Services and Supports for Care Court Respondents

March 25, 2025
DREDF + Keris Jän Myrick

Disability Rights Education & Defense Fund DREDF

Presenters

Keris J. Myrick

MBA, MS, CPMC, Vice President of Partnerships at Inseparable

Claudia Center

Legal Director, Disability Rights Education and Defense Fund

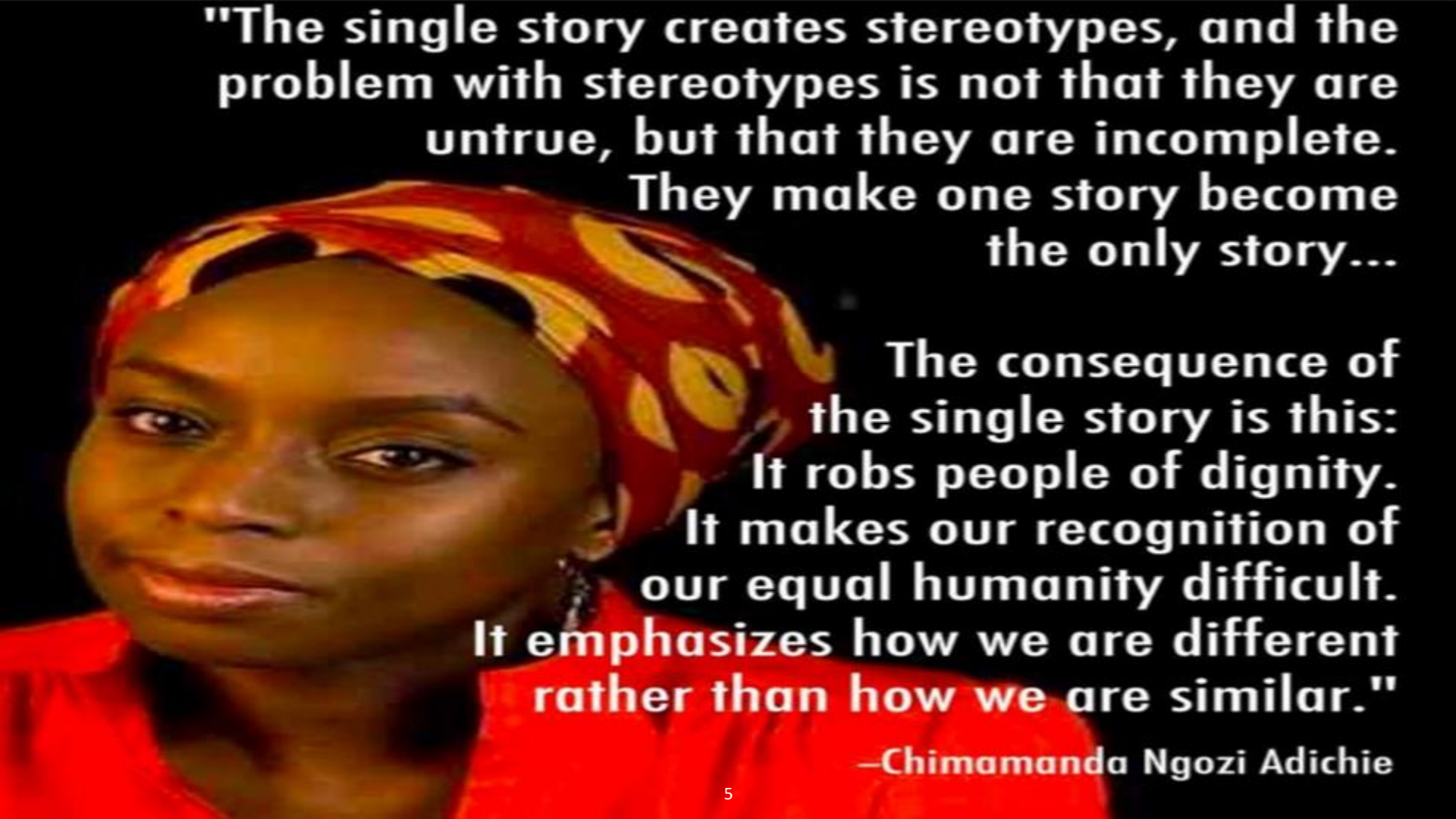
Kavya Parthiban

Staff Attorney, Disability Rights Education and Defense Fund

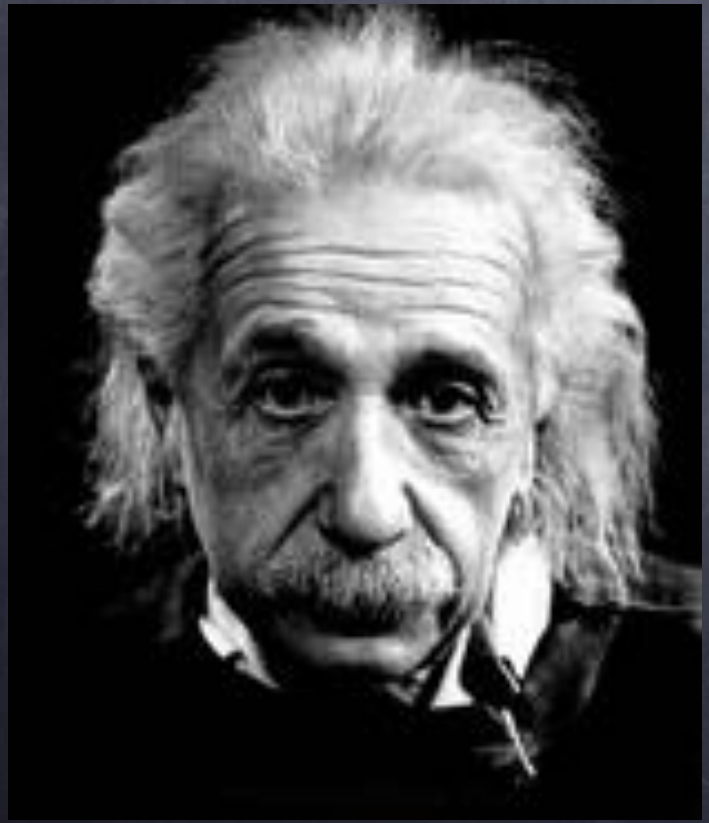
Topics

1. Introduction
2. Person-Centered Planning
3. Available Services and Supports
    - Specialty Mental Health Services
    - Full Service Partnerships
    - Peer Support
    - Psychiatric Advance Directives (PADs)
    - Supported Decision Making
    - CalAIM & Enhanced Case Management
4. Advocacy for Dismissal / Graduation
5. Appendix
    - Alternatives to CARE Court and Evidence-Based Practices
    - Peer Support Resources
    - Regional Centers
    - IHSS
    - Bridge Housing Links

Introduction


"The single story creates stereotypes, and the problem with stereotypes is not that they are untrue, but that they are incomplete. They make one story become the only story...
The consequence of the single story is this: It robs people of dignity. It makes our recognition of our equal humanity difficult. It emphasizes how we are different rather than how we are similar."
–Chimamanda Ngozi Adichie

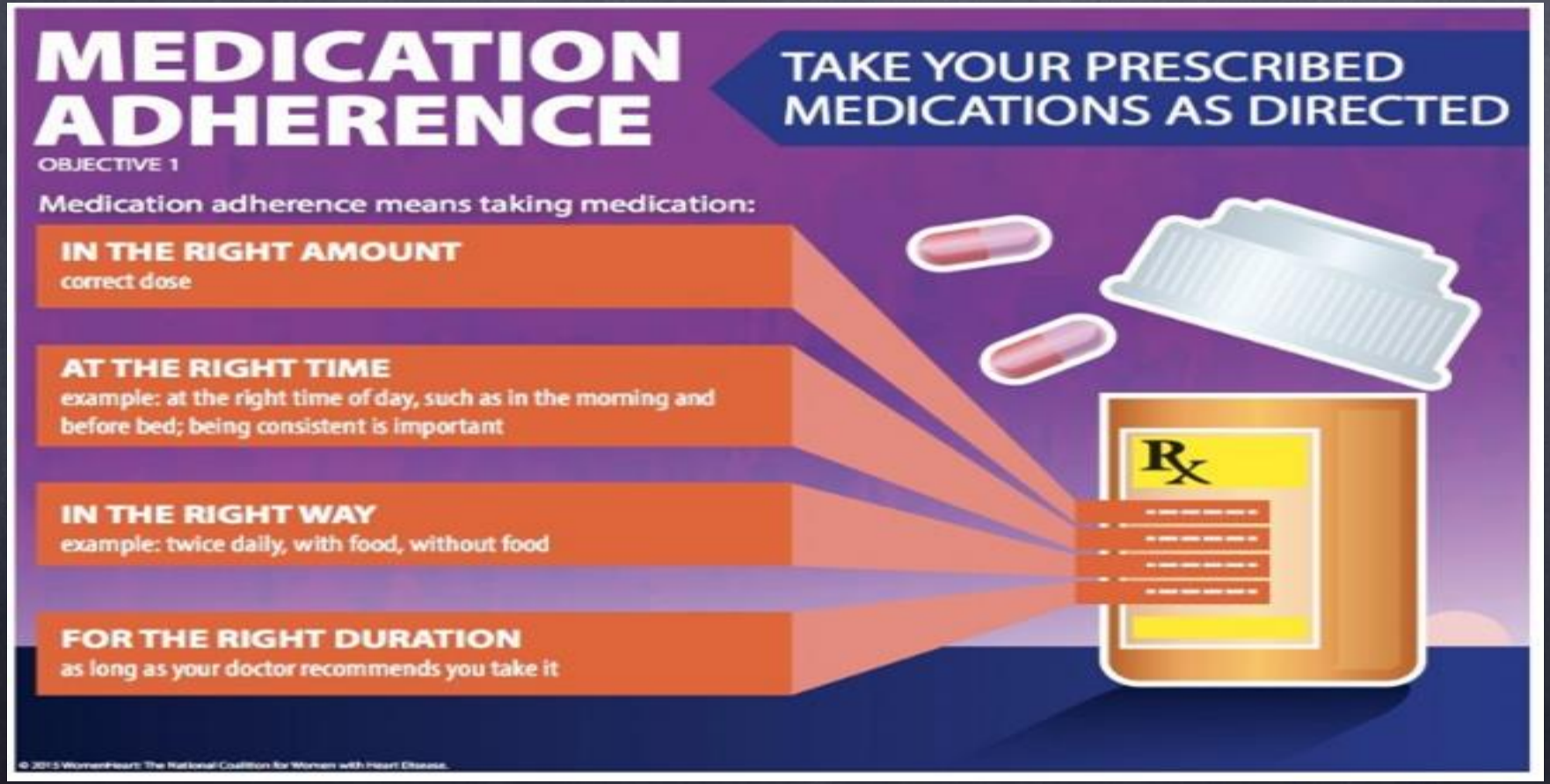
What is the problem C.A.R.E. Court trying to solve?

