Committee Item No.	1
Board Item No.	

COMMITTEE/BOARD OF SUPERVISORS

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Prepared by:	Stephanie Cabrera	Date:	Sor	otember 22, 2023
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CARE Court Planning in San Francisco

Board of Supervisors Update
April 28, 2023

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 <u>SB 1338</u>
- 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.

San Francisco Health Network

Behavioral Health Services

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

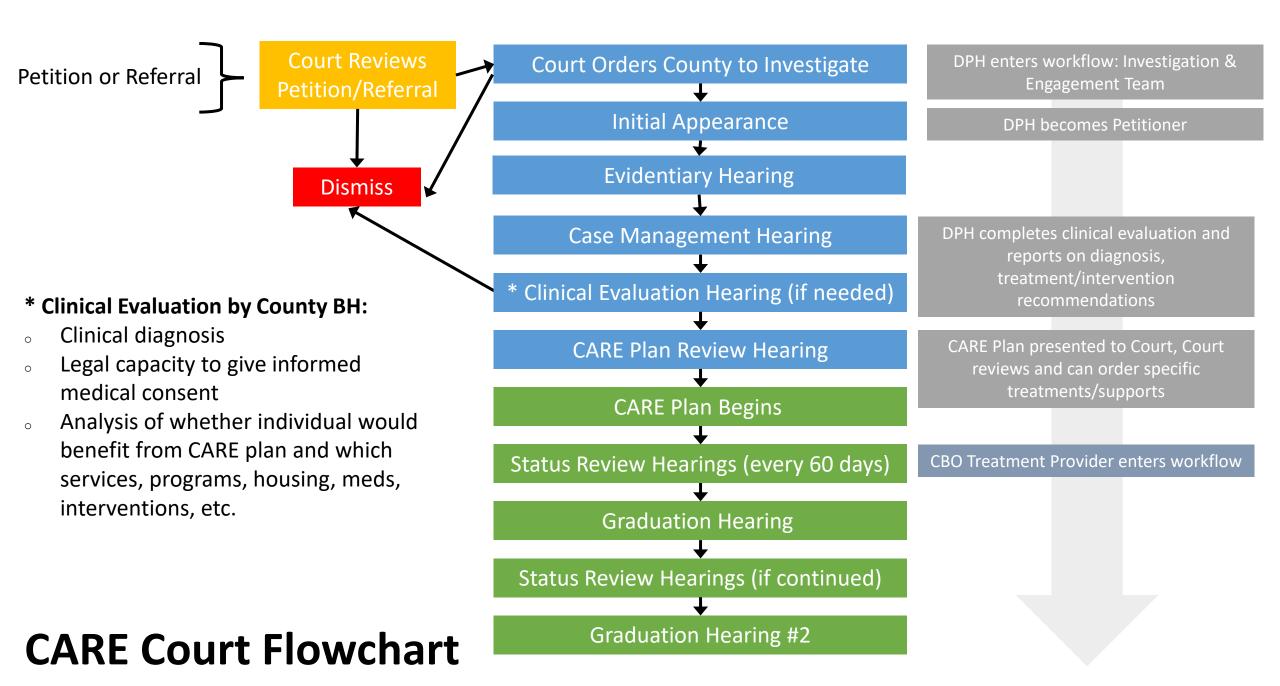
	CARE Court	АОТ	Conservatorship
Accepts referrals from hospital facilities	X	X	X
Accepts referrals from first responders	X		
Accepts referrals from family	X	X	
Accepts referrals from behavioral health providers	X	X	
Involuntary treatment			X
Involuntary medication			Χ
Court ordered treatment	X	X	
Requires 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





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 requireme nts
- 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

San Francisco Health Network

Behavioral Health Services

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

Bridge Housing

CARE Court plan with housing component for unsheltered person:



 Rapid placement off the street in one of several bridge housing settings, some administered by DPH and some by HSH.

- Allows participant to stabilize while being bridged to permanent housing.
- Bridge Housing grant will also support housing navigation from the street and enhanced behavioral health services in shelter.

Permanent Housing

- Will focus initially on site-based PSH; still examining feasibility of scattered site placements.
- Some CARE Court participants may need a higher level of care than what PSH can offer.
- In early stage planning for a pilot of a new PSH model designed to allow high acuity residents to age in place even as their care needs evolve.

