



CARE Court

A New Framework for Community Assistance, Recovery & Empowerment

CARE Court is a proposed framework to deliver mental health and substance use disorder services to the most severely impaired Californians who too often languish – suffering in homelessness or incarceration – without the treatment they desperately need.

The CARE Court is a new approach and a paradigm shift

It connects a person in crisis with a court-ordered Care Plan for up to 12 months, with the possibility to extend for an additional 12 months. The framework provides individuals with a clinically appropriate, community-based set of services and supports that are culturally and linguistically competent. This includes short-term stabilization medications, wellness and recovery supports, and connection to social services and a housing plan. Housing is an important component—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 Court is an upstream diversion to prevent more restrictive conservatorships or incarceration; this is based on evidence which demonstrates that many people can stabilize, begin healing, and exit homelessness in less restrictive, community-based care settings. With advances in treatment models, new longer acting antipsychotic treatments, and the right clinical team and housing plan, individuals who have historically suffered tremendously on the streets or during avoidable incarceration can be

successfully stabilized and supported in the community.

CARE Court is not for everyone experiencing homelessness or mental illness; rather it focuses on people with schizophrenia spectrum or other psychotic disorders who lack medical decision-making capacity – before they enter the criminal justice system or become so impaired that they end up in a Lanterman-Petris-Short (LPS) Mental Health Conservatorship. Although homelessness has many faces in California, among the most tragic is the face of the sickest who suffer from treatable mental health conditions—this proposal aims connect these individuals to effective treatment and support, mapping a path to long-term recovery. CARE Court is estimated to help thousands of Californians on their journey to sustained wellness.

CARE Court engagement begins with a petition to the Court from a wide range of individuals, including care providers, family members, first responders, or counties, among others. CARE Court may be an appropriate next step after a short-term involuntary hospital hold (either 72 hours/5150 or 14 days/5250), an arrest, or for those who can be safely diverted from

a criminal proceeding. Remote or virtual proceedings may be especially effective for CARE Court participants.

Supporting a self-determined path to recovery and self-sufficiency is core to CARE Court, with a Public Defender and a newly established Supporter for each participant in addition to their full clinical team. The role of the Supporter is to help the participant understand, consider, and communicate decisions, giving the participant the tools to make self-directed choices to the greatest extent possible. The Care Plan ensures that supports and services are coordinated and focused on the individual needs of the person it is designed to serve. Oftentimes, care for this vulnerable population fails to bring together the clinical treatment and a plan for housing. The creation of a Mental Health Advance Directive will further provide direction on how to address potential future episodes of impairing illness that are consistent with the expressed interest of the participant and protect against negative outcomes.

Accountability in CARE Court goes both ways

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 the presumption that no suitable alternatives to conservatorship are available. For individuals whose criminal cases were diverted, those proceedings will resume.

The CARE Court will also hold *local governments* accountable for providing care to the people who need it, using

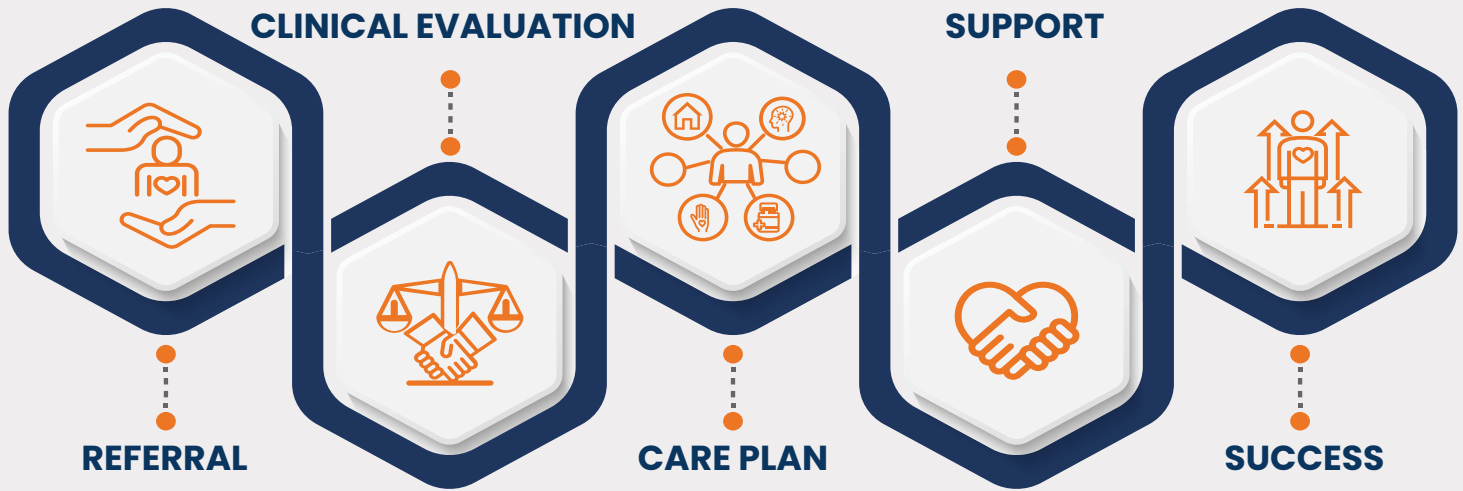
the variety of robust funding streams available to counties today. These funding sources include nearly \$10 billion in behavioral health (including Mental Health Services Act, mental health realignment, federal funds) and the proposed \$1.5 billion for behavioral health bridge housing, as well as various housing and clinical residential placements available to cities and counties under the Governor's \$12 billion homelessness 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.

A framework that requires community engagement and input

This is a framework that requires deep engagement with the community to ensure that it is built with Californians and not for them as we move urgently to respond to the humanitarian crisis in our midst. In the coming weeks, we intend to engage 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.

We call on organizations and individuals alike to engage with us by providing written feedback that can be sent to us at **BehavioralHealthTaskForce@chhs.ca.gov**.

Pathway through the CARE Court



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

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

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 in place for any future crises.