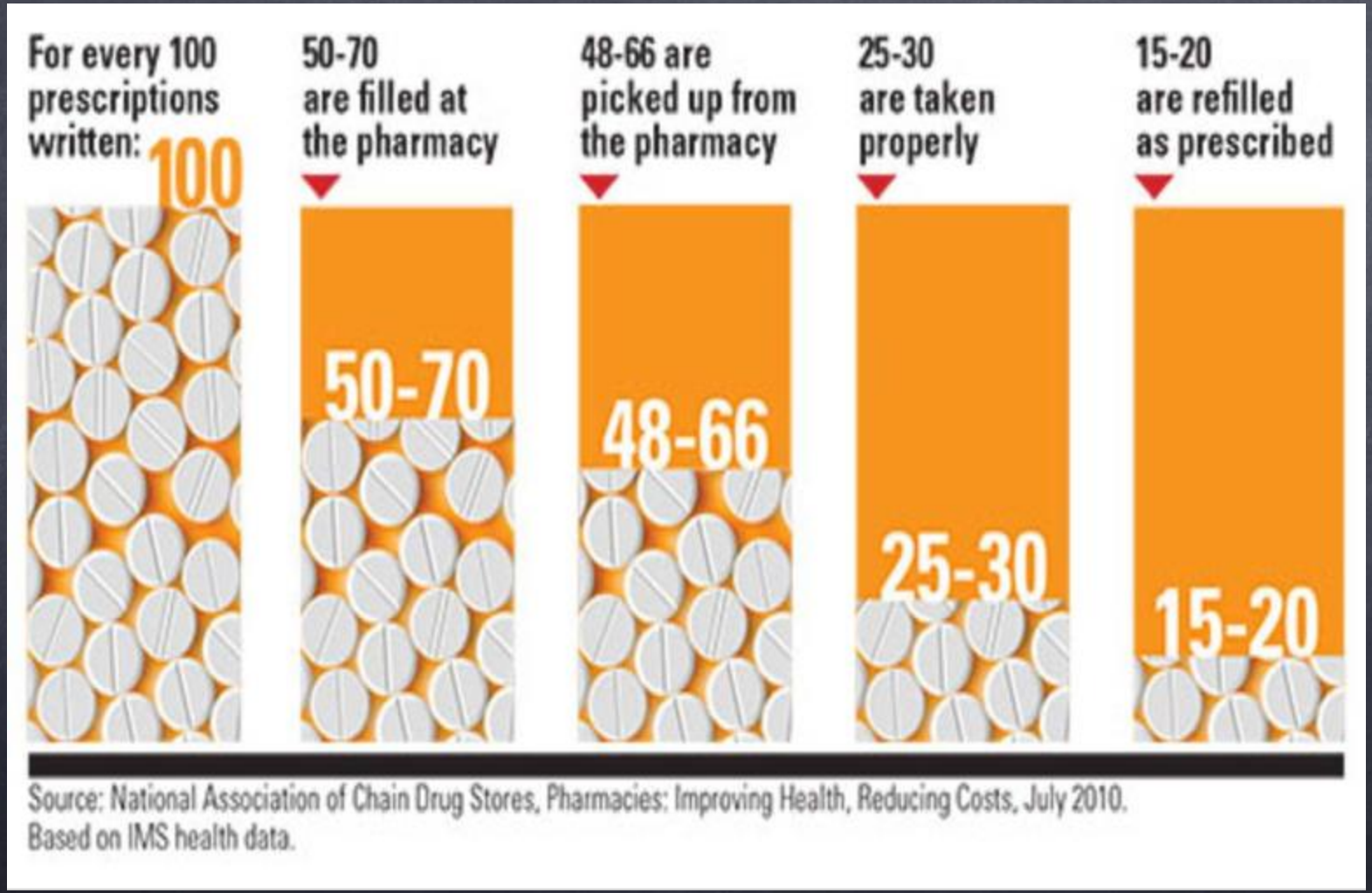


"If I had an hour to solve a problem and my life depended on the solution, I would spend the first 55 minutes determining the proper question to ask, for once I know the proper question, I could solve the problem in less than five minutes."

— **Albert Einstein**

Do You……..


MEDICATION ADHERENCE
OBJECTIVE 1
TAKE YOUR PRESCRIBED MEDICATIONS AS DIRECTED
Medication adherence means taking medication:
IN THE RIGHT AMOUNT
correct dose
AT THE RIGHT TIME
example: at the right time of day, such as in the morning and before bed; being consistent is important
IN THE RIGHT WAY
example: twice daily, with food, without food
FOR THE RIGHT DURATION
as long as your doctor recommends you take it
Rx
© 2015 WomenHeart: The National Coalition for Women with Heart Disease.


For every 100 prescriptions written:
100
50-70 are filled at the pharmacy
50-70
48-66 are picked up from the pharmacy
48-66
25-30 are taken properly
25-30
15-20 are refilled as prescribed
15-20
Source: National Association of Chain Drug Stores, Pharmacies: Improving Health, Reducing Costs, July 2010.
Based on IMS health data.

Why Respondent Might Oppose CARE Court Participation

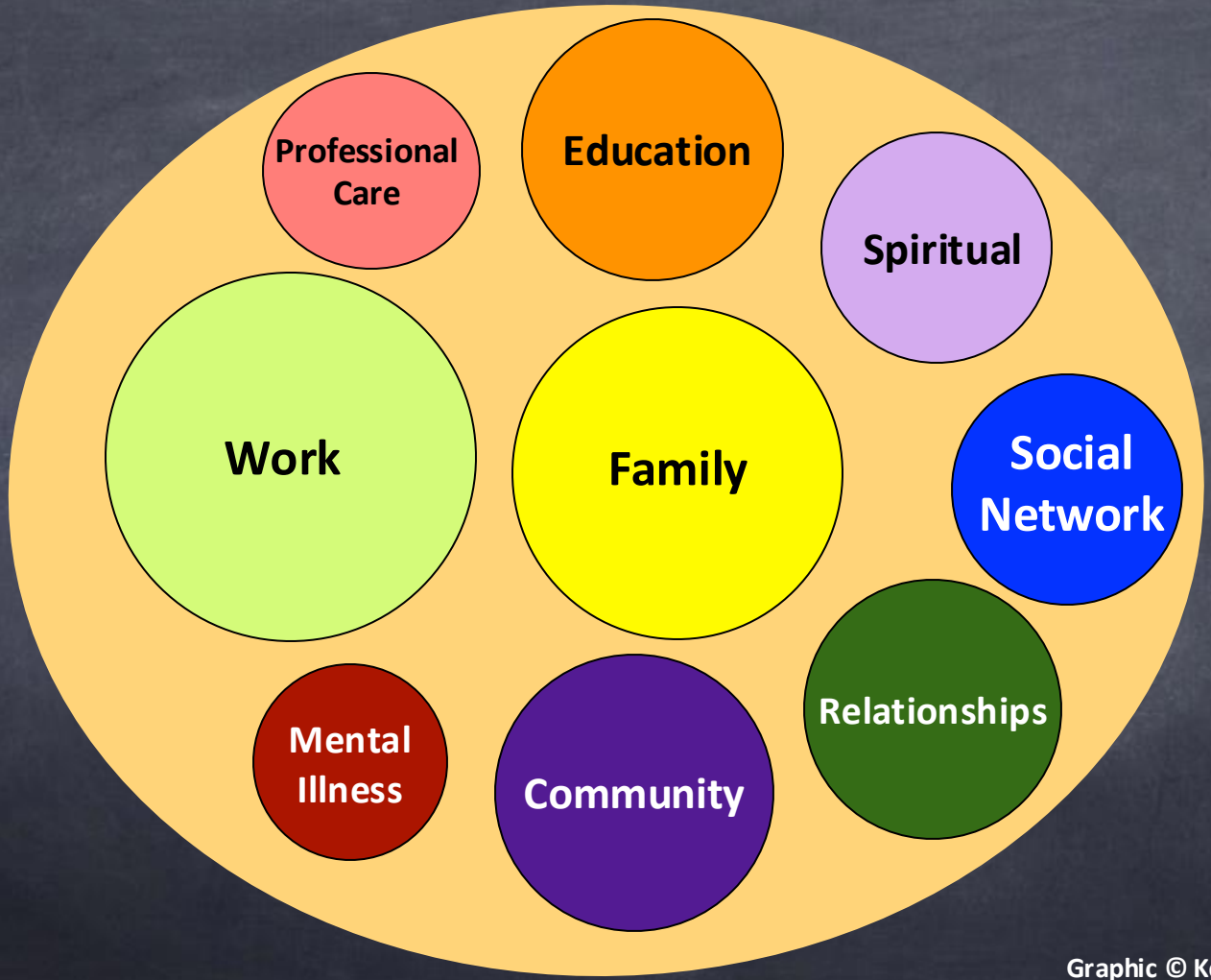
- Loss of autonomy – considers outside petitioner's view of a person's ability to make decisions about their mental health to force a court-ordered process
- Lack of guaranteed housing
- Voluntary community-based services are more effective than court-mandated care
    - 2001 Rand Study showed connection to community-based mental health intervention that combined clinical treatment with intensive case management was effective.
    - Coercion has no measurable independent effect on outcomes beyond access to quality services
- CARE Court records may be referenced in future Lanterman-Petris-Short (LPS) conservatorship proceedings

Person-Centered Planning

What is Person-Centered Planning?

