



## CARE Act

# Quarterly Implementation Update

## March 2024



The first eight communities in Cohort 1 continue to work collaboratively with the state to provide integrated, holistic services for CARE respondents. Based on preliminary data, collectively, more than 375 petitions have been filed between October 2<sup>nd</sup> and March 29<sup>th</sup>.

This number does not include individuals with severe mental illnesses who may receive assistance as counties review their initial eligibility. These applicants are often connected with available services and housing.

Through strategic site visits, the State is actively meeting with and working with counties and all parties involved in the CARE Act process – working through potential on the ground issues, identifying success stories, and taking that knowledge to other pilot counties. More details on these crucial site visits are included below.

Cohort 2 counties and stakeholders are currently working together and taking the necessary steps to implement CARE by December 1, 2024. Excitingly, because of recent success and the thoughtful support from the State, San Mateo and Kern Counties have indicated plans to implement CARE ahead of schedule, with San Mateo launching in July and Kern in October.

This quarterly update provides an overview of progress made on CARE Act implementation for January–March 2024, summarizes many of the resources and information developed to support CARE implementation, and includes a timeline of upcoming activities for 2024. The state is continually engaging new community partners in understanding and making referrals under the CARE.

CARE is just one of Governor Newsom’s new innovative approaches helping families get the get care and support for their loved one that may have been unable to get it before.

## Recent Success Stories from the Field

A parent in one county reported reading about CARE in the local newspaper, with a history of trying to get help for their adult child. After hearing about CARE, they found the petition online and completed it, providing the necessary information to tell their family member's story. While their family member initially declined services, after multiple outreach efforts, the individual began to show openness to available resources. The judge saw the promise of this opening and granted an additional 30 days for the county to continue engagement. For the parent, that decision, to have the county "stay on the case longer" meant the world: "I felt a lot of support from the court and the behavioral health team."

For other respondents, CARE has provided an alternative to conservatorship and many people have already been connected to housing and other community-based services.

Throughout the counties that have implemented CARE, there are reports of individuals referring themselves, oftentimes with successful initial outcomes. For some individuals this has included engagement with a Full Service Partnership (multidisciplinary behavioral health team), medication services, reconnection with family, and connection to employment.

Counties report that the number of individuals being served is many times the number of petitions they are receiving, because many of these are the result of an individual contacting county behavioral

health and helping their loved one get connected to services voluntarily.

## Implementation Overview

Counties are actively working to locate and engage respondents, investigate and file initial reports, coordinate services, and support petitioners. Initial hearings are being conducted and some respondents have engaged voluntarily, exiting the court engagement process. Other respondents are moving forward with CARE agreements or plans through the CARE act process.

CARE provides a pathway for individuals to participate in creating their own CARE plan that outlines individual needs. The CARE plan is implemented by local government entities – primarily counties – who are obligated by court order to deliver on individualized elements of the plan, which include behavioral health services, housing, and support. Local civil courts have authority to monitor implementation of the plan components by local government entities, hear implementation concerns by either participants or local government partners, and take steps to ensure the plan is fully implemented.

Petition numbers during this early implementation stage remain in line with expectations and allow the courts and counties to effectively manage the resources needed to serve the population. This provides the opportunity for counties to identify the necessary resources to build comprehensive CARE plans, including identifying housing solutions that meet client needs. Importantly, many individuals seeking assistance via CARE are being

connected voluntarily to services without a petition being filed.

## Working Group

On February 14<sup>th</sup>, representatives from the CARE Act Working Group came together in Sacramento to share information and collaborate on the implementation of the CARE Act.



The group was introduced to new members, discussed updates from state partners and engaged in a panel discussion with Cohort 1 representatives from San Diego, San Francisco, Stanislaus, and Glenn counties.

The group also heard from RAND about their plan for the independent evaluation of CARE and received updates from the three Ad Hoc Sub-Groups (Training, Technical Assistance, and Communication; Data Collection, Reporting, and Evaluation; and Services and Supports).

Public comment included personal stories, concerns, and feedback regarding the CARE process from family members, considerations on language from the perspective of those with lived experience, and an inquiry about information sources for research purposes.

*As a clinician, this is the first time I have had this much support to ensure services are delivered.*

...

