

CARE Court Planning in San Francisco

Board of Supervisors Update
September 29, 2023



San Francisco Health Network
Behavioral Health Services

Agenda

- CARE Court Basics
- CARE Court, AOT, & Conservatorship
- Population Estimates
- DPH CARE Court Consultation Line
- CARE Court Services & Treatment Planning
- Behavioral Health Bridge Housing Grant
- Housing Referral Workflow
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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



CARE Court, AOT, & Conservatorship

	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
Requires grave disability criteria			X
Involuntary medication			X
Court ordered treatment	X	X	X
Requires prior negative outcomes		X	
Allows for Respondent-identified Supporter to assist in the process	X		



Progress Update: Population Estimates

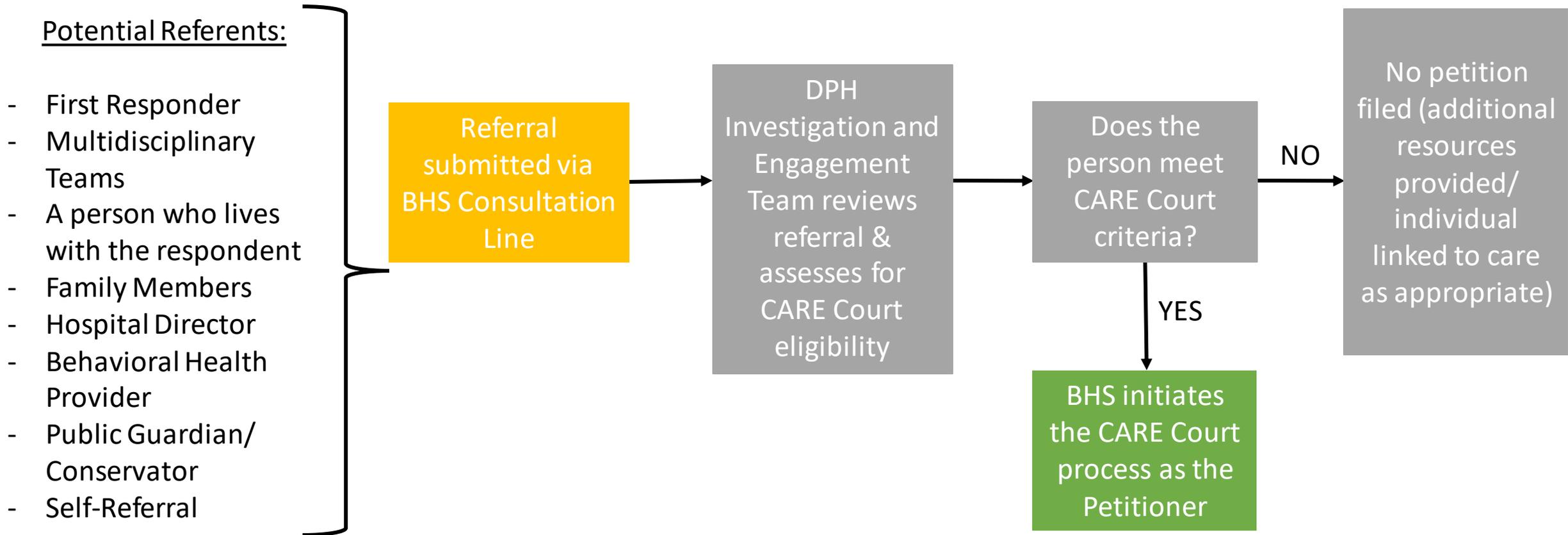
There is uncertainty around eligible and enrolled populations:

- 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.



DPH Consultation Line for Potential Petitioners



DPH CARE Court Consultation Line: CARECourtConsultation@sfdph.org

The CARE Court Consultation line is meant to serve as a resource to counsel petitioners about potential eligibility and provide guidance around the CARE Court process. CARE Court Consultation Line phone number and email will be live Monday, October 2nd.