- Strengths, goals, needs
- Choice, control, and self-determination
- Accessibility – no wrong door, coordinated, easy to use
- Meeting people where they are
- Not just medical needs but recreation, transportation, friendships, therapies, housing, vocational training and employment, family relationships, social activities, culture, language
- Dignity of risk

Graphic © Keris Jän Myrick, MBA, MS



Graphic © Keris Jän Myrick, MBA, MS


Duty of care
Dignity of risk

The Buffet Table Problem

Buffet Table Problem

- While having as many services available for someone may seem beneficial, services are often overlapping and duplicative
- Too many services can create confusion and stress – especially when clients may have to repeat information and manage conflicting recommendations
- Streamlining services can ensure support is comprehensive, necessary, and not chaotic
- Mandating too many uncoordinated duplicative services is like forcing a person to eat all of the food at a buffet – overwhelming and potentially harmful
- Instead, **focus on allowing a person to make a decision on what they want on their plate** (a streamlined selection of what a person wants and needs) to ensure the right amount of support without overload and confusion
    - What makes a buffet enjoyable is the ability to choose what you want and how much of it

Accessibility: Provider Coordination

Having a dedicated point of contact to help respondents keep up with important appointments that connect them with resources and care, stay engaged in their care, and receive the support they need without falling through the cracks. These points of contact can:

- Schedule and attend appointments with respondent
- Provide transportation
- Fill out necessary paperwork and releases of information
- Manage communications between various providers to share important information and limit duplication of services
- Ensure an individual's personal choices are respected by knowing the respondent's individual goals and preferences and ensuring other systems of care fall in line, and guide individuals through mental health care system

Available Services and Supports

What Does CARE Court Provide?

The CARE Court can provide a CARE Agreement or a CARE Plan. The Plan or Agreement ***is not separately funded***, but is ***based on existing programs***. It may include:

- Behavioral health services including through Medi-Cal and MHSA
- Medically necessary stabilization medications*
- Housing resources funded through existing programs
- Services provided through programs like SSI, Cash Assistance Program for Immigrants (CAPI), CalWORKs, IHSS, and CalFresh

Citation: Cal. Welf. & Inst. Code § 5982

What Does CARE Court Provide? (Continued)

- CARE Court respondents have priority for the Behavioral Health Bridge Housing program
    - Grant program funding interim housing projects (from @ 60 days to @ 2 years)
- If respondents are not enrolled in FSP, the court may ask the County why not
- Again, no separate funding: “All CARE plan services and supports ordered by the court are subject to available funding and all applicable federal and state statutes and regulations, contractual provisions, and policy guidance governing initial and ongoing program eligibility.”

Citation: Cal. Welf. & Inst. Code § 5982

Difference Between CARE Agreement and CARE Plan

Cal. Welf. & Inst. Code § 5971(a) & (b)

	CARE Agreement	CARE Plan
Voluntary?	Voluntary settlement between respondent and local government agencies on what services are accepted and provided	Not voluntary but ordered when parties unable to reach agreement. Details what services respondent is ordered to accept and agencies must provide
Court-Ordered	Yes, once approved by court	Ordered by court after hearing with no agreement
Review	Reviewed only once 60 days after	Reviewed at least every 60 days
Risks	Unclear	Reasons for respondent's failure could be facts considered in LPS conservatorship

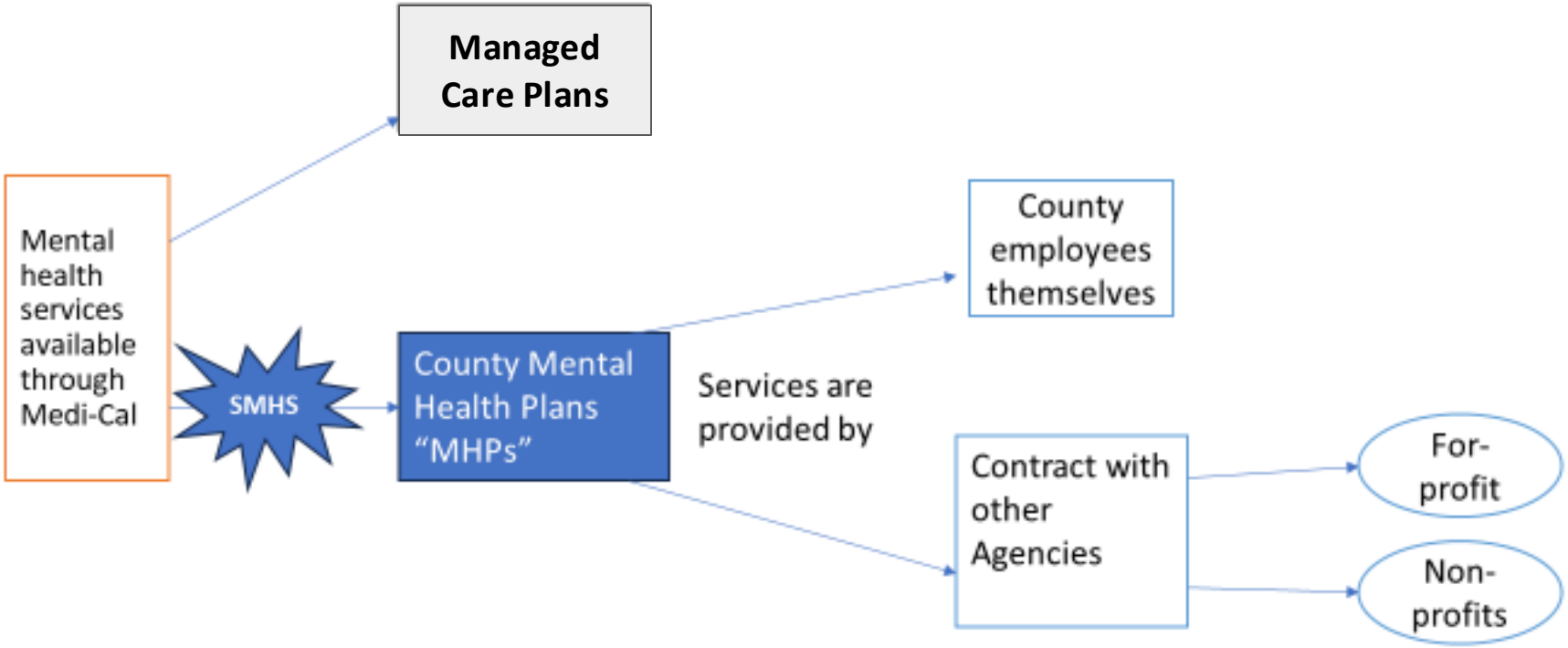
Why CARE Plans are Risky

- When parties don't reach CARE agreement at case management hearing and not likely to enter an agreement, court must order clinical evaluation, clinical evaluation hearing, and CARE Plan review hearing
- The Clinical Evaluation must address whether the respondent has capacity to give informed consent regarding psychotropic medications [§ 5977.1(b)(2)]
- The court may order medication as component if they find by clear and convincing evidence respondent lacks capacity to give informed consent to administration of medically necessary stabilization medication [§ 5977.1(d)(3)]
- While noncompliance cannot result in direct penalties, it may lead to termination from CARE Court and influence future legal proceedings (e.g. LPS conservatorship)

Specialty Mental Health Services

What Are “Specialty Mental Health Services”?

- Package of Medi-Cal benefits that are *available to a subset of Medi-Cal beneficiaries* who have a mental health condition causing significant impairment
- Organized and provided through a County’s mental health plan (MHP) which is approved by the state Department of Mental Health
- Counties may provide SMHS directly or by contracting with agencies



"**Specialty Mental Health Services**" ("**SMHS**") are often more intensive + provide more support than mental health services covered by a typical Managed Care Plan.

SMHS are provided by **County MHPs**. County MHPs are county specific

Who Is Eligible for Specialty Mental Health Services?

Medi-Cal beneficiary 21+ years with:

- **Functional Impairment**
  - ***Significant impairment*** (distress, disability, or dysfunction) in social, occupational or other important activities OR
  - ***Reasonable probability of significant deterioration*** in important area of functioning
- due to **Mental Health Disorder**

