

# CARE Court Planning in San Francisco

Board of Supervisors Update

April 28, 2023



San Francisco Health Network  
Behavioral Health Services

# Agenda

- CARE Court Basics
- Population Estimates
- CARE Court Services & Pathway
- Key Planning and Implementation Tasks
- Staffing Structure
- Cost Estimates & Funding
- Housing Updates
- Treatment Planning
- Upcoming Planning Activities



# CARE Court Basics

- Created through legislation [SB 1338](#)
- Allows for broad range of petitioners (family, providers, etc.) or referents (AOT, conservatorship, misdemeanor diversion)
- If meets criteria and will not engage voluntarily, the participant will receive a court-ordered CARE plan for up to 12 months, with the possibility to extend for an additional 12 months
- Only people with schizophrenia spectrum or other psychotic disorders who meet certain criteria qualify
- Less restrictive alternative to hospitalization or LPS conservatorship



# CARE Court Criteria

- 18 years or older
- Experiencing severe mental illness with 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 needs 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 is the least restrictive alternative to ensure the person's recovery and stability
- Likely that the person will benefit from participation in CARE



# Progress Update: Population Estimates

There is uncertainty around eligible and enrolled populations:

- Prevalence of schizophrenia and psychotic spectrum disorders in the general population and the percentage of those not in active treatment: ~ 3,000 eligible
- UCSF analysis/CA Policy Lab: ~ 800 - 2,000 eligible
- MHSF population numbers: ~ 4,000 eligible
- Numbers of referrals to LPS conservatorship in San Francisco (168/year) and caseload (600/year): Petitions for conservatorship have much narrower criteria than CARE Courts, so we should expect higher numbers of referrals.
- Not all eligible individuals will have a petition, and fewer will end up enrolled

**Overall, our midrange estimate is between 1,000-2,000 eligible people in San Francisco.**



# Who Can File a CARE Court Petition?

- Petitions can be filed by a county behavioral health petitioner, OR
- A non-county behavioral health petitioner, including: first responders, family members, public guardian or conservator, hospital director, behavioral health provider, person the individual lives with, respondent (self-referral), others
- Petitions must be valid and should not be filed without merit or with the intention to harass or annoy



# Major Participants & Roles\*

## **Court** (Judge Michael Begert)

- Receives and grants/denies petitions
- Adjudicates all cases

## **Department of Public Health** (Behavioral Health)

- Investigation/engagement of referred persons
- Becomes petitioner for every case
- Provider of treatment, wellness/recovery supports, and referral to social services

## **Mayor's Office**

- Stakeholder coordination & implementation planning

## **Department of Homelessness and Supportive Housing**

- Housing is an essential component of the CARE Act since staying connected to treatment is much more likely if the person is housed.

## **City Attorney's Office**

- Represents the City (including BHS) during all phases of CARE Court proceedings including potential case consultations and drafting petitions

## **SF Public Defender**

- Represents respondents during CARE Court proceedings if no Qualified Legal Services Provider is available

\*Note: Other City Departments are also involved in providing referrals and services to individuals in the CARE Court process



# CARE Court Services

- The framework provides for a clinically appropriate, community-based set of services and supports that could include: short-term stabilization medications, wellness and recovery supports, and connection to social services and housing
- Participants must be provided legal counsel and may identify a CARE Supporter who cannot be excluded from proceedings, 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 participant
- Upon successful completion of CARE, a Psychiatric Advance Directive provides direction regarding how to address the participant's future mental health crises according to the participant's expressed intent





