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

California Health & Human Services Agency

Person Centered. Equity Focused. Data Driven.

Agenda and Presenters

- CARE Act Overview
- Accountability and Technical Assistance
- Frequently Asked Questions
- Implementation Activities

- Corrin Buchanan, Deputy Secretary, Policy & Strategic Planning | CalHHS
- Stephanie Welch, Deputy Secretary of Behavioral Health, MSW | CalHHS
- Ivan Bhardwaj, Acting Chief, Medi-Cal Behavioral Health Division | DHCS
- Charlene Depner, Director, Center for Families, Children & the Courts | Judicial Council of California

CalHHS
California Health & Human Services Agency

CARE Act Overview

Community Assistance, Recovery and Empowerment (CARE) Act

- **CARE** is a new compassionate process, providing additional tools to the toolbox
- **CARE** aims to deliver behavioral health services to the **most severely ill and vulnerable individuals,** while preserving **self-determination** to the greatest extent possible and community living.
- **CARE** is an **upstream diversion to prevent** more restrictive **conservatorships or incarceration.**
- **CARE** is based on **evidence** which demonstrates that many **people can stabilize,** begin healing, and **exit homelessness in less restrictive, community-based care settings.**
- **CARE** seeks both **participant** and **system success.**

CalHHS
California Health & Human Services Agency

Community Assistance, Recovery and Empowerment (CARE) is Different

- **CARE** is fundamentally different from **LPS Conservatorship** in that it **does not include custodial settings** or **long-term involuntary medications**
- **CARE is different than LPS/Laura's Law in several important ways:**
  - **May be initiated by a petition to the Court** from a variety of people known to the participant (family, clinicians/ physicians, first responders, etc.) and **only credible petitions are pursued**
  - **Multiple** prior negative outcomes **(incarceration, hospitalizations, etc.)** are not required to be considered
  - **Local government and participants work together** and are both held to the CARE plan
  - Client may have a **Supporter** to assist in **identifying, voicing, and centering the individual's CARE decisions** in their CARE plan and graduation plan, including preparing a **Psychiatric Advanced Directive, if desired.**

CalHHS
California Health & Human Services Agency

Criteria for CARE Respondent

Estimated 7,000 to 12,000 people in California may meet CARE criteria

- 18 years or older
- Experiencing severe mental illness and has a diagnosis in the schizophrenia spectrum and other psychotic disorder class
- Not clinically stabilized in on-going voluntary treatment
- Meets one of the following:
  - The person is unlikely to survive safely in the community without supervision and the person's condition is substantially deteriorating.
  - The person is in need of services and supports in order to prevent a relapse or deterioration that would be likely to result in grave disability or serious harm to the person or others, as defined in Section 5150.
- CARE would be the least restrictive alternative to ensure the person's recovery and stability
- It is likely that the person will benefit from participation in CARE

CalHHS
California Health & Human Services Agency

CARE Pathways – Petition

- Petition is filed by family members/roommate, providers/clinicians, county behavioral health, first responders, and others as specified in law.
  - The petition must include an affidavit of a licensed behavioral health professional OR evidence that the respondent was detained for a minimum of two intensive treatments under what is known as a 5250, the most recent one within the previous 60 days.
- Petition is promptly reviewed by the court. If it does not meet criteria it is dismissed. If criteria is met the court orders the county to investigate and file a written report.
- The county agency will submit the written report to the court with findings and conclusions of the investigation, along with any recommendations.
- **If the county is making progress with engagement, an additional 30 days can be provided to continue support enrolling the individual in services**.
- A **court may refer an individual from assisted outpatient treatment and conservatorship proceedings** to CARE proceedings.
- A **court may refer an individual found incompetent to stand trial from misdemeanor proceedings** pursuant to Section 1370.01 of the Penal Code.

CalHHS
California Health & Human Services Agency

CARE Pathways – Petition to Initial Hearing

- The court will review the report within 5 days
  - If the court determines that **voluntary engagement is effective**, and that the individual has enrolled in behavioral health treatment, the **court shall dismiss the matter**.
  - If the court determines that the respondent likely meets criteria and **engagement is not effective**, the court will set an **initial hearing within 14 days**.
- The court appoints counsel and orders the county to provide notice of the hearing to the petitioner and others as specified by law.
- At the initial hearing, the court determines whether the respondent meets the CARE criteria. If so, the **court orders the county behavioral health agency to work with the respondent, the respondent's counsel, and the CARE supporter to engage in behavioral health treatment and determine if the parties will be able to enter into a CARE agreement.**
  - A CARE agreement means a voluntary settlement agreement entered into by the parties which includes individualized, appropriate range of community-based services and supports, which include clinically appropriate behavioral health care and stabilization medications, housing, and other supportive services, as appropriate.
- The court will set a case management hearing within 14 days.