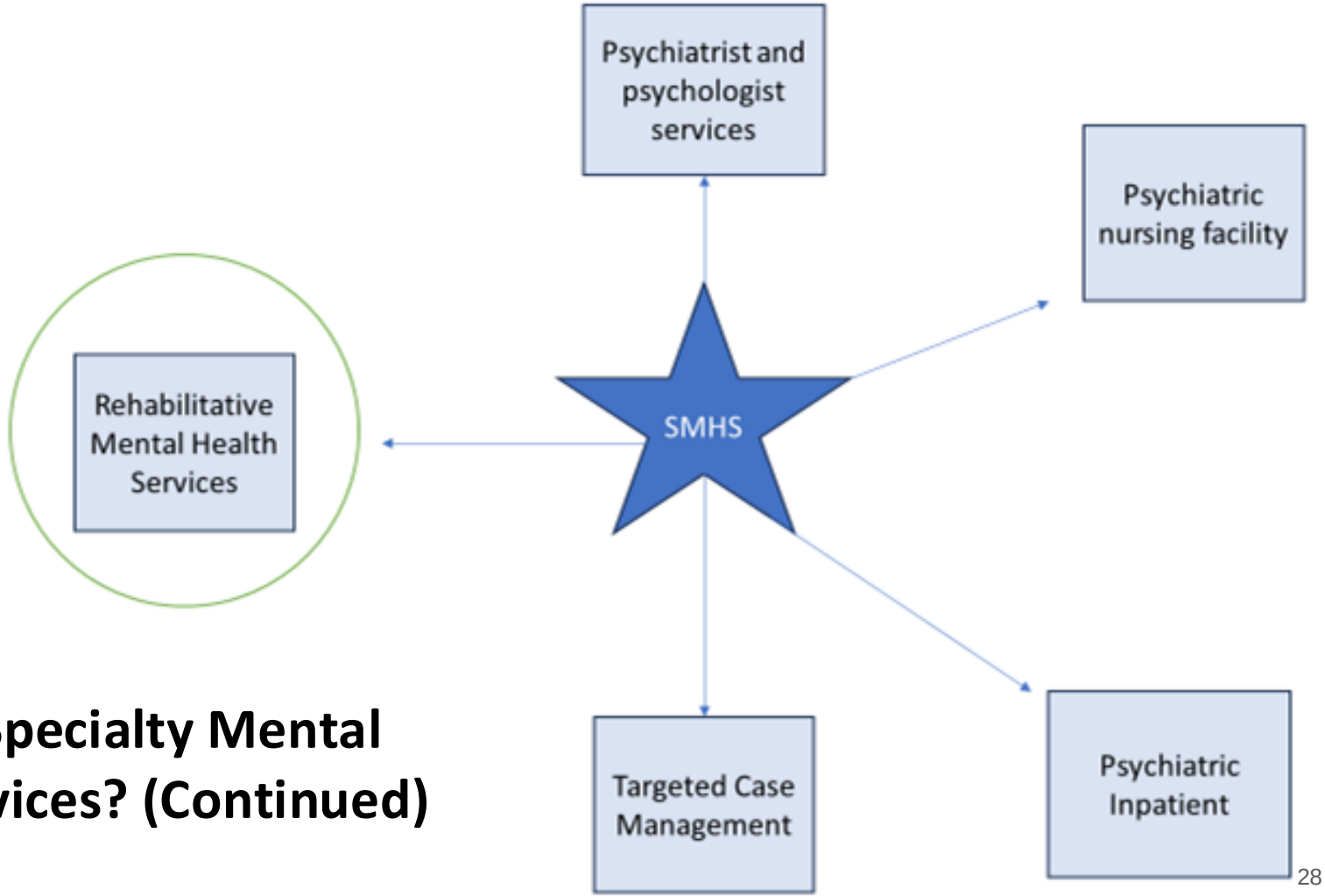
Criteria for people younger than 21 are broader

Citation: Cal. Welf. & Inst. Code § 14184.402

What Are Specialty Mental Health Services?

- More intensive and provide more support than mental health services covered by regular Medi-Cal. Services include:
  - *Targeted case management* to help beneficiaries access community services
  - Treatment and diagnosis services provided by *licensed psychiatrists and psychologists*
  - *Rehabilitative mental health services* – services for daily living and social functioning
  - *Psychiatric inpatient hospital services* – psychiatric services provided on an inpatient basis in a hospital
  - *Psychiatric nursing facility services* for people in certain skilled nursing facilities

What Are Specialty Mental Health Services? (Continued)



Rehabilitative Mental Health Services

- Services to help beneficiaries improve, maintain, or restore skills in daily living and social functioning, including:
  - Mental health services (individual and group therapy)
  - Medication support (services related to psychiatric medications)
  - Day rehabilitation and day treatment intensive (community-based day therapy programs)
  - Crisis intervention and crisis stabilization (services provided quickly and at various sites)
  - Adult residential treatment and crisis residential treatment (24/7 services provided in community-based settings as alternative to psychiatric hospitalization)
  - Psychiatric inpatient hospital services (services provided in psychiatric hospital setting)

Citations: 9 CCR § 1810.247; Disability Rights California Publication

Mental Health Providers: Who Does What?

	PROVIDER TYPE											
TREATMENT ELEMENT	Psychiatrist	Nurse practitioner	Psychiatric nurse	Clinical psychologist	Clinical social worker	Professional counselor	Marriage & Family	Case care manager	Peer support specialist	Occupational therapist	Employment specialist	Housing specialist
Assessment, care planning		X	X	X	X	X	X	X				
Diagnosis	X	X		X	X	X						
Psychotherapy, counseling	X	X	X	X	X	X						
Medication, neurological treatment	X	X										
Service brokering, navigation					X			X	X			
Emotional support	X	X	X	X	X	X	X	X	X	X	X	X
Life skills, socialization					X				X	X		
Housing support								X	X			X
Supported employment								X	X		X	
Crisis intervention	X	X	X		X			X	X			
Hospital, residential treatment	X	X	X	X	X	X			X	X		

Circle of Care: A Guidebook for Mental Health Caregivers

How Do People Get Specialty Mental Health Services?

People must apply through the County's screening process.

Note: Different counties screen in different ways.

One way is to call the County's Access Line.

These phone numbers are published online by the Department of Health Care Services.

What Happens Once People are Approved for SMHS?

- Once a person is approved for SMHS, they are *entitled* to a care plan
- The beneficiary of SMHS helps make the care plan and agrees to it
- The care plan includes
  - Goals/ treatment objectives AND
  - Services to be provided

Citations: 9 CCR §§ 1810.205.2, 1810.440(c)

What Are the Rights of People Receiving SMHS?

- Medi-Cal services are an entitlement and people receiving SMHS have “due process” rights. They may file:
  - a grievance about their experiences as a client
  - an appeal about an “adverse benefit determination” such as a denial or reduction in services, or a long delay
    - after an appeal there is a right to a “fair hearing”
- The County must provide information about how to file grievances and appeals, and how to seek a fair hearing

Citations: 9 CCR §§ 1810.360, 1810.405, 1850.205, 1850.215; DRC Publication

Full Service Partnership

What is Full Service Partnership?

- Concept: partnership between person being served and service provider in which client is offered a full array of services, through a “whatever it takes” approach to meeting needs
- Targeted toward people with significant mental illness who are unhoused, at risk of being unhoused, have history of criminal legal involvement, and/or have repeat hospitalizations
- Person must have “serious mental disorder” + high level of functional impairment

Citation: Cal. Welf. & Inst. Code § 5600.3

“Serious Mental Disorder” Under FSP

- Serious mental disorder is “severe in degree” and “persistent in duration” such as:
  - behavioral functioning substantially interferes with activities of daily living
  - inability to maintain stable independent functioning without treatment and support for indefinite period of time
- Includes people with “serious mental disorder” who have other mental and physical conditions – like substance abuse, I/DD, TBI

Examples: schizophrenia, bipolar disorder, PTSD, another “severely disabling mental disorders”

Citation: Cal. Welf. & Inst. Code § 5600.3

Level of Functional Impairment Required For FSP

- Person must be:
  - Unserved and:
    - Homeless or at risk of becoming homeless OR
    - Involved in the criminal legal system OR
    - Frequent user of hospital and/or emergency room services as the primary resource for mental health treatment
  - Underserved and at risk of:
    - Homelessness OR
    - Involvement in the criminal legal system OR
    - Institutionalization

Citation: Cal. Welf. & Inst. Code § 5600.3; 9 CCR § 3620.05

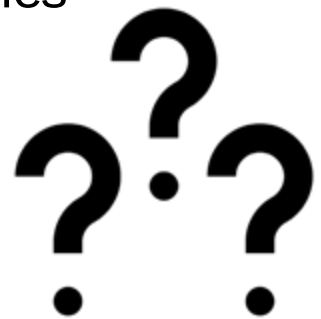
How Are FSPs Funded?

- Mental Health Service Act – renamed Behavioral Health Services Act (BHSA) in 2023 – gives money to counties for FSPs
    - Newsom's 2023 amendments: 30% of BHSA dollars to housing interventions, 35% to FSPs
- MHSA / BHSA money should only cover costs that cannot be paid for with other funds
- NOT designed as entitlement but "to the extent resources are available"
    - Component that is SMHS / funded by Medicaid comes with due process rights

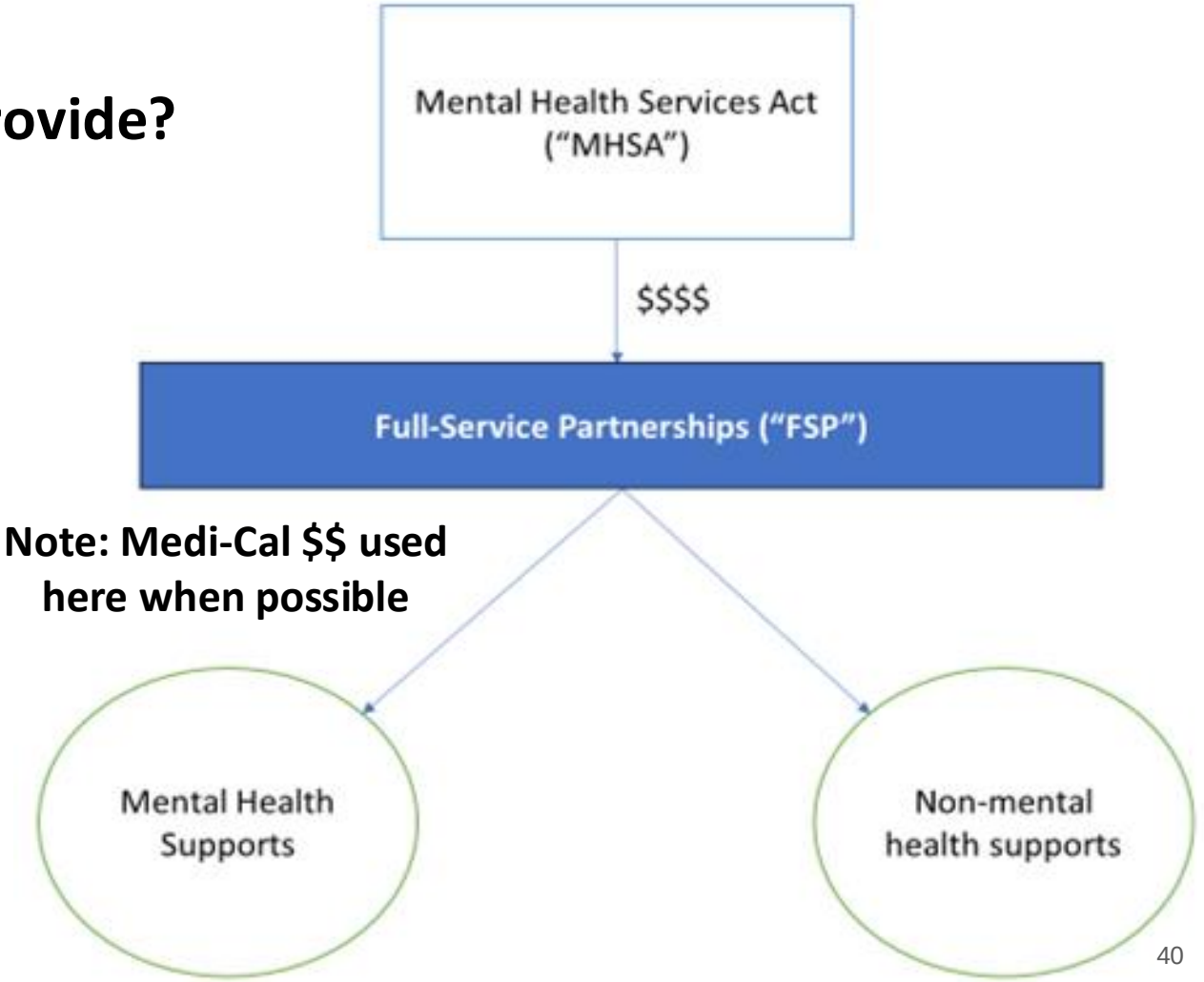
Who Decides Who “Gets” an FSP Slot?

