CCJBH
Council on Criminal Justice and Behavioral Health

20 YEARS
of building bridges
to prevent incarceration

Diversion/Reentry Workgroup

July 15, 2022

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Executive Officer, CCJBH
Office of the Secretary, Kathleen Allison
California Department of Corrections and Rehabilitation (CDCR)

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DEPARTMENT OF CORRECTIONS AND REHABILITATION
STATE OF CALIFORNIA

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- **Use the "raise hand" feature to make a comment**
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STATE OF CALIFORNIA

Agenda

Time	Topic:
3:00 PM	Welcome & Introductions
3:05 PM	Update on Council of State Governments Justice Center Diversion Contract
3:15 PM	Q&A with Councilmember Advisors Public Discussion
3:25 PM	Fiscal Year 2022-23 Budget Update: Department of State Hospitals, Diversion Program and IST Workgroup Solutions
3:55 PM	Q&A with Councilmember Advisors Public Discussion

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Agenda

Time	Topic:
4:05 PM	CARE Act Presentation
4:35 PM	Focused Discussion on Implementation Strategies with Councilmember Advisors and Participating Public
4:55 PM	Announcements/Next Steps
5:00 PM	Adjourn

Diversion Contract Update

The Council of State Governments (CSG) Justice Center, in partnership with CCJBH, provides targeted training and technical assistance (TTA) to inform policy recommendations to support the implementation and expansion of diversion activities throughout California.

- This contract has been extended from June 2022 to December 2022, which allows for additional time to provide a detailed report covering the activities, successes and challenges of diversion methods in practice throughout the state.
- Under this contract CSG has conducted:
  - A survey to assess diversion implementation across the state.
  - Six (6) Community Learning Sessions on diversion training and technical assistance.
  - Three (3) Topical Workthrough sessions to discuss diversion challenges related to substance use and treatment, housing and the final session on private insurance and providers met on July 14, 2022.
  - A final report on all findings from the work on this contract will be provided to CCJBH by CSG Justice Center in December 2022.

Q&A With Councilmember Advisors

Public Comment

California Department of State Hospitals

Department of State Hospitals Incompetent to Stand Trial Solutions Budget

Chris Edens, Chief Deputy Director, DSH
Stacey Camacho, Deputy Director (A), CFPD, DSH
Dr. Melanie Scott, Assistant Deputy Director (A), CFPD, DSH
Ashley Breth, Section Chief, Diversion and Community Restoration, DSH
Dr. Sean Evans, Sr. Psychologist Supervisor, Clinical Operations, DSH

July 15, 2022

IST Solutions Workgroup

AB 133 (2021) established a statewide workgroup led by the California Health and Human Services Agency to identify short, medium and long-term solutions for the statewide felony Incompetent to Stand Trial (IST) crisis.

- Convened August – November 2021
- Required to submit solutions to the Department of Finance by November 30, 2021.
  - Total workgroup and external stakeholder recommendations: 41
  - Recommendations under implementation or proposed for implementation by DSH: 16
  - Report of recommendations released 11/30/2021:

https://www.chhs.ca.gov/wp-content/uploads/2021/12/IST_Solutions_Report_Final_v2.pdf

For more information visit: https://www.chhs.ca.gov/home/committees/ist-solutions-workgroup/

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Workgroup Goals:

- Meaningful, actionable, and sustainable solutions that:
  - Improve the lives of individuals with serious mental illness
  - Break the cycle of criminalization
  - Reduce the number of individuals found IST on felony charges (FIST)
  - Facilitate timely access to treatment in the appropriate setting for those who become FISTs
  - Advance alternatives to state hospitalization

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Pressures Leading to Workgroup

- Year-over-year increases in Incompetent to Stand Trial (IST) commitments
  - As of February 2022, over 1900 ISTs on the waitlist
- Increase in referrals continue to outpace all capacity growth and systems improvement
  - 1,380 new beds for IST treatment as of FY 2020-21
  - Reduced Average Length of Stay
  - Established Patient Management Unit
  - Legislative Changes
- *Stiavetti v. Clendenin:* substantive treatment within 28 days of commitment to DSH

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Who Are Felony ISTs?

- Individuals with serious mental illnesses
- Accused of felony crimes, but due to their mental illness unable to understand the charges against them or assist their counsel in their defense.
- Courts determine whether an individual is IST and then orders them to DSH for treatment.
- Majority are experiencing homelessness at the time of their arrest
- They often have not accessed any Medi-Cal specialty mental health services in the 6 months prior to their arrest.
- They are cycling in and out of the criminal justice system (nearly half had 15 or more prior arrests)

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What Happens After IST Treatment?

