan. Court reviews and adopts the Care Plan with both the individual and county behavioral health as party to the court order for up to 12 months.



SUPPORT

County behavioral health care team, with participant, and Supporter, begin treatment and regularly review and update Care Plan, as needed, as well as a Mental Health Advance Directive for any future crises. Court provides accountability with status hearings, for up to a second 12 months, as needed.

Success



SUCCESS

Successful completion and graduation by the Court. Participant remains eligible for ongoing treatment, supportive services, and housing in the community to support long term recovery. Mental Health Advance Directive put in place for any future crises.

What is the clinical criteria for CARE Court?

Individuals with:

a) A schizophrenia spectrum or other psychotic disorder diagnosis

AND

b) Whose judgment is so impaired by symptoms of their mental illness (e.g., hallucinations, delusions, disorganization and/or cognitive impairment) that they lack the capacity to make informed or rational decisions about their medically necessary treatment.

- CARE Court is **NOT** for everyone experiencing homelessness or mental illness.
- It is designed to serve these Californians before they enter the criminal justice system or become so impaired that they end up in a Lanterman-Petris-Short (LPS) Mental Health Conservatorship.

What does the Care Plan entail?

CARE Court will provide clinically appropriate, community-based set of services and supports that are culturally and linguistically competent.

Core components of the Care Plan

Community
based
behavioral
health services

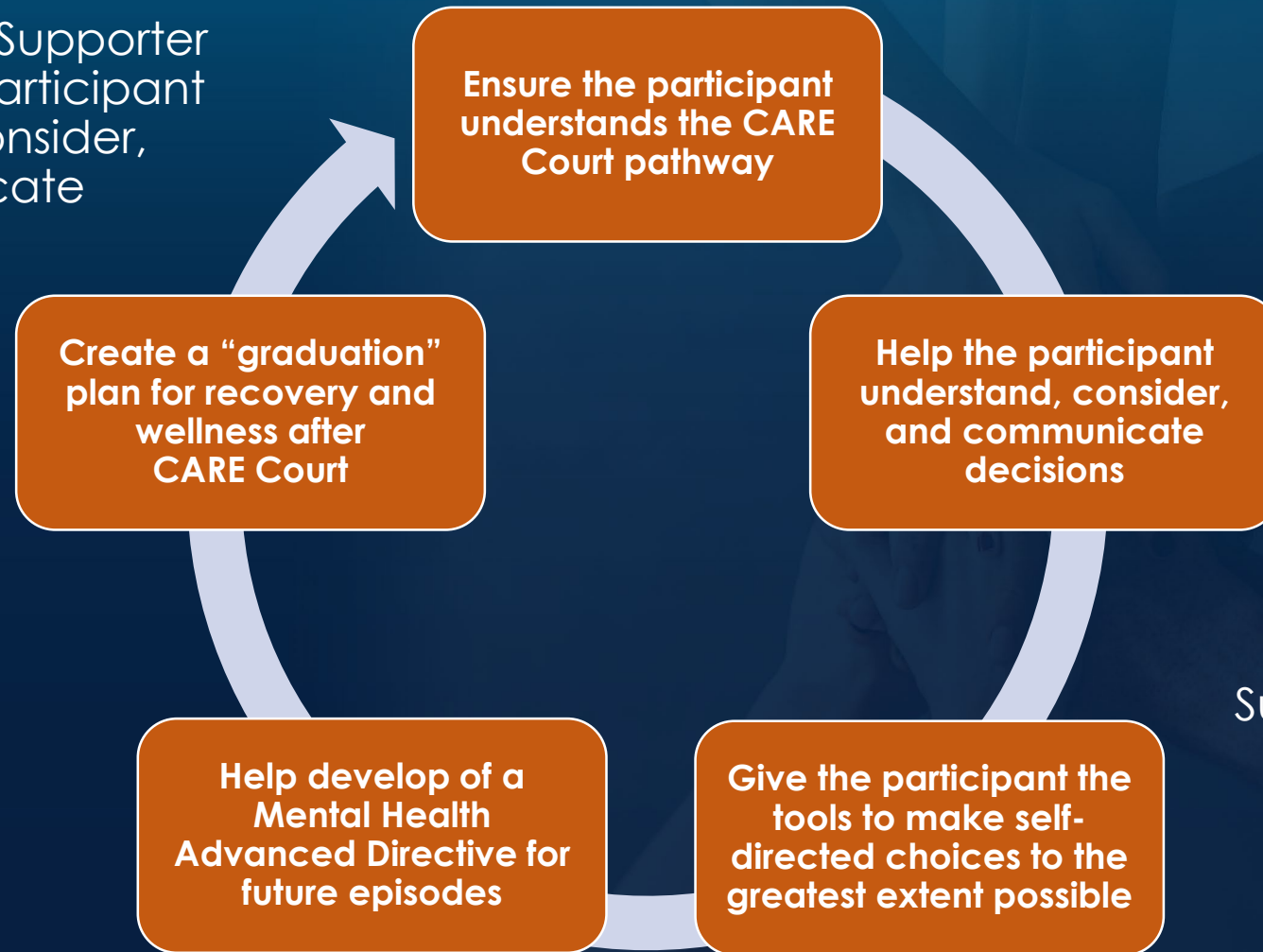
Stabilization
medication

Housing plan

Supporting a self-determined path to recovery and self-sufficiency is core to CARE Court, with a **Public Defender** and the newly established **Supporter** for each participant in addition to their full clinical team.