# CARE Court, AOT, & Conservatorships

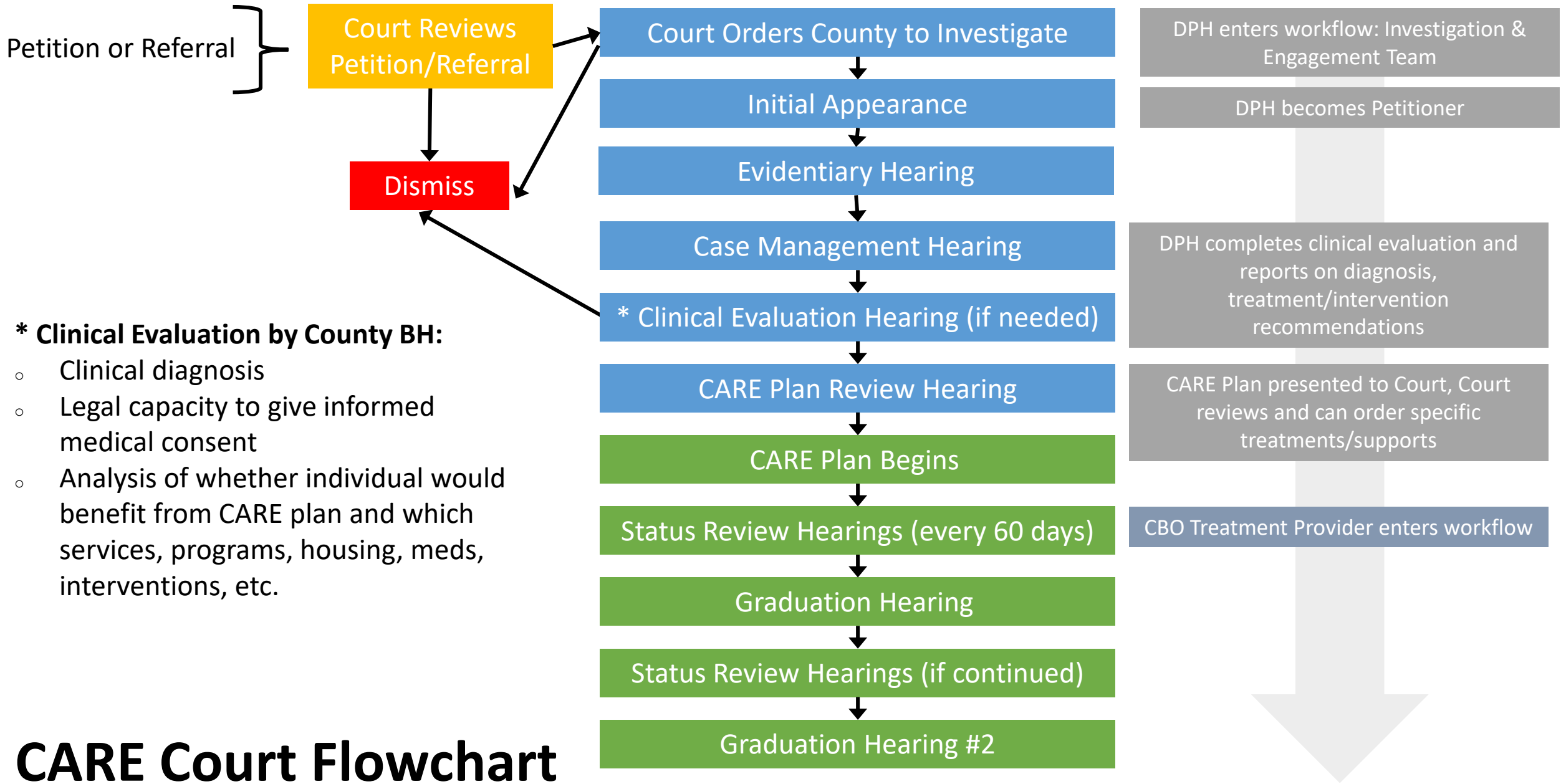
	CARE Court	AOT	Conservatorship
Accepts referrals from hospital facilities	X	X	X
Accepts referrals from first responders	X		
Accepts referrals from family	X	X	
Accepts referrals from behavioral health providers	X	X	
Involuntary treatment			X
Involuntary medication			X
Court ordered treatment	X	X	
Requires prior negative outcomes		X	
Allows for Respondent-identified Supporter to assist in the process	X		



# County Penalties

- If the Court finds that the county is not complying with court orders, the finding shall be reported to the presiding judge, who shall issue an order to show cause why the county should not be fined
- The presiding judge may impose a fine of up to \$1,000 per day, not to exceed \$25,000 per violation
- All fines paid must be allocated and distributed back to the county who paid the fines to be used to serve individuals with mental illness
- The Court must consider mitigating circumstances impairing the county's ability to comply with court orders, and the county may appeal the Court's decision





# CARE Court Flowchart

# BHS Implementation Timeline

November -  
December 2022

- Complete initial population estimates, enrollment numbers, and associated costs
- Design Investigation and Treatment Teams
- Establish staffing models

January - February 2023

- Establish Budget
- Begin Hiring Process
- Develop infrastructure for Data Tracking and Evaluation

March - April 2023

- Planning IT infrastructure for data collection/analysis and reporting requirements
- Submit Behavioral Health Bridge Housing application
- Workflow development