- Returned to the jail and court to proceed with their case
- Outcomes after returning to court:
  - ~76% remain at the county level -
    - 26% - Case dismissed or acquitted
    - 28% - Convicted – Probation/Jail
    - 14% - Convicted – Jail Sentence
  - ~24% were either committed to DSH as Not Guilty by Reason of Insanity(.2%) or sentenced to prison (24%)
- Recidivism – ~71% recidivate within 3 years post IST discharge.

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Why?: Our Hypothesis

- Individuals with Schizophrenia Spectrum Disorders are drifting into an untreated, unsheltered condition.
- These conditions are leading to increased contact with police and criminal charges.
- This increased contact is leading to a surge in IST referrals to state hospitals.
- Building more state hospital beds will only exacerbate the problem long term.
- IST restoration is not adequate long term treatment plan.
- So, what can we do?

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Let’s Break the Cycle

Short-Term Solutions Summary

- Support increased psychiatric care and IMOs in jails through funding, clinical training, and technical assistance (TA)
- Improve coordination between all stakeholders from arrest/booking through discharge from DSH
- Increase diversion participation – reassess IST defendants on waitlist; increase TA for counties; prioritize IST defendants for admission over likely to be IST defendants; provide additional funding for housing
- Provide training about implementing effective treatment engagement strategies to all county stakeholders
- Training for court-appointed evaluators to improve initial competency reports
- Include justice-involved individuals with SMI in state-level homelessness, behavioral health, and community care initiatives and; include criminal justice partners in local planning efforts

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Medium-Term Solutions Summary

- Statutorily prioritize community outpatient treatment and Diversion for felony IST defendants
- Increase funding and opportunities for community treatment models
- Establish state-wide pool of court-appointed evaluators and improve statutory processes for competence evaluations
- Improve IMO statutory process
- Increase funding for Diversion and CBR; increase pathways into Diversion
- Revise role of CONREP Community Program Director
- Explore alternatives to jail-based competency treatment
- Increase access to community inpatient and outpatient beds through funding, expedited licensing processes, landlord incentives
- Support robust wraparound treatment and stabilization supports in community
- Expedite assessments and treatment post-booking

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Long-Term Solutions Summary

- Coordinate and work with Homeless Coordinating and Financing Council and Dept. of Healthcare Services to advocate for justice-involved populations access to housing and support Cal-AIM
- Quality oversight of court-appointed evaluators/reports
- Increase opportunities for pre-arrest and pre-booking diversion
- Expand community housing and treatment resources for this population; increased access to permanent supportive housing; funding for all AB 1810 diversion
- Develop new licensing for enriched intensive community-services; review and implement improvements to MHSA and LPS Act to facilitate access to care
- Phase out use of jail-based competency treatment programs
- Develop and support cross-system data sharing initiatives
- Workforce development
- Revise IST statutes to require prosecutor to establish competency

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DSH IST Solutions Budget

Prior Year Investments – IST/Capacity Update

- IST Diversion Pilot Expansion
  - 24 existing county programs of which 16 will expand to serve Felony ISTs
  - 6 new county programs – FISTs and likely to be found FIST
- Community Based Restoration Expansion
  - LA County – 300 beds activated in 2021
  - New Counties – early planning stages
- IST IMD/Acute Capacity
  - Planned contract with existing facility/provider for up to 117 beds
  - Additional partnerships underway for new IMD infrastructure
  - Support community IST continuum of services
- IST Re-Evaluation Services
  - Statewide service to re-assess IST defendants on the waitlist
  - 25+ counties and counting
- 180-Bed CONREP Forensic Assertive Community Treatment
  - 3 locations x 60 beds each: Sacramento, San Diego, Bay Area
  - Serves clients statewide
  - First beds activated in February 2022
- CONREP Continuum of Care
  - 30-bed Statewide Transitional Residential Program (STRP) in Northern CA – Spring 2022
  - 78-bed step down program – FY 2022-23

IST Solutions Proposal

Budget Act of 2022- $592 million (full implementation)

- Early Access to Treatment and Care Coordination
- Diversion and CBR Expansion

Link to funding proposal:

https://www.dsh.ca.gov/About_Us/docs/DSH_2022-23_May_Revision_Estimate.pdf

Early