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



Behavioral Health Treatment Services

- The BHS CARE Court staffing model was modeled after their AOT program which will allow for treatment providers to maintain rapport with clients while centralizing evaluation and court reporting efforts.
- Treatments aim to provide a clinically appropriate, community-based set of services and supports
- For CARE participants, this might include:
 - Case Management
 - Mental Health & Substance Use Treatment
 - Medication Management
 - Peer Support
 - Individual & Group Therapy
 - Residential Treatment
 - Crisis Services
 - Withdrawal Management



Treatment Planning

- Expanding the current system:
 - Behavioral Health Bridge Housing Grant
 - 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.
 - Per the Governor's vision, there is no penalty to the Respondent for non-appearance or non-engagement
 - Providing notice to unhoused, transient individuals



Behavioral Health Bridge Housing (BHBH) Grant

- BHBH Grant – DPH BH received one-time non-competitive funding that can support the housing needs of CARE Court (CC) participants. CARE participants will be prioritized for this housing however, this is not limited solely to CC clients.
- Not all CC participants will need a housing plan, but many will.
- BHBH options through DPH and HSH:
 - Inpatient healthcare treatment facilities, etc. (medical and BH)
 - Temporary shelter
 - Emergency stabilization units
 - Board and care
 - Co-op housing
 - Congregate, semi-congregate, non-congregate shelter
 - Transitional housing