The Supporter

The role of the Supporter is to help the participant understand, consider, and communicate decisions



Supporters are trained in supportive decision making and will represent a diversity of life experiences.

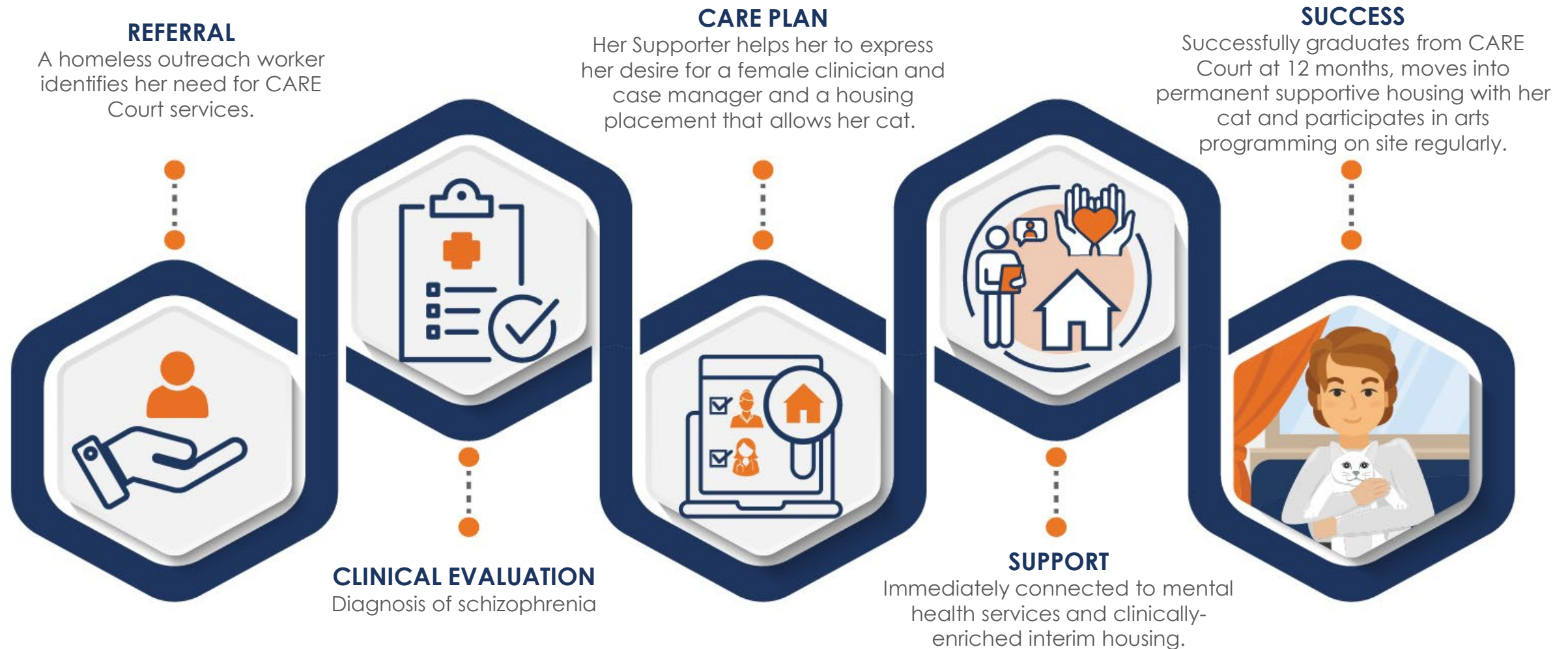
EXAMPLE CARE COURT SCENARIO: Susan*

WHO?

A 55-year-old woman with a diagnosis of schizophrenia. The voices in her head scream at her and she can't tell which are her thoughts and or if other people are yelling at her. The voices get in the way of taking care of her poorly controlled diabetes. She feel safe only in her car, alone with her cat, isolated from others. She was briefly enrolled in mental health treatment, but shortly after enrolling she declined services and treatment. She is at risk of conservatorship.



EXAMPLE CARE COURT PATHWAY: Susan*



*The above example pathway is not based on real life people or scenarios.

EXAMPLE CARE COURT SCENARIO: Victor*

WHO?

A 25-year-old male diagnosed with schizoaffective disorder and substance use disorder who typically takes medication as directed but recently stopped completely due to side effects. His housing is unstable. Living part time with family and part time on the street. Recently, his substance misuse has substantially increased.



EXAMPLE CARE COURT PATHWAY: Victor*



*The above example pathway is not based on real life people or scenarios.