*Most respondents have already had contact with the justice system, so we aren't introducing the court to their lives but rather redefining the role of court in their lives, with great outcomes so far.*

--Chrissy Croft, County of San Diego Health & Human Services Agency (during February 14<sup>th</sup> CARE Act Working Group Meeting)

## Ad Hoc Sub-Group Meetings

To support expanded participation of key stakeholders, subject matter experts, and the public, CalHHS continues to convene three Ad Hoc Subgroups of the CARE Working Group, focused on 1.) Data Collection, Reporting, and Evaluation (Data and Evaluation); 2.) Services and Supports; and 3.) Training, Technical Assistance, and Communication (TTA/Comms). Each group includes perspectives from peers with lived experience, families, and providers.

## Data and Evaluation

In January, the Data and Evaluation group met with RAND, the Department of Health Care Services' (DHCS) selected Independent Evaluator, for an overview of their approach with questions and feedback from members (101 group members and stakeholders attended).

In March, the Data and Evaluation Group and heard from the DHCS contracted training and technical assistance provider, Health Management Associates (HMA) and San Diego County about the initial submittal of CARE data to DHCS. Dr. Michael Krelstein with the University of California San Diego (UCSD) presented to members about their approach for a local evaluation of CARE for San Diego County. While RAND has been contracted by DHCS for a statewide independent evaluation of CARE, San Diego County has engaged UCSD for a local evaluation. Members also heard a summary of a recent NAMI California (National Alliance on Mental Illness) family survey, which showed the value of peer outreach teams and Court Self-Help centers, as well as the difficulties many petitioners are experiencing in preparing petitions along with the associated documentation (73 stakeholders attended).

Court Self-Help centers are available to provide potential petitioners with information and help completing and filing a petition. Self-Help Centers can provide support in several languages as well as referrals to behavioral health and other services. NAMI CA has developed training and education materials (including videos) for family members that are shared through

local affiliates. Family members have found these supports to be very valuable in simplifying the process and successfully submitting petitions.

## TTA/Communications

For the January meeting of the TTA/Comms group, representatives from San Diego and Tuolumne described their early implementation experiences followed by an overview from HMA on 2024 TTA plans (85 people attended).

At the March meeting of the TTA/Comms group, 70 members and stakeholders heard about recent and planned TTA from Dr. Katherine Warburton (Department of State Hospitals Medical Director), HMA, and the Judicial Council, offering input on what information is still needed and what audiences need to be targeted.

## Services & Supports

The Services & Supports group's January meeting gave Riverside and Tuolumne Counties the opportunity to describe early implementation, including use of the ACT model, the high volume of referrals to services, and efforts to meet respondents where they are, with some challenges noted in locating people. Members discussed what they wanted the group to accomplish this year, including identifying metrics of success (84 attended).

The Services and Supports group's March meeting included a presentation about Tuolumne County's behavioral health services continuum, which includes substance use disorder (SUD) services. The discussion highlighted differences between



small and larger counties, as well as the unique challenges posed by urban and rural locations. Members considered this information and how it can inform their focus for coming meetings (73 attended).

All three groups will meet next in April and throughout 2024. More information can be found on the CARE Act Working Group [website](#).



## Cohort 1 County Site Visits

Starting in November, CalHHS and state partners

have been visiting Cohort 1 counties to learn firsthand how the implementation of CARE is progressing.

On January 30<sup>th</sup>, staff traveled to Orange County to discuss the ongoing rollout of CARE with local implementation partners. Staff also visited a Full Service Partnership (FSP) provider and housing site.



On February 5<sup>th</sup>, state partners visited Stanislaus County and learned creative approaches intended to divert people with mental illness from the criminal court process. We heard from service providers and public defenders working to support their clients and toured a newly opened

residential setting and motel to housing conversion project opening soon.



On February 8<sup>th</sup>, CalHHS and other state partners visited Glenn County for an on the ground view of CARE implementation activities in a small rural county.



Local stakeholders shared about collaborative efforts to provide a continuum of services for the most vulnerable, and visitors toured an innovative housing site funded partly through Homekey and a welcoming peer-staffed drop-in center called Harmony House.



On February 26–27<sup>th</sup>, we visited Los Angeles, seeing how their court self-help centers have partnered with county mental health to provide warm hand offs and linkages for petitioners intended to support respondents' recovery.



We also saw a 22 bed residence focused on helping residents avoid further legal involvement.



Key promising practices shared during the site visits included using CARE as a diversion from or step down from conservatorships, innovative models to bring hearings into community settings, expanded Self Help legal services, collaborative outreach and engagement strategies, and creative adaptive reuse approaches to create new housing settings.



## Support for Counties

On January 17, HMA and DHCS provided a CARE Act Data Collection and Reporting

training on Data File Submission and Quality Assurance Process Review for Cohort 1 counties and LA.