- No strict rules about how the County decides who get an FSP slot, other than prioritizing people who are “unserved”
- County must periodically report to the state Department of Mental Health on the number of clients, by age group, to be served by FSP and how County selections for FSP reduce disparities

Citation: 9 CCR §§ 3200.310, 3620, 3650



What Can an FSP Provide?



What Can an FSP Provide? (Part 2 of 3)

Mental Health Treatment, including alternative and culturally specific treatments
Peer support
Supportive services to assist client, client's family, in obtaining and maintaining employment, housing, and/or education
Wellness Centers
Alternative treatment and **culturally specific treatment** approaches
Personal service coordination/ case management
Needs assessment
Individual Services and Support Plan (ISSP) development
Crisis intervention/ stabilization services
Family education services

9 CCR §3620 (a)(1)(A)(i-x)

What Can an FSP Provide? (Part 3 of 3)

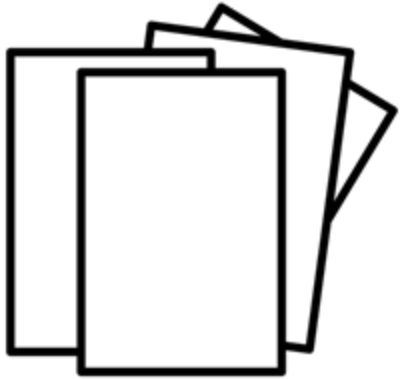
Food
Clothing
Housing, including, but not limited to, rent subsidies, housing vouchers, house payments, residence in drug/alcohol rehabilitation program, and transitional or temporary housing
Cost of health care treatment
Cost of treatment of co-occurring conditions, such as substance abuse
Respite care

9 CCR §3620 (a)(1)(B)(i-vi)

What Does an FSP Client Receive?

Client may receive services necessary to attain goals stated in an “Individual Services and Supports Plan” (ISSP)

Citation: 9 CCR § 3620



Does FSP Provide Housing?

Under the regulations, an FSP can cover housing. But in practice, FSPs do not provide permanent housing. They may cover temporary housing at times.

Peer Support

Peer Support:
Lived Experience and/or Family/Parent/Caregiver

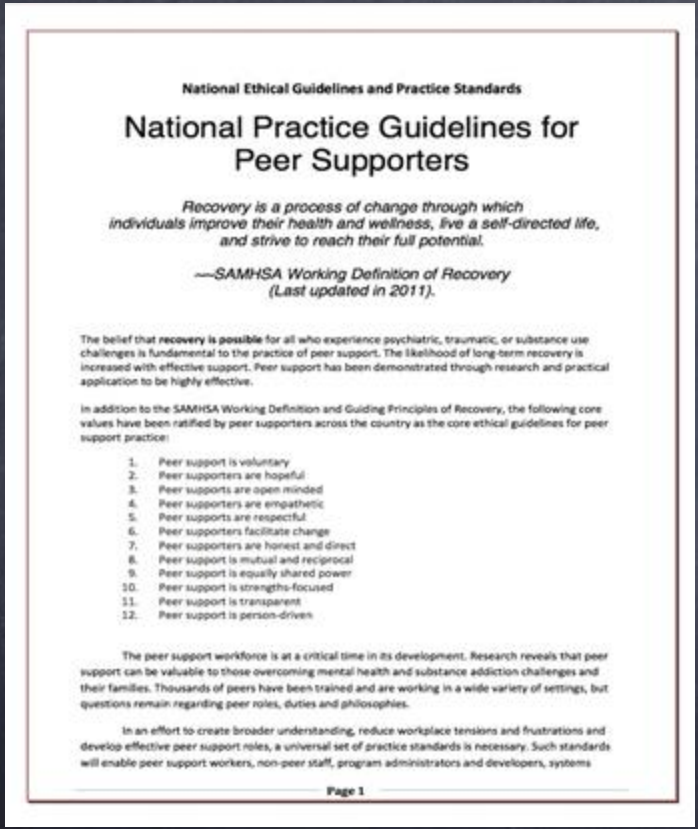
Ms. Jacki McKinney, MSW
Founding Member, National People of Color Consumer Survivor Network

Value of Peer Support

To access the Peer Support Briefs visit: https://www.samhsa.gov/brss-tacs/recovery-support-tools/peers

SAMHSA – Core Competencies For Peer Workers

- Engages peers in collaborative and caring relationships
- Provides support
- Shares lived experiences of recovery
- Personalizes peer support
- Recovery planning
- Links to resources, services and supports
- Teaches information and skills related to health, wellness and recovery
- Helps peers to manage crises
- Communication
- Collaboration and teamwork
- Leadership and advocacy
- Growth and development



National Ethical Guidelines and Practice Standards

National Practice Guidelines for Peer Supporters

Recovery is a process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential.

—SAMHSA Working Definition of Recovery (Last updated in 2011).

The belief that **recovery is possible** for all who experience psychiatric, traumatic, or substance use challenges is fundamental to the practice of peer support. The likelihood of long-term recovery is increased with effective support. Peer support has been demonstrated through research and practical application to be highly effective.

In addition to the SAMHSA Working Definition and Guiding Principles of Recovery, the following core values have been ratified by peer supporters across the country as the core ethical guidelines for peer support practice:

1. Peer support is voluntary
2. Peer supporters are hopeful
3. Peer supports are open minded
4. Peer supporters are empathetic
5. Peer supports are respectful
6. Peer supporters facilitate change
7. Peer supporters are honest and direct
8. Peer support is mutual and reciprocal
9. Peer support is equally shared power
10. Peer support is strengths-focused
11. Peer support is transparent
12. Peer support is person-driven

The peer support workforce is at a critical time in its development. Research reveals that peer support can be valuable to those overcoming mental health and substance addiction challenges and their families. Thousands of peers have been trained and are working in a wide variety of settings, but questions remain regarding peer roles, duties and philosophies.

In an effort to create broader understanding, reduce workplace tensions and frustrations and develop effective peer support roles, a universal set of practice standards is necessary. Such standards will enable peer support workers, non-peer staff, program administrators and developers, systems