May – September 2023

- Ongoing hiring & training
- Review of finalized rules & forms
- Establish housing assessments & workflows
- Consultation line set up
- Informational stakeholder meetings
- Develop & circulate communication materials

October 1,  
2023: Cohort 1  
Go-Live



# Key Planning and Implementation Tasks

- Establish DPH Planning Group
  - Conduct research to arrive at population estimates
  - Design CARE Court engagement/investigation and treatment teams
  - Draft & revise budget
- Begin build for data tracking and program evaluation
- Ongoing meetings with other Cohort 1 counties
  - Coordinate advocacy to state on implementation challenges: funding, housing, staffing
  - Discuss population estimates, startup funding, budgets, planning, challenges
- Ongoing meetings with other City partners: Mayor's Office, HSH, HSA, CAT, Court
  - Advocacy/support around funding, staffing, housing
  - Help removing obstacles to successful implementation
- Staff hiring & onboarding



# Planning Activities Completed through April 2023

- Analysis of various population estimates
- Developed staffing model for Investigation & Engagement Team and Treatment Team
- Meetings with various City agencies to establish workflows and coordinate processes
- Developed multiple interconnected operational workflows including: Investigation & Evaluation Team, Treatment Team, housing referral process, bridge housing, Court coordination
- Extensive analysis of system capacity and gaps in service
- Analysis and coordination of housing/shelter access including opportunities for expansion
- Assessment and completion of **Behavioral Health Bridge Housing (BHBH)** application



# Behavioral Health Bridge Housing Grant

- Working on application for **Behavioral Health Bridge Housing (BHBH)** grant
  - First round is \$32M non-competitive one-time funding, with two subsequent rounds with competitive application; application is due at the end of the month
  - Will be able to prioritize for CARE Court, but BHBH is not limited to CARE Court participants
  - Planning to include a range of interim residential options where participants can stabilize before moving into permanent housing, including emergency stabilization units, temporary shelter, board and care, and cooperative housing

