MEETING MINUTES

BEHAVIORAL HEALTH ADVISORY BOARD

Date:	June 12, 2024
Time:	2:30 PM
Location:	Bishop COB Room 103, Lone Pine Wellness Center (satellite/virtual) and via Zoom

1. CALL TO ORDER AND INTRODUCTIONS

Claude Peters called the meeting to order at 2:34 PM. All attendees introduced themselves.

MEMBERSHIP IN ATTENDANCE

In Person:	Lynn Martin, Claude Peters, Trina Orrill
Virtual:	None

COMMUNITY & STAFF IN ATTENDANCE

In Person:	Vanessa Bigham, Vivian De La Riva, Vanessa Ruggio, Brandon DeHaven, Gina Ellis, Lucy Vincent
Virtual:	Shelley Scott

2. PUBLIC COMMENT

Lynn Martin commented on the need to add the acronym for Crisis Care Mobile Unit (CCMU) to the acronym list.

3. APPROVAL OF MINUTES (ACTION ITEM)

Minutes from May 8, 2024 meeting were approved as follows: Ms. Martin moved to approve, Supervisor Orrill seconded the motion. Motion carried: Ms. Martin– Aye, Mr. Peters – Aye, Supervisor Orrill - Aye

4. REVIEW OF BY-LAWS (DISCUSSION ITEM)

BHAB Bylaws – Mrs. Ellis led the group in reviewing the BHAB Bylaws. Participants read and discussed the Behavioral Health Advisory Board Bylaws. They will take the document back to the next BHAB meeting.

5. STAFF REPORTS (INFORMATIONAL ITEM)

a. Behavioral Health Updates – Gina Ellis presented on behalf of Anna Scott.
   i) Mental Health Awareness Month – Mrs. Ellis shared pictures of the Walk for Mental Health Awareness Month (flier attached). The plan is to outreach to community to join ICBH next year. Offerings included the following: an aromatherapy station, wellness check-in, coloring station, mindfulness meditation station. Next year she hopes to expand the stations to include materials about resources. The Wellness Center welcomed walkers to a BBQ afterwards. A lively discussion ensued, with suggestions made for next year.
   ii) BH Deputy Director interviews have been scheduled for June 28, 2024. There are four candidates.
   iii) Behavioral Health issues in the jail
b. Family Strengthening Team – Mrs. Ellis presented the following on behalf of Jody Veenker:
   i) Mrs. Ellis explained that the Family Strengthening Team serves the entire family.
   ii) This week, the Family Strengthening Team is at the institute for wellbeing Wraparound training conference in Anaheim.
   iii) Currently working with 6 families and are in the orientation process with 4 referrals.
   iv) The Team is close to completing a Triple P Parenting course at the jail and will help support 4 weeks of Inyo County Behavioral Health (ICBH) child and family camp Tuesdays in June and July to help youth develop coping and social skills.
   v) The Team will start training in PC CARES in mid-July. PC CARES is a form of Parent Child Interactive Therapy, a Family First Prevention Services Act (FFPSA)-approved Evidence-Based Practice.
c. SUD updates presented by Mrs. Ellis on behalf of Cathy Rigney:
   i) DDP – DUI have 7 new clients, 2 completions, 0 non-compliant and 1 drug court graduation.
   ii) DUI Audit – DUI Staff successfully navigated a surprise audit from the State of California. They are in the process of addressing a few corrective actions.
   iii) Vanessa Bigham presented for SUD Prevention. Here are some of the topics she shared about:
      (1) Leadership camps led by Tim Villanueva
      (2) First aid Training for youth-leaders
      (3) 3 day-hikes to take place in June
      (4) Partnering with OVCDC
      (5) Mentor Program led by Jonathan Hogan
      (6) Lunch Club led by Alex Cassada
      (7) WIC will be holding a community baby shower for breastfeeding awareness
      (8) A recent audit when positively with one small correction
d. Wellness Center Updates – Vanessa Ruggio
   i) Lone Pine Wellness Center is being visited by more consumers now that they are open 3 days a week.
   ii) Bishop Wellness Center continues providing consumers with access to a place to do their laundry, take a shower and participate in groups.
   iii) Probation has begun to help with yard cleanup at the Bishop Wellness Center as a location where community service hours can be completed.
   iv) Mrs. Ruggio reported on the development of the CCMU (Crisis Care Mobile Unit). Effective July 1, 2024, the CCMU and law enforcement will be responding in the field together to help community members experiencing a crisis. Mrs. Ruggio reported instances of successful collaboration between CCMU staff and law enforcement in the field. It is hoped that this shared crisis response will help community members avoid incarceration or hospitalization.
e. Progress House Updates – Kelly Nugent presented:

i) A new resident joined Progress House recently, bringing the total to 6 residents. She reported that they also have 1 respite stay.
ii) Kitchen remodel (grant) is in process – it should be done in the fall.

f. Care Act – Presented by Gina Ellis
i) Mrs. Ellis shared the CARE Act Overview (attached) with BHAB members and attendees. She is looking into a short training to explain the Act.
ii) Supervisor Orrill said that the CARE Act has been coming up at Association Conferences. She explained that LA & Pasadena are pilot cities.