CalHHS
California Health & Human Services Agency

CARE Pathways – Case Management Hearing to CARE Agreement or Clinical Evaluation

- If the court finds that **the parties have agreed to a CARE agreement**, and the court approves, the court will set a **progress hearing for 60 days.**
- If the court finds that the parties have **not reached a CARE agreement,** the court will order a **clinical evaluation** of the respondent.
- The court will order the county behavioral health agency, through a **licensed behavioral health professional, to conduct the evaluation.**
- The court shall set a **clinical evaluation hearing within 21 days.**

CalHHS
California Health & Human Services Agency

CARE Pathways – Clinical Evaluation to CARE Plan

- If at the **clinical evaluation hearing** the court finds that the respondent meets the CARE criteria, the **court will order the development a CARE plan,** which includes the same elements as the CARE agreement**. If not, the court shall dismiss the petition**.
- **CARE plan** is developed **with the respondent, counsel, county behavioral health and if desired a Supporter**. The hearing to review and consider approval of the proposed CARE plan will occur in 14 days.
- After reviewing the proposed CARE plan, the **court may issue any orders necessary** to support the respondent in accessing appropriate services and supports, **including prioritization for those services and supports**.
- The issuance of the order approving the CARE plan begins the **up-to-one-year CARE program timeline.** At intervals of not less than 60 days during CARE plan implementation, the court will have a status review hearing.

CalHHS
California Health & Human Services Agency

CARE Pathways – CARE Plan to Graduation

- In the 11th month of the program, the court will hold a one-year status hearing where the court will determine whether to **graduate the respondent** from the program or **reappoint the respondent** to the program for another term, not to exceed one year.
- A **respondent may also voluntarily request reappointment** to the CARE program.
- The court will review the **voluntary graduation plan** to support a successful transition out of court jurisdiction and **may include a psychiatric advance directive.**

CalHHS
California Health & Human Services Agency

Accountability

Government Accountability

- The court can fine a county or other local government entity if it is not complying with CARE.
- The fines will be used to establish the CARE Act Accountability Fund.
  - *All moneys in the fund shall be allocated and distributed to the local government entity that paid the fines, to be used by that entity 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.*

CalHHS
California Health & Human Services Agency

Individual Accountability

- If the Court determines at any time during the proceeding that the participant is **not participating in CARE proceedings**, the **Court may terminate** the respondent's participation in CARE.
- The Court may utilize **existing authority** to ensure an individual’s safety. The court shall provide notice to the county behavioral health agency and the Public Conservator/Guardian if the court utilizes that authority.
- Under specific circumstances, the fact that the respondent failed to successfully complete their CARE plan shall be a fact considered in certain **subsequent proceedings,** provided the hearing occurs within six months of the termination of the CARE plan.

CalHHS
California Health & Human Services Agency

Technical Assistance, Data Reporting, and Evaluation

Technical Assistance

- DHCS will provide training and technical assistance to county behavioral health agencies regarding CARE process, agreement and plan services and supports, supported decision-making, the supporter role, trauma-informed care, elimination of bias, psychiatric advance directives, family psychoeducation, and data collection; also training to counsel and supporters.
- Judicial Council, in consultation with department and stakeholders shall provide training and technical assistance to judges about CARE process, agreement and plan services and supports, working with supporter, supported decision-making, supporter role, family role, trauma-informed CARE, elimination of bias, best practices, and evidence-based models of care for people with severe behavioral health conditions.

CalHHS
California Health & Human Services Agency

Data and Reporting

- DHCS will develop, in consultation with county behavioral health agencies, other relevant state or local government entities, disability rights groups, individuals with lived experience, families, counsel, racial justice experts, and other appropriate stakeholders, an annual CARE Act report.
- DHCS will provide information on the populations served and demographic data, as well as outcome measures to assess the effectiveness of the CARE Act model, such as
  - improvement in housing status, including gaining and maintaining housing,
  - reductions in emergency department visits and inpatient hospitalizations,
  - reductions in law enforcement encounters and incarceration,
  - reductions in involuntary treatment and conservatorship, and
  - reductions in substance use.
- The report will also include a health equity assessment of the CARE Act to identify demographic disparities based on demographic data to inform disparity reduction efforts.

CalHHS
California Health & Human Services Agency

Evaluation

- An independent, research-based entity will conduct an evaluation of the effectiveness of the CARE Act.
- The independent evaluation shall highlight racial, ethnic, and other demographic disparities, and include causal inference or descriptive analyses regarding the impact of the CARE Act on disparity reduction efforts.
- A preliminary report to the Legislature is due three years after the implementation date of the CARE Act with a final report due in five years.