On January 19, CalHHS, the Judicial Council, and DHCS presented at a meeting on CARE hosted by Senator McGuire in Mendocino County for the 7 cohort 2 counties in his district, specifically to discuss effective strategies for small and rural counties.

On January 25, DHCS and HMA, with CalHHS and the Judicial Council, hosted a Cohort 2 kickoff webinar for Cohort 2 counties.

On February 7, HMA began weekly office hours for county data teams. Office hours continued through March.

On February 28, HMA held a live training "Considerations for Petitioning". This training discussed basic processes for referral pathways to CARE and overview of the petition process, including practical recommendations for petition preparedness.

On March 8<sup>th</sup>, CalHHS hosted Cohort 1 Counties and Los Angeles for a seventh, day long in-person working meeting focused on identifying successes and challenges with implementation, including how counties are working to identify those who may benefit from CARE.

On March 27<sup>th</sup>, HMA launched a county affinity group series, beginning with rural counties.

HMA liaisons continue to meet regularly with Cohort 1 and 2 counties to support implementation and identify areas for training and technical assistance.

Upcoming HMA trainings will focus on housing, first responders, and cross-sector collaboration.

See the end of this document for links to training materials.



## Courts and Legal Services

On January 17, the Judicial Council hosted a Cohort 2 kickoff webinar for court partners.

On February 13, the State Bar's Legal Services Trust Fund Commission staff hosted a CARE convening for public defenders and Qualified Legal Services Projects.

The Judicial Council received eight comments on revisions to various CARE rules and forms to reflect recent legislative updates. The revised proposal will go to the May 2024 Judicial Council meeting.

Judicial Council staff continue bi-monthly Self-Help center check-ins and monthly office hours for courts. They have also updated a CARE Act Trainings page and distributed a CARE Act Judicial Process Overview PowerPoint and script for individual court use.

CARE forms, including the petition, remain available for the public on the [Judicial Council](#) site, along with a [How to File the CARE 100](#) Infographic for petitioners. CalHHS has established an [Information for Petitioners Site](#) as well as a 1-Page [Information Flyer for CARE Act Petitioners](#).

## Community Updates and Other Implementation Activities



[Painted Brain](#) continues working with HMA as the Peer Support subcontractor, assisting with training content review and feedback, contributing to resource development, and providing other support to trainings and technical assistance as requested.



NAMI California has created a [website](#) which includes information to navigate the CARE process and has convened family members and stakeholders as well as local NAMI affiliates who are distributing CARE information through local newsletters.



HMA released a training on the "[Role of the Peer in the CARE Process](#)" and continues hosting a variety of trainings for

all counties, counsel, judges, county providers, and other stakeholders participating in CARE Act implementation, including:

- [Overview of CARE Agreement & CARE Plan for Volunteer Supporters](#)
- [Housing, Services, & Supports Available Through the CARE Act: Training for Supporters](#)
- [Considerations for Petitioning In the CARE Act Process](#)

These are available on the [CARE Act Resource Center](#), with additional training, technical assistance, and resources for CARE Act stakeholders.

## Resource Summary



[CalHHS CARE Act Site](#) and [CARE Act Overview](#)



[Judicial Council CARE Act Site](#)



[CARE Act Resource Center \(managed by HMA for DHCS\)](#)



[DHCS CARE Act Site](#)



[CalHHS Information for CARE Act Petitioners Website](#) and [One-Page Information Flyer for CARE Act Petitioners](#)



[CARE Act Process Flow Overview](#)



## **January–March 2024**

- Kickoff webinars for Cohort 2 Courts and County BH (January)
- Working Group meets 2/14; ad hoc groups meet in January and March
- CalHHS and partners complete Cohort 1 site visits
- Cohort 2 Toolkit and other updates posted to the CARE Act Resource Center
- CalHHS posts quarterly update on CARE Act website (March)

## **April–June 2024**

- Working Group meets 5/1; ad hoc groups meet in April and June
- CalHHS posts quarterly update on CARE Act website (June)

## **July–September 2024**

- Working Group meets 8/21; ad hoc groups meet in July and September
- CalHHS posts quarterly update on CARE Act website (September)

## **October–December 2024**

- Working Group meets 11/6, ad hoc groups meet in October and December
- Cohort 2 begins 12/1
- Early Implementation Legislative Report due 12/1 (Reporting Period 10/1/2023–6/30/2024)
- CalHHS posts quarterly update on CARE Act website (December)

Ongoing training and technical assistance in coordination with initiatives such as CalAIM Justice Initiative, California BH Community–Based Continuum Waiver, Mobile Crisis Benefit, BH Bridge Housing, and BH