Page 1

https://na4ps.files.wordpress.com/2012/09/nationalguidelines1.pdf

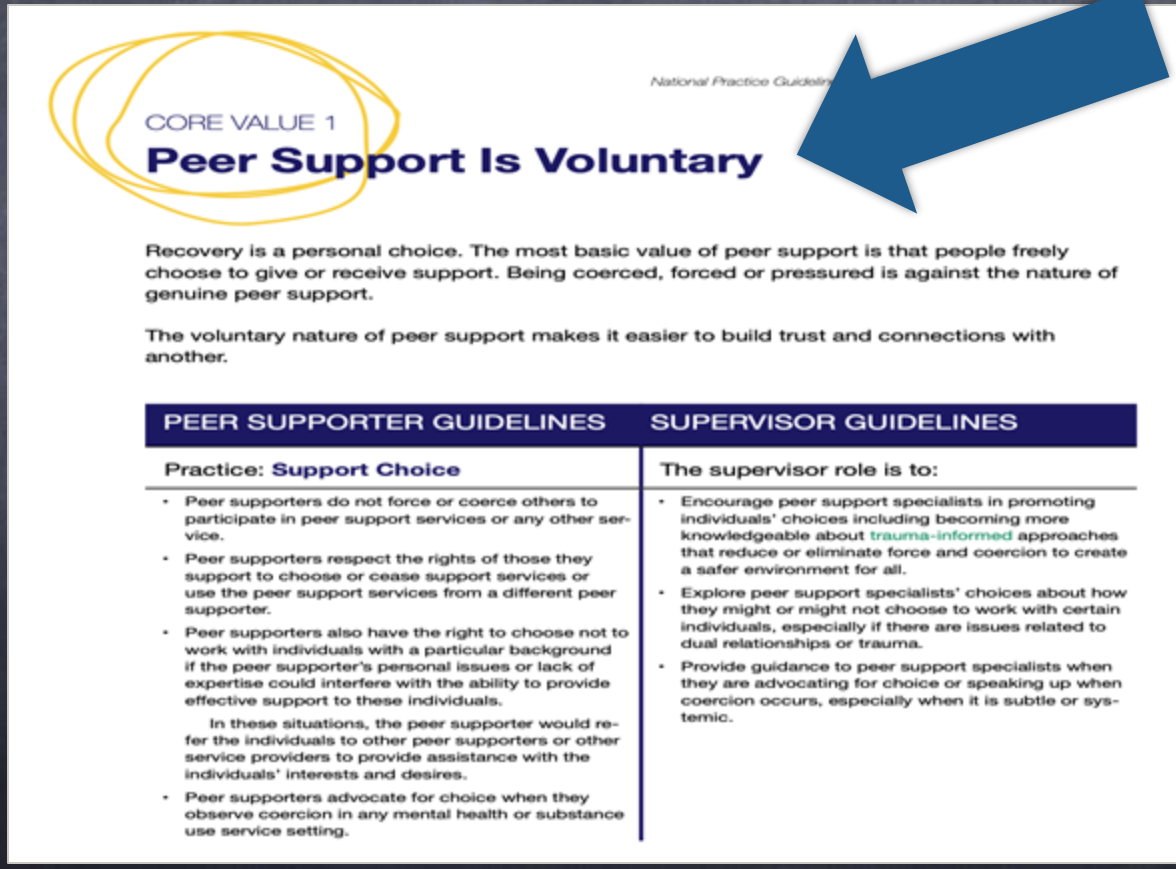
National Practice Guidelines

- Developed through a partnership between the Addiction and Mental Health Peer disciplines
- Operationalize peer performance expectations, skills and knowledge in the workplace

National Practice Guidelines of Peer Supporters

- Peer Support is **Voluntary**
- Peer Supporters are **Hopeful**
- Peer Supporters are **Open Minded**
- Peer Supporters are **Empathetic**
- Peer Supporters are **Respectful**
- Peer Supporters **Facilitate Change**
- Peer Supporters are **Honest and Direct**
- Peer Support is **Mutual and Reciprocal**
- Peer Support is **Equally Shared Power**
- Peer Support is **Strengths-Focused**
- Peer Support is **Transparent**
- Peer Support is **Person-Driven**

National Peer Practice Guidelines for Peer Supporters and Supervisors



National Practice Guidelines

CORE VALUE 1

Peer Support Is Voluntary

Recovery is a personal choice. The most basic value of peer support is that people freely choose to give or receive support. Being coerced, forced or pressured is against the nature of genuine peer support.

The voluntary nature of peer support makes it easier to build trust and connections with another.

PEER SUPPORTER GUIDELINES	SUPERVISOR GUIDELINES
Practice: **Support Choice**	The supervisor role is to:
• Peer supporters do not force or coerce others to participate in peer support services or any other service. • Peer supporters respect the rights of those they support to choose or cease support services or use the peer support services from a different peer supporter. • Peer supporters also have the right to choose not to work with individuals with a particular background if the peer supporter's personal issues or lack of expertise could interfere with the ability to provide effective support to these individuals. In these situations, the peer supporter would refer the individuals to other peer supporters or other service providers to provide assistance with the individuals' interests and desires. • Peer supporters advocate for choice when they observe coercion in any mental health or substance use service setting.	• Encourage peer support specialists in promoting individuals' choices including becoming more knowledgeable about trauma-informed approaches that reduce or eliminate force and coercion to create a safer environment for all. • Explore peer support specialists' choices about how they might or might not choose to work with certain individuals, especially if there are issues related to dual relationships or trauma. • Provide guidance to peer support specialists when they are advocating for choice or speaking up when coercion occurs, especially when it is subtle or systemic.

Table 1. Services and Supports Provided by Peer Workers

Services/Supports	Settings	Populations
Peer support	Home	Youth and young adults
Outreach	Recovery housing	Older adults
Housing services and supports	Street outreach	Family members
Transportation	Shelters	People with criminal justice involvement
Food, clothing, basic needs	Emergency rooms	People who are homeless
Parenting training	Inpatient settings	Homeless youth
Child care	Outpatient programs	People living with HIV
Recovery skills training and support	Health centers	People with physical health comorbidities
Life skills training	Primary care settings	People with mental health and substance use disorders
Employment coaching	Courts, jails, prisons	Mothers with children
Educational support	Community spaces	Pregnant women
Legal services	Social service centers	High users of emergency services
Evidence-based practices	Sports and recreation centers	
Recreation	Recovery high schools	
Service navigation	College campuses	
Health and wellness support	Job sites	

Gagne C, Finch W, Myrick K, Davis L : Peer Workforce in the Behavioral Health Workforce: Opportunities and Future Direction.American Journal of Preventive Medicine 2018;54:S258-266.

Psychiatric Advance Directives

What are Psychiatric Advance Directives?

About PADs

- A psychiatric advance directive (PAD) is a legal document that documents a person's preferences for future mental health treatment, and allows appointment of a health proxy to interpret those preferences during a crisis.
- PADs may be drafted when a person is well enough to consider preferences for future mental health treatment.
- PADs are used when a person becomes unable to make decisions during a mental health crisis.

https://nrc-pad.org/

Reproductive Psychiatric Advance Directives

What is it?

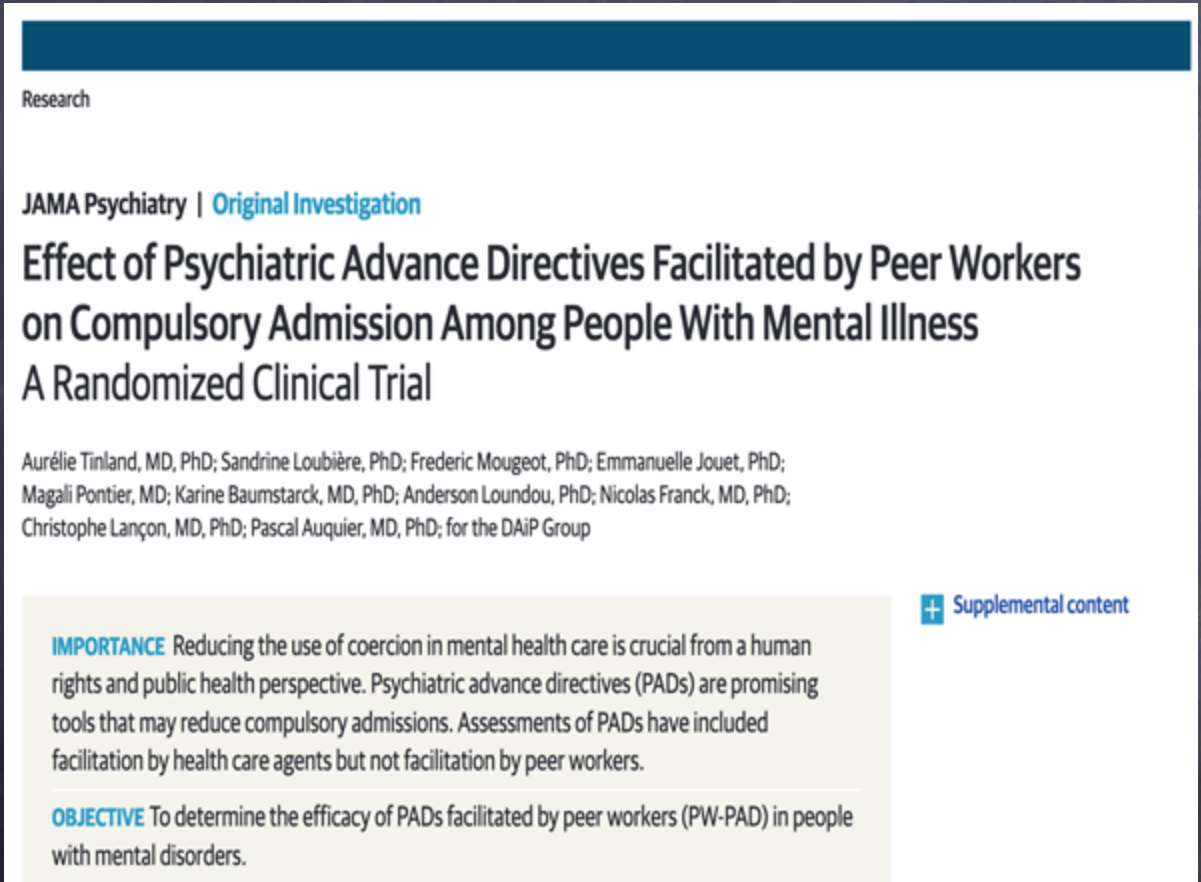
A written document that provides individuals with SMI the opportunity to articulate preferences regarding reproductive choices and psychiatric treatment in advance, to be applied during obstetric emergencies and psychiatric crises when patients do not have capacity

How is it different from a regular PAD?

Addresses reproductive healthcare: family planning; pregnancy continuation vs termination; perinatal mental healthcare; labor and delivery options; custody planning

Why is it important?

Protect patient **autonomy** and **reproductive rights**, particularly for BIPOC and other marginalized groups
Prevent adverse and potentially fatal outcomes, including maternal suicide and infanticide
Prevent moral distress for healthcare providers



Research

JAMA Psychiatry | Original Investigation

Effect of Psychiatric Advance Directives Facilitated by Peer Workers on Compulsory Admission Among People With Mental Illness
A Randomized Clinical Trial

Aurélie Tinland, MD, PhD; Sandrine Loubière, PhD; Frederic Mougeot, PhD; Emmanuelle Jouet, PhD; Magali Pontier, MD; Karine Baumstarck, MD, PhD; Anderson Loundou, PhD; Nicolas Franck, MD, PhD; Christophe Lançon, MD, PhD; Pascal Auquier, MD, PhD; for the DAiP Group

Supplemental content

IMPORTANCE Reducing the use of coercion in mental health care is crucial from a human rights and public health perspective. Psychiatric advance directives (PADs) are promising tools that may reduce compulsory admissions. Assessments of PADs have included facilitation by health care agents but not facilitation by peer workers.