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 From: <u>Charles Berman</u>

To: Cabrera, Stephanie (BOS)
Subject: Public comment on CARE Court
Date: Friday, April 28, 2023 12:41:02 PM

This message is from outside the City email system. Do not open links or attachments from untrusted sources

Supervisor Mandelman,

Thank you for absolutely rocking the CARE Court hearing today. I am 100% with "cynical Mandelman" and mostly blame Governor Newsom for coming up with an absurd program that totally misses the moment. Thank you also for referencing Dr. Anton Nigusse-Bland's Bed Optimization Report earlier in the hearing. Complying with the recommendations of the 2020 study and re-running it annually as recommended would transform the behavioral health system in San Francisco in a way CARE Court will not.

Yasher Koach,

Charlie Berman, Social Worker

BOARD of SUPERVISORS



City Hall
1 Dr. Carlton B. Goodlett Place, Room 244
San Francisco 94102-4689
Tel. No. (415) 554-5184
Fax No. (415) 554-5163
TDD/TTY No. (415) 554-5227

MEMORANDUM

TO: Dr. Grant Colfax, Director, Department of Public Health

Rexanne Biserra, Superior Court of California, County of San Francisco Shireen McSpadden, Executive Director, Department of Homelessness

and Supportive Housing

FROM: John Carroll, Assistant Clerk, Public Safety and Neighborhood Services

Committee, Board of Supervisors

DATE: January 27, 2023

SUBJECT: LEGISLATION INTRODUCED

The Board of Supervisors' Public Safety and Neighborhood Services Committee has received the following hearing request, introduced by Supervisor Mandelman on January 24, 2023:

File No. 230079

Hearing on plans to implement the Community Assistance, Recovery, and Empowerment (CARE) Court by October 1, 2023; and requesting the Department of Public Health, Superior Court, and Department of Homelessness and Supportive Housing to present.

If you have any comments or reports to be included with the file, please forward them to me at the Board of Supervisors, City Hall, Room 244, 1 Dr. Carlton B. Goodlett Place, San Francisco, CA 94102.

C:
Office of Incoming Chair Stefani
Office of Supervisor Mandelman
Greg Wagner, Department of Public Health
Dr. Naveena Bobba, Department of Public Health
Sneha Patil, Department of Public Health
Ana Validzic, Department of Public Health
Dylan Schneider, Department of Homelessness and Supportive Housing
Emily Cohen, Department of Homelessness and Supportive Housing
Bridget Badasow, Department of Homelessness and Supportive Housing

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Tel. No. 554-7450 Fax No. 554-7454 TDD/TTY No. 544-6546

Aaron Peskin

		PRESIDENTIA	L ACTION	
Date:	04/10/2023			
То:	Angela Calvil	lo, Clerk of the Bo	ard of Supervisors	
Madam Cler Pursuant to	-	I am hereby:		
□ Waiving	30-Day Rule	(Board Rule No. 3.23)		
File N	No.		(D.:	<u></u>
Title.			(Primary Sponsor)	
				2
Transfer	ring (Board Rule	No 3.3)		
File N	Jo. <u>2</u>	30079	Mandelman (Primary Sponsor)	
Title.	0	-	nt the Community Assis Court by October 1, 202	
From		ty & Neighborhoo		_Committee
To:	Homeless	hess Behavior	al Health	_ Committee
☐ Assignin	g Temporary	Committee Appoi	intment (Board Rule No. 3.1)	
Supervis	sor:	Rej	placing Supervisor:	
F	or:			Meeting
C t = vit	(Da		(Committee)	
	Time:	End Time:		
Tem	porary Assign	nment: () Partial	O Full Meeting	
			Cler Illi	
			Aaron Peskin, Preside	nt
			Board of Supervisors	

Introduction Form

(by a Member of the Board of Supervisors or the Mayor)

I here	by subn	nit the following item for introduction (select only one):		
,	1.	For reference to Committee (Ordinance, Resolution, Motion or Charter Amendment)		
	2.	Request for next printed agenda (For Adoption Without Committee Reference) (Routine, non-controversial and/or commendatory matters only)		
	3.	Request for Hearing on a subject matter at Committee		
	4.	Request for Letter beginning with "Supervisor inquires"		
	5.	City Attorney Request		
	6.	Call File No. from Committee.		
	7.	Budget and Legislative Analyst Request (attached written Motion)		
	8.	Substitute Legislation File No.		
	9.	Reactivate File No.		
	10.	Topic submitted for Mayoral Appearance before the Board on		
(Note	eral Plan Ye: For In	lanning Commission		
	sor(s):	D		
lviar Subje		in; Rohen		
		plans to implement CARE Court by October 1st.		
Long	g Title or	r text listed:		
•	_	plans to implement CARE Court by October 1st, and requesting the Department of Public perior Court, and Department of Homelessness and Supportive Housing to present.		
		Signature of Sponsoring Supervisor:		