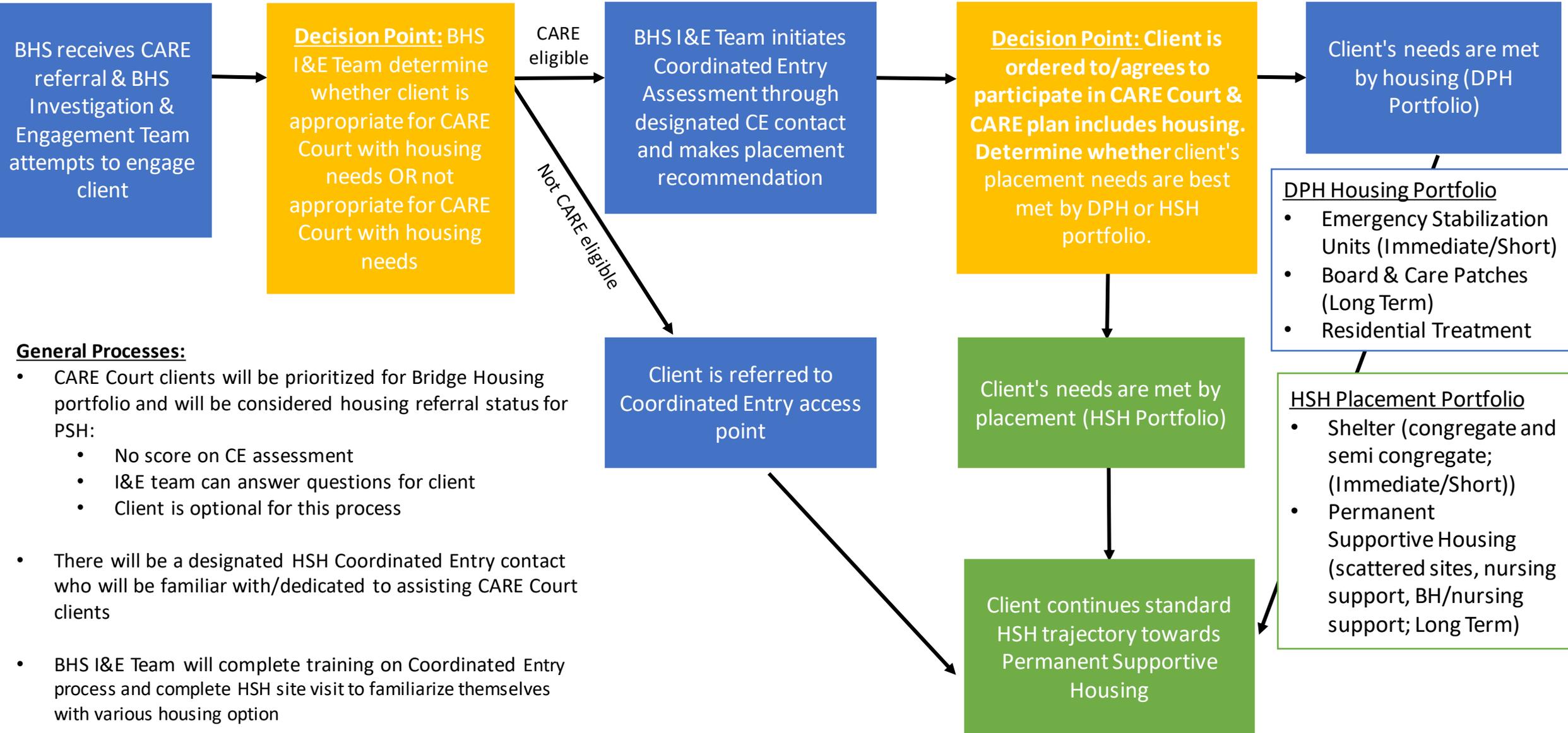


Behavioral Health Bridge Housing (BHBH) Cont'd

- Intent: provide a variety of interim residential settings to allow for individuals to be matched to a setting that best meets their needs.
- Length of stay in BHBH: few weeks (stabilization room) to a few years (2-5 in B&C)
 - Depends on participant needs, type of program, and how long it takes to identify an appropriate and available permanent housing option.
- Funding can be used for:
 - Navigation
 - Engagement
 - Outreach
- Cannot be used for:
 - PSH or permanent housing
 - Case Management/ICM
- Will be used for: additional HOT Outreach workers and fund a DPH BH team to support CC/BHBH participants wherever they are housed.



BHS-HSH CARE Court Housing Referral Workflow



General Processes:

- CARE Court clients will be prioritized for Bridge Housing portfolio and will be considered housing referral status for PSH:
 - No score on CE assessment
 - I&E team can answer questions for client
 - Client is optional for this process
- There will be a designated HSH Coordinated Entry contact who will be familiar with/dedicated to assisting CARE Court clients
- BHS I&E Team will complete training on Coordinated Entry process and complete HSH site visit to familiarize themselves with various housing option

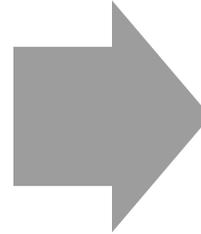
- DPH Housing Portfolio**
- Emergency Stabilization Units (Immediate/Short)
 - Board & Care Patches (Long Term)
 - Residential Treatment

- HSH Placement Portfolio**
- Shelter (congregate and semi congregate; (Immediate/Short))
 - Permanent Supportive Housing (scattered sites, nursing support, BH/nursing support; Long Term)

DPH Staffing Structure

Investigation & Engagement Team

- DPH Civil Service staff
- First point of contact with respondent
- Reports on whether 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.



Outreach & Engagement Efforts

- Town Hall for DPH and CBO partners
- Town Hall for First Responders (SFFD, SFPD, SFSD, DEM)
- Superior Court Panel
- HSH Provider Meeting
- Other Internal Presentations: Housing Conservatorship, AOA Providers, Systems of Care, Medical Directors Meeting, ZSFG Social Medicine
- Other Routine Updates: BOS, Health Commission, CBHDA & other Cohort 1 counties



What Happens October 1st?

CARE Act Court

- Petitions can be filed beginning Monday, October 2nd at: <https://sf.courts.ca.gov/divisions/civil-division/care-act-court>
- All forms needed to file: <https://www.courts.ca.gov/forms.htm>
- CARE Act Court matters will be heard on Mondays at 575 Polk Street

Department of Public Health (DPH)

- CARE Court Consultation Line phone number and email will be live Monday, October 2nd
- DPH staff are prepared and available to receive Investigation & Engagement Referrals from the Court
- DPH staff will work in close coordination with the Court, City Attorney's Office, and other city departments to ensure the CARE process runs smoothly
- DPH can begin filing petitions with the Court
- DPH will begin gathering data which will be reported quarterly to the state

Public

- Petitioners including first responders, family members, public guardian or conservator, hospital director, behavioral health provider, person the individual lives with, respondent (self-referral), others can begin filing CARE petitions
- For anyone who needs help understanding how to file forms, please see the Court's Access Center program: <https://sf.courts.ca.gov/self-help>



Thank you!

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