OBJECTIVE To determine the efficacy of PADs facilitated by peer workers (PW-PAD) in people with mental disorders.

Tinland A, Loubière S, Mougeot F, et al. Effect of Psychiatric Advance Directives Facilitated by Peer Workers on Compulsory Admission Among People With Mental Illness: A Randomized Clinical Trial. *JAMA Psychiatry*. Published online June 06, 2022. doi:10.1001/jamapsychiatry.2022.1627

In this randomized clinical trial, 394 adults with schizophrenia, bipolar I disorder, or schizoaffective disorder with a previous compulsory hospitalization were randomized into 2 groups (ratio 1:1). Participants in the PW-PAD group experienced significantly fewer compulsory admissions than those in the control group.

These findings support the use of peer worker–facilitated psychiatric advance directives to prevent compulsory rehospitalization in people with severe mental illness.

Supported Decision Making

What is Supported Decision Making?

- An individualized arrangement in which an adult with a disability chooses one or more people they trust as supporters to help them understand, make, communicate, implement, act on, their own choices.
- An alternative to conservatorship or guardianship that can strengthen the capacity of a person with disabilities and avoid the need for conservatorship or guardianship.
- Can be formal or informal
- Trusted, chosen supporters help the person understand, consider, or communicate choices
- SDM can strengthen capacity – assess capacities with supports
- California formally recognizes SDM, AB 1663 (2022); Cal. Stats. 2022 Ch. 894

What Role Supporters Can Play

If a client requests a supporter, supporters can

- Assist client in logistics such as scheduling meetings and arranging transportation
- Help client communicate – for example, supporter re-speaks the client's words if speech is difficult to understand
- Help client understand legal, medical, or other complex concepts
- Enact plan from supportive decision making

But remember, the client is the client, not the supporter


ENLIST
CHOOSE
INFORM
DETERMINE
DIRECT
EXPERIENCE
SUPPORTED
DECISION
MAKING
WITH SDM, YOU DIRECT WHEN & HOW YOU RECEIVE SUPPORT
WHO WILL YOU ENLIST TO SUPPORT YOU?
FOLKS YOU TRUST
FOLKS WHO BELIEVE IN YOU & YOUR CAPACITY!
AS SUPPORTERS, WE ARE HERE TO SUPPORT NOT TAKE OVER!
HOW YOU WANT TO BE SUPPORTED
IT'S UP TO YOU TO CHOOSE
THE FOLKS WHO SUPPORT YOU
GOOD DECISION MAKING COMES WITH EXPERIENCE
YOU WILL INFORM OTHER PEOPLE OF HOW YOU MAKE DECISIONS
IT'S YOUR LIFE... YOU DETERMINE WHAT YOU WANT IT TO LOOK LIKE...
WHAT IS IMPORTANT TO ME?
SDM IS ABOUT HAVING THE OPPORTUNITY TO TRY NEW THINGS!

CalAIM

Enhanced Care Management (ECM) and Community Supports (CS)

- CalAIM = “California Advancing and Innovating Medi-Cal,” recently launched managed care initiative funded via Medicaid waiver
- Enhanced Care Management (ECM) benefit:
  - Designed for highest risk, highest-cost plan members with most complex needs
  - ECM providers responsible for coordinating and managing care across provider
  - Client gets “lead care manager”
- Optional Community Service (CS) benefits cover housing supports:
  - Short-Term Post-Hospitalization Housing
  - Housing Transition Navigation Services
  - Housing Tenancy and Sustaining Services
  - Housing Deposits

Citations: New LAO report; DREDF Training; DREDF PowerPoint; DHCS on CalAIM; DHCS on ECM and CS

Reality is Local

- Each County's mental health plan and phone number is published online
  - If your county has limited resources, they may contract out to another county
- Connect with your County mental health agency
  - Develop relationships and regular communication
- Questions:
  - What skills and material resources are available in your county?
  - What are the doors to programs in your county?
  - Where are the "low barrier doors" for respondents?

Successfully Getting Out of CARE Court

What Supports Dismissal of CARE Petition

- According to CARE Early Implementation Report, 220 of 550 petitions submitted *were dismissed*
- Dismissal could be due to
  - Voluntary engagement in stabilizing care prior to hearing
  - Not eligible for CARE
- CARE court takes time [more petitions are awaiting disposition (240) than have resulted in Care Plans (100)] – gives people a chance to engage in voluntary treatment or provide more information of lack of qualifying mental health disorder
- County Behavioral Health departments and Public Conservators are *least likely* to use CARE Court and instead divert people local services without court involvement

Legal Strategies for Dismissal of CARE Court Petitions

- Demonstrate client's active participation in some voluntary treatment, housing efforts, or support services of their choice
  - Did they enter some mental health support program?
  - Are they regularly going to some day programming?
  - Did they connect consistently with an intensive case management team
- Doing so challenges eligibility
  - It shows they are clinically stabilized in ongoing voluntary treatment
  - CARE plan or CARE agreement is not least restrictive because they are voluntarily engaging in alternative services to support mental health
  - Argue that person voluntarily engaging in quality services is more beneficial than coercion
- You can also argue that there is insufficient evidence person has qualifying serious mental disorder

Case Example

- Lisa, a 30-year old Latine woman diagnosed with schizoaffective disorder. A family member filed a petition alleging her mental health is deteriorating and she is wandering the streets creating risk.
- Prior to initial CARE Court hearing, counsel successfully supports Lisa in entering transitional housing program.
- Counsel and Lisa present documentation showing she voluntarily engaged in county FSP program and can receive consistent therapy sessions, medication support, and is working towards stable housing.
- Counsel can argue Lisa's engagement in voluntary treatment and securing of relatively stable housing means she does not meet CARE eligibility criteria – she is already participating in the least restrictive, appropriate alternative

Legal Advocacy Strategies to Advocate for Graduation

- At status review hearings (every 60 days following adoption of Care plan), counsel builds case for graduation by pointing to respondent's engagement in supportive services
- One year status review of CARE Plan – request graduation from program
- "Graduation plan" ordered if parties work towards voluntary agreement that supports transition out of court jurisdiction
- Show evidence that client is engaged in treatment
- Consider creating a psychiatric advance directive

Case Example 2

- Jason is a 40-year old Black man diagnosed with schizophrenia in Los Angeles who is experiencing homelessness and challenges with substance use. Someone filed a CARE Court petition seeking more intensive supervision.
- Jason meets CARE criteria but Jason and counsel are not able to reach CARE Agreement with county.
- Jason does not want to remain in CARE Court for long, he is against medication for schizophrenia but is open to substance use treatment and other alternatives.
- If CARE plan is being ordered, counsel should point to Jason's informed refusal to medication to avoid medication order (basic understanding of diagnosis and why medication is proposed; ability to say why medication unhelpful and alternatives)
- Counsel advocates for a more limited CARE plan that avoids duplicative services and focuses on immediate concerns (housing, substance use support, case management/ peer support)

Case Example 2 (Continued)

- Within 60 days, Jason connected with a peer supporter who helped him enter a shelter
- Within several months, Jason accessed wellness groups, SMHS services, and intensive outpatient programs. He worked with his peer supporter to be on waitlists for supportive housing.
- While Jason may not be “medication compliant,” counsel advocated for graduation plan that supports stabilization of mental health with alternatives and points to Jason’s voluntary steps that indicate progress
    - Built community of supports and knows how to access services in crisis
    - PAD

Request from Disability Rights California

Disability Rights California is monitoring the implementation of CARE Court and would like to hear directly from respondents about their experiences. We are hoping to better understand how CARE Court is being implemented in different counties and its impact on people with disabilities.

If you know CARE Court respondents who may be willing to share their experiences, please refer them to:

Samuel.Jain@disabilityrightsca.org, (916) 504-5929.

Questions and Answers

Appendix of Additional Resources

Alternatives to CARE Court and Evidence-Based Practices

- **Assertive Community Treatment (ACT)** is a community-based, team-based service that includes multidisciplinary mobile teams that provide wraparound services
  - Typically includes psychiatrist, nurse, case managers, peers, and other mental health professionals
  - Provides services on day-to-day basis and 24/7 crisis intervention
  - Look up if your county covers ACT
- Housing First – connection to permanent supportive housing
- Volunteer peer support

Family Peer Support

- A parent provides experiential knowledge with a parent receiving support (Robbins, et al., 2009)
- Offers hope, guidance, advocacy and camaraderie for parents and caregivers

National Practice Guidelines of Peer Supporters – QR Code

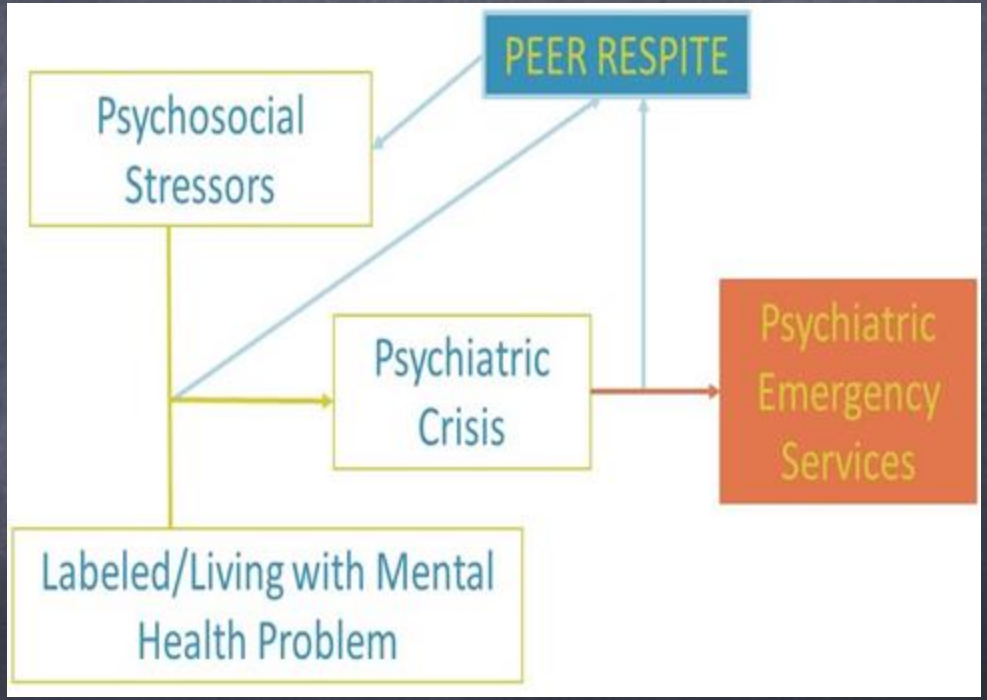
Scan this QR code to download the National Practice Guidelines