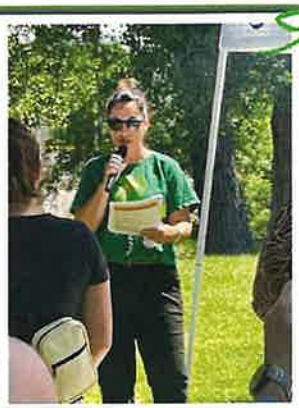
6. AGENDA ITEM REQUEST FOR UPCOMING MEETINGS

- Bylaws with any changes (Discussion
- CARE Act Document (Discussion)

Next meeting to be held on Wednesday July 10, 2024, at 2:30pm at the Bishop COB Room 103, at Lone Pine Wellness Center (in-person, virtually) and via Zoom.

Meeting adjourned at 4:02 PM

WALK FOR MENTAL HEALTH AWARENESS MONTH



Community Assistance, Recovery, and Empowerment Act

CARE Act Eligibility Video Transcript

The CARE Act stands for the Community Assistance, Recovery, and Empowerment Act. The CARE Act creates a new pathway to deliver mental health treatment and support services to the most severely impacted Californians who often experience homelessness or incarceration without treatment. This pathway is accessed when a person, called the "petitioner," requests court-ordered treatment, services, support, and housing resources under the CARE Act for another person called the "respondent."

You may be wondering, who is eligible? For a person to be eligible for services under the CARE Act, they must meet seven eligibility criteria. In this video, we will walk through the seven criteria that must be met for a person to receive CARE Act services and provide examples. Please note, the examples provided in this video are only circumstances that ***may*** qualify, all determinations of eligibility will be made by the court and are case-specific.

Number 1: The person must be 18 years old or older. That means the respondent must be an adult.

Number 2: The person must have a diagnosis of schizophrenia spectrum or another psychotic disorder in the same class. That means that people with other serious mental illnesses, like bipolar disorder or major depression don't qualify, unless they also have an eligible diagnosis. For example, eligible diagnoses include, but are not limited to schizophrenia, schizoaffective disorder, or schizophreniform disorder.

Number 3: The person must be currently experiencing a mental illness that:

- is severe in degree and persistent in duration,
- may cause behavioral functioning that substantially interferes with the activities of daily living, **and**
- may lead to an inability to maintain independent functioning without treatment, support, and rehabilitation for a long or indefinite period.

That means the illness is serious, may last a long time, and may cause significant problems in the person's life. For example, the person is having trouble with basic activities related to personal care due to a long-lasting mental illness, which could lead to their inability to care for themselves without assistance.

Number 4: The person is not currently clinically stabilized in an on-going voluntary treatment program. That means that the person is not already in a voluntary program that is working for them. For example, the person may be refusing voluntary treatment or have temporarily accepted voluntary treatment, but failed to continue treatment without reason.

Number 5: At least one of the following must be true:

- Either the person is unlikely to survive safely in the community without supervision **and** their condition is substantially deteriorating.

That means that the person's mental health condition is getting worse and there is a good chance that they will be unable to live safely in the community without someone watching over them. For example, the person has been recently, frequently hospitalized due to symptoms such as delusions or impaired judgement. **OR**

- The person is in need of services and supports in order to prevent a relapse or decline in health that would likely result in grave disability or serious harm to themselves or others.

That means that if the person doesn't get additional services and supports that there is a good chance that they will meet the criteria for psychiatric hospitalization. For example, the person has access to safe housing, but because of their mental illness, chooses to live in unsafe conditions.

Number 6: The person's participation in CARE Act proceedings must be the **least** restrictive alternative to ensure the person's recovery and stability. That means that there are no less restrictive options that would also help the person enough to make them stable. For example, CARE may be necessary because other less-restrictive alternatives have not been successful.

And lastly, **Number 7:** The person's participation in a CARE plan or CARE agreement must be likely to benefit them. That means that there is a good chance that going through CARE Act proceedings will be good for the person. For example, the person was improving when participating in treatment programs that are similar to ones that they are likely to receive through CARE.

We have now gone through all seven eligibility criteria which will be considered by the court and must be met in order for someone to be eligible for services under the CARE Act.

These criteria are also included on the Petition to Commence CARE Act Proceedings, form CARE-100, which is necessary to begin a CARE Act case. In addition, form CARE-050-INFO, provides more examples and information on eligibility.

For CARE Act forms, information, and other resources, head to the California Courts website.

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

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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.**

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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.**

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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

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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.

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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.

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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.**

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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.

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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.**

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11

Accountability

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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.*

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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.

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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.

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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.

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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.

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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.

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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.**

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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.**

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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.

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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.

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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.

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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

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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

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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).

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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

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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.

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