**A 5150 or 5250 hold describes when an individual is involuntarily placed in a psychiatric facility. This happens when a person is deemed a danger to others or themselves or is gravely disabled (Grave disability is defined as an individual's lack of ability, due to their mental illness, to provide for their food, clothing, or shelter.)

What are court ordered stabilization medications?

- Court ordered stabilization medications are distinct from an involuntary medication order in that they **cannot** be forcibly administered. Seeking an involuntary medication order for a participant would be outside the CARE Court proceedings and subject to existing law.
- Stabilization medications would be prescribed by the treating licensed behavioral healthcare provider/prescriber and medication management supports will be offered by the care team.
- As an active participant in the development and on-going maintenance of the Care Plan, the participant will work with their behavioral healthcare provider and their Supporter to address medication concerns and make changes to their individualized treatment plan.

What housing options are available through CARE Court?

- Housing is an important component of CARE Court—finding stability and staying connected to treatment, even with the proper supports, is next to impossible while living outdoors, in a tent or a vehicle.
- Care Plans will include a housing plan. Individuals who are served by CARE Court will have diverse housing needs on a continuum ranging from clinically enhanced interim or bridge housing, licensed adult and senior care settings, supportive housing, or housing with family and friends.
- 2021 Budget Act made a historic \$12 billion investment to prevent and end homelessness.
- Additionally, the Governor's proposed 2022-2023 budget includes \$1.5 billion to support Behavioral Health Bridge Housing, which will fund clinically enhanced bridge housing settings that are well suited to serve CARE Court participants.

What if an individual does not participate in court ordered Care Plan?

- An individual who does not participate in the court-ordered Care Plan may be subject to additional court hearing(s). If a participant cannot successfully complete a Care Plan, the individual may be referred by the Court for a conservatorship, consistent with current law.
- For individuals whose prior conservatorship proceedings were diverted, those proceedings will resume under a new presumption that no suitable alternatives to conservatorship are available.
- For individuals whose criminal cases were diverted, those proceedings would resume.

What if a local government does not provide the court-ordered Care Plan?

- If local governments do not meet their specified responsibilities under the court-ordered Care Plans, the Court will have the ability to order sanctions and, in extreme cases, appoint an agent to ensure services are provided.

How is CARE Court different from current approaches in California - namely Mental Health (or LPS) Conservatorship and the more recent Laura's Law (Assisted Outpatient Treatment)?

- CARE Court differs fundamentally from Mental Health/LPS Conservatorship in that it does **not** include custodial settings or long-term involuntary medications.
- CARE Court is different from both Mental Health/LPS Conservatorship and Laura's Law in several important ways:
 - CARE Court may be initiated on a petition to the Court by family members, service providers, and other authorized parties, in addition to County Behavioral Health.
 - Local government is also part of the court order, along with the participant, to ensure accountability to the provision of treatment and care.
 - CARE Court provides a new Supporter role, to empower the individual in directing their care as much as possible.

How is CARE Court funded?

- Existing funding sources for the Care Plan services and supports include nearly \$10 billion annually for behavioral healthcare (including Mental Health Services Act, mental health realignment, federal funds) and the proposed \$1.5 billion for behavioral health bridge housing, as well as various housing and clinical residential placements available to cities and counties under the Governor's \$12 billion homelessness investments which began in 2021.
- Costs for the Court, the Public Defender, the new Supporter program, and state oversight will require new funding. The state will provide technical assistance to the Counties and will be responsible for data collection, evaluation, and reporting.

Stakeholder Engagement

This is a framework that requires meaningful engagement with the community to shape solutions for Californians as we move urgently forward to respond to the humanitarian crisis in our midst. We are engaging a broad set of stakeholders to further build this framework out and ensure it can deliver meaningful results for some of our most vulnerable neighbors as soon as possible.

To date we have received significant feedback on:

- Opportunity for early services and supports engagement
- Importance of the supporter role (supported decision-making model) as well as the role of peer support as part of the ongoing Care Plan
- Trauma informed policy and practices
- Need for housing resources to meet the needs of the participant
- Despite significant recent investments in the behavioral health continuum, concerns over service capacity, including workforce
- Concern that narrow eligibility criteria misses other high need, high vulnerability populations

Ongoing Stakeholder Engagement

Since the March 3rd launch and ongoing:

- Public Briefings
 - Local Roundtables
 - Stakeholder engagement with representatives from a wide variety of networks, including disability rights, peers, families, racial equity advocates, counties, cities, homeless stakeholders, behavioral health providers, behavioral health professional associations and more
- Check out the CARE Court [webpage](#)
 - New [CARE Court FAQ](#) recently posted on the webpage
 - Please share feedback and sign up for CARE Court listserv, by emailing us at CAREcourt@chhs.ca.gov

We are requesting initial feedback by Friday, March 25th, and welcome it ongoing.

Question and Answer

Please email your questions for today's Q&A
to CAREcourt@chhs.ca.gov