The Power of Peer Respites

Unapologetically Black Unicorns Podcast Episode 91: Nze Okoronta
https://podcasts.apple.com/us/podcast/unapologetically-black-unicorns/id1568804071?i=1000600968430

Peer Respite

- A peer respite is a voluntary, short-term, overnight program that provides community-based, non-clinical crisis support to help people find new understanding and ways to move forward.
- It operates 24 hours per day in a homelike environment.
- Peer respites are staffed and operated by people with psychiatric histories or who have experienced trauma



https://www.peerrespite.com/

Peer Respite - Outcomes

Studies with a control or comparison group

■ *Respite guests were **70% less likely** to use inpatient or emergency services.* ■ *Respite days were associated with **significantly fewer** inpatient and emergency service hours.*	**Impact of the 2nd Story Peer Respite Program on Use of Inpatient and Emergency Services.** Psychiatric Services. (2015)
■ *Statistically significant improvements in **healing, empowerment,** and **satisfaction.*** ■ *Average psychiatric hospital costs were **$1,057 for respite-users compared with $3,187** for non-users*	**A Randomized Trial of a Mental Health Consumer-Managed Alternative to Civil Commitment for Acute Psychiatric Crisis.** American Journal of Community Psychology. (2008)
■ *Respite guests experienced greater improvements in **self-esteem, self-rated mental health symptoms, and social activity** functioning compared to individuals in inpatient facilities*	**Findings from a consumer/survivor defined alternative to psychiatric hospitalization.** Outlook. (Vol. Spring 2002)

https://www.peerrespite.com/

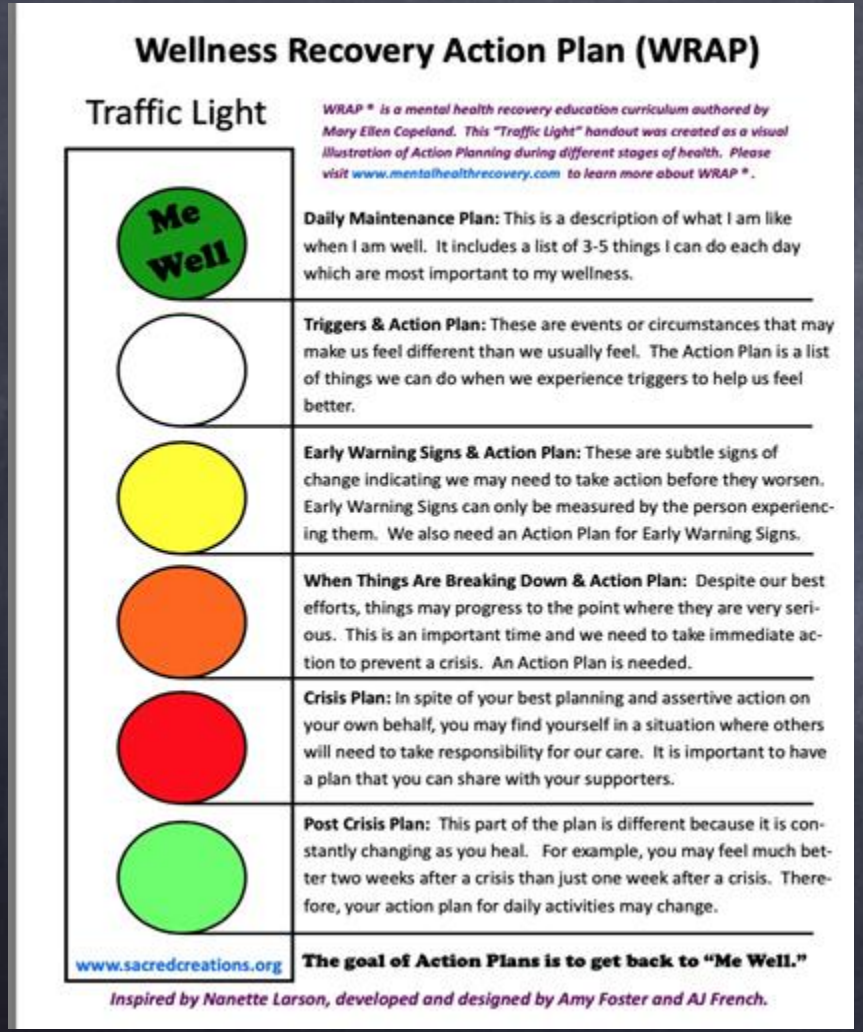
"Peer respites" like Hacienda of Hope in Long Beach offer people a place to go when they're experiencing or nearing a mental health crisis. Such centers use a low-key wellness approach, so people in distress can interact with those who understand their problems. (Angelica Garcia/Special to The Times)

https://www.latimes.com/california/story/2021-01-11/peer-respites-people-facing-mental-health-crises-pandemic

https://power2u.org/directory-of-peer-respites/

California Peer Run Respites:

- **2nd STORY PEER RESPITE HOUSE**
  Website: https://www.encompasscs.org/second_story
  Location: Santa Cruz, CA
- **BLACKBIRD HOUSE PEER RESPITE**
  Website: http://www.fcservices.org/blackbird-house-respite/
  Location: Santa Clara County, CA
- **CEDAR HOME**
  Location: Weaverville, CA
- **HACIENDA OF HOPE**
  Website: https://prpsn.org/services-peer-support-network.html?id=171
  Location: 2241 W. Williams Street, Long Beach, CA 90810
- **SHARE! RECOVERY RETREAT**
  Website: www.shareselfhelp.org
  Location: Monterey Park, CA and North Hollywood, CA
- **SALLY'S PLACE**
  Website: www.livelafamilia.org
  Location: Alameda County, CA



Wellness Recovery Action Plan (WRAP)

Traffic Light

WRAP ® is a mental health recovery education curriculum authored by Mary Ellen Copeland. This "Traffic Light" handout was created as a visual illustration of Action Planning during different stages of health. Please visit www.mentalhealthrecovery.com to learn more about WRAP ®.

Daily Maintenance Plan: This is a description of what I am like when I am well. It includes a list of 3-5 things I can do each day which are most important to my wellness.

Triggers & Action Plan: These are events or circumstances that may make us feel different than we usually feel. The Action Plan is a list of things we can do when we experience triggers to help us feel better.

Early Warning Signs & Action Plan: These are subtle signs of change indicating we may need to take action before they worsen. Early Warning Signs can only be measured by the person experiencing them. We also need an Action Plan for Early Warning Signs.

When Things Are Breaking Down & Action Plan: Despite our best efforts, things may progress to the point where they are very serious. This is an important time and we need to take immediate action to prevent a crisis. An Action Plan is needed.

Crisis Plan: In spite of your best planning and assertive action on your own behalf, you may find yourself in a situation where others will need to take responsibility for our care. It is important to have a plan that you can share with your supporters.

Post Crisis Plan: This part of the plan is different because it is constantly changing as you heal. For example, you may feel much better two weeks after a crisis than just one week after a crisis. Therefore, your action plan for daily activities may change.

www.sacredcreations.org

The goal of Action Plans is to get back to "Me Well."

Inspired by Nanette Larson, developed and designed by Amy Foster and AJ French.

WRAP Is…

Wellness Recovery Action Plan (WRAP) is a simple and powerful process for creating the life and wellness you want. With WRAP, you can:

- Discover simple, safe, and effective tools to create and maintain wellness
- Develop a daily plan to stay on track with your life and wellness goals
- Identify what throws you off track and develop a plan to keep moving forward
- Gain support and stay in control even in a crisis

Regional Centers

- Regional Centers serve people with developmental disabilities and must:
  - Evaluate and decide if person is eligible
  - Coordinate services
  - Develop an Individual Program Plan (IPP) with consumer that considers their needs/choices
  - Make sure that consumers receive all supports and services listed in IPP

Citation: Cal.Welf.Inst. Code 4500; DRC Publication on RC Eligibility; DRC Publication on IPP; DRC Chapter on IPP; DRC Chapter on Community Living for Adult RC Clients

Regional Centers (Continued)

- Regional Centers typically provide services that are not available elsewhere
- Can be difficult to get someone approved for RC later in life
- Some Care Court respondents may already be RC clients – but unserved

Citation: Cal.Welf.Inst. Code 4500; DRC Publication on RC Eligibility; DRC Publication on IPP; DRC Chapter on IPP; DRC Chapter on Community Living for Adult RC Clients

IHSS

- In-Home Services and Supports (IHSS) is a Medi-Cal program that pays for in-home care (caregivers) for people with disabilities; most caregivers are family members; bureaucratic delays but no “waitlist”
- Covered services may include:
  - Housework and laundry
  - Meals, dressing, bathing
  - Assistance with self-administration of medications
  - Money management
- IHSS can prevent homelessness
- IHSS can be provided to people who are marginally housed such as in a shelter or RV (“alternative living arrangement”)

Citations: DRC Publication; 2020 All County Letter

Bridge Housing Links

https://bridgehousing.buildingcalhhs.com/

https://bridgehousing.buildingcalhhs.com/county-behavioral-health-agencies#CBHAR3Awards

https://bridgehousing.buildingcalhhs.com/county-behavioral-health-agencies#CBHAR1Awards