CalHHS
California Health & Human Services Agency

FAQs

How is self-determination supported in the CARE model?

- Each participant is offered legal counsel and may choose a CARE Supporter in addition to their full clinical team
- Each participant develops the CARE agreement or CARE plan in concert with the behavioral health team so that supports and services are coordinated and focused on the individual needs of the person it is designed to serve.
- A Psychiatric Advance Directive provides further direction on how to address potential future episodes of a mental health crisis that are as consistent as possible with the expressed interest of the respondent.

CalHHS
California Health & Human Services Agency

Why isn’t CARE inclusive of all behavioral health conditions?

- **CARE is focused on people a certain class of diagnoses** that are both severely impairing and also **highly responsive to treatment,** including stabilizing medications**.**
- **Broader behavioral health redesign** is being led by the Administration so all Californians have access to high quality, culturally responsive and easily accessible behavioral health care. This includes **critical investments in the behavioral health continuum.**

CalHHS
California Health & Human Services Agency

What is the role of housing in CARE?

- **Housing is an important component of CARE** —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 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.
- **The 2022-2023 budget includes $1.5 billion for Behavioral Health Bridge Housing,** which will fund clinically enhanced bridge housing settings that are well suited to serve CARE participants and these funds will be prioritized for CARE participants
- **Over the last two years, the state has made historic investments to prevent and end homelessness totaling over $15B.**

CalHHS
California Health & Human Services Agency

Why Courts?

- The courts are often in the **crosshairs of the lives of those suffering** from severe, decompensated mental illness.
- **Often it's the criminal courts not the civil courts**. By going upstream, CARE aims to **serve individuals before** they end up in the **criminal court system or conservatorship**.
- **CARE is a vehicle for collaboration and coordination not compliance**. CARE starts with a period of county outreach and engagement before any court engagement.
- In the case the **client can't participate,** or **the government entities can't implement** an appropriate, person-centered plan, **then the court will deepen its engagement** and oversight.

CalHHS
California Health & Human Services Agency

How can we address racial bias?

- There are **well documented racial inequities** in clinical diagnosis, homelessness, and justice system impact. We must **acknowledge these realities** and **address them in the formative design of the program**.

- There will be **standardized tools for assessment and evaluation** with an **eye for ameliorating the features that drive racial bias**.

- There will be **implicit bias training for individuals participating in CARE processes** to improve awareness of these **drivers of inequity and their own role in perpetuating them**.

- We will **engage communities and stakeholders** not just in these formative days of CARE, but **regularly as the program develops** over the next few years.

CalHHS
California Health & Human Services Agency

Implementation Activities

Timing

- All counties will participate in CARE through a **phased-in approach.**
- **First cohort counties start October 1, 2023**: Glenn, Orange, Riverside, San Diego, Stanislaus, Tuolumne, and San Francisco.
- **Other counties begin implementation by December 2024**, unless the county is granted additional time by DHCS.
- Counties will not have an option to opt-out.

CalHHS
California Health & Human Services Agency

CalHHS Roles and Responsibilities

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
- Coordinate with partners and a diverse set of stakeholders via regular meetings – including county associations
- 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

CalHHS
California Health & Human Services Agency

CalHHS Roles and Responsibilities

CARE ACT Working Group

- Working group will begin 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**.
- 20-25 members including 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

CalHHS
California Health & Human Services Agency

DHCS Roles and Responsibilities

- **Training & Technical Assistance (TTA)** to support implementation of CARE Act, including county behavioral health agencies, counsel, and volunteer supporters (starting Q2/2023)
- Released **Request for Information** (RFI #22-007) for TTA contractor
  - Released November 10, 2022 and closed on December 1, 2022; selection in December
- Supporting **data collection, reporting, and independent evaluation** of CARE Act participant outcomes and program effectiveness.
- Administering CARE Act **implementation funding** and released Behavioral Health Information Notice (BHIN) on startup funds (22-059).

CalHHS
California Health & Human Services Agency

Judicial Council Roles and Responsibilities

- Interagency planning and communication at state and local levels
- Initial CARE Act Procedural Memo distributed to all courts; ongoing implementation information and resources for courts
- Court Communication Hub: information sharing within and across courts; collaboration platform
- Meetings with court teams
- Funding allocations
- Statewide Court rules & forms
- Judicial education
- Court data collection procedural plan
- Legal representation
- Targeted court training and technical assistance needs; webinars
- Self-Help legal information, assistance, and tools for parties

CalHHS
California Health & Human Services Agency

Resources and Information

Please visit: https://www.chhs.ca.gov/CARE-act/

Email us at CAREAct@chhs.ca.gov to join the CARE listserv to receive updates and information on future stakeholder events.

CalHHS
California Health & Human Services Agency