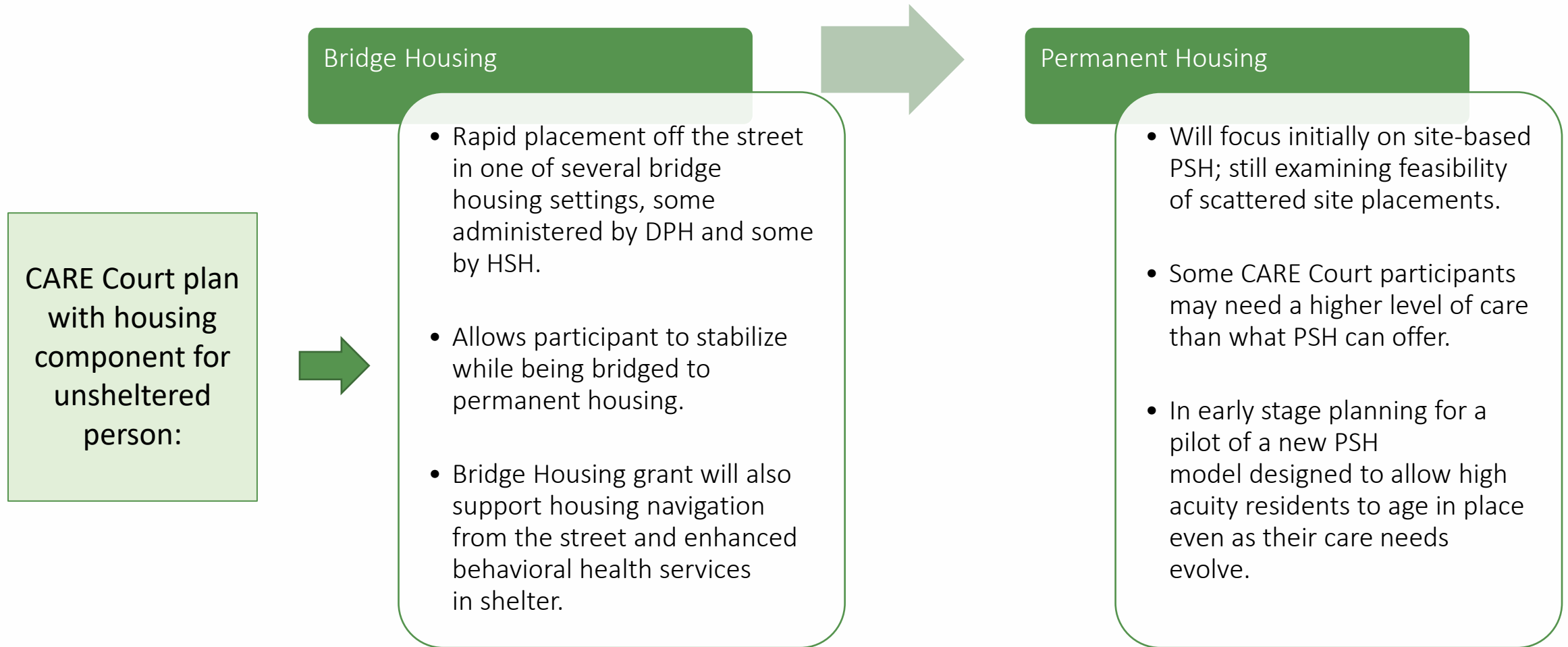


# CARE Court Planning: Housing Component

- Each CARE plan could include a **housing component**, with over half of participants expected to require a resource from the HSH **homelessness response system**
  - No new funding is available for permanent housing for CARE Court participants
  - Still determining how CARE Court participants will be "queued up" for housing placement relative to others with housing priority status
- HSH is working in close partnership with DPH to:
  - Develop a **referral and prioritization process** that aligns with the Coordinated Entry System;
  - Coordinate the **housing match and placement workflow**;
  - Identify appropriate **bridge housing options** that will support individuals to become stabilized while awaiting placement to permanent housing; and
  - Plan for permanent housing options so that individuals can be matched to an **appropriate resource** that meets their unique needs



# Path to Housing



# Treatment Planning

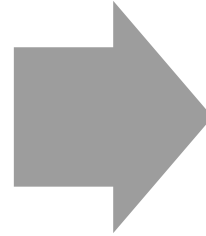
- Treatments aim to provide a clinically appropriate, community-based set of services and supports that might include: short-term stabilization medications, wellness and recovery supports, and connection to social services and housing
- Expanding the current system:
  - Case management expansion
  - Treatment beds in current system expansion
- Concerns:
  - Without additional investments from the State, we expect demand to exceed our current capacity to investigate, engage, and provide meaningful and high-quality treatment and other supports to participants.
  - We must consider the potential displacement of higher acuity individuals who otherwise would have accessed treatment slots that will instead be filled by CARE Court participants.
    - We are working to advance an amendment which would give us the ability to prioritize the populations with the highest needs
  - No penalty to Respondent for non-appearance or non-engagement
  - Noticing unhoused, transient individuals



# BHS Staffing Structure

## Investigation & Engagement Team

- DPH Civil Service staff
- First point of contact with respondent
- Reports on whether or not respondent meets criteria, the outcome of engagement efforts, and any conclusions/recommendations about the respondent's ability to engage in services



## Treatment Team

- CBO Provider
- CARE plans may include: housing, residential treatment, medication planning, individual and group treatment

The CARE Court staffing model was modeled after our AOT program which will allow for treatment providers to maintain rapport with clients while centralizing evaluation and court reporting efforts.



# Treatment Cost Estimates

Cost estimates have been difficult to arrive at with so much uncertainty about how many participants will be enrolled each year.

Team	FTE/Workload	Cost Estimate
BHS Investigation & Engagement Team (PCS)	TBD	TBD
Treatment Team (CBO)	TBD	TBD



# Startup Funding

- \$57 million has been allocated by the State for county behavioral health start-up costs, in two pots:
  - \$31 million across all counties to support a variety of start-up costs, including planning, training, development of policies and procedures, and IT infrastructure, including to bill private insurance
    - **San Francisco has received \$905,000**
  - \$26 million in additional funding for the first cohort counties to support an expedited launch of CARE Court by October 2023.
    - **San Francisco has received \$3,391,304**
- Additional funding allocated separately:
  - Court
  - \$6.1 million for first cohort counties' qualified legal services projects to represent Respondents
  - Zero funding for County Counsel/City Attorney/Public Defender



# Upcoming Planning Activities (May 2023 Onward)

- Planning IT infrastructure for data collection/analysis and reporting requirements
- Reviewing CARE Court Rules and Forms – expected to be finalized by Judicial Council in May
- Hiring of DPH Investigation and Engagement Team and establishment of CBO Treatment Team
- Developing informational and communication materials
- Conducting informational sessions for stakeholders, partners, the public, and potential petitioners
- Developing consultation line for potential petitioners to discuss cases



# Thank you!

Board of Supervisors Update

April 28, 2023



San Francisco Health Network  
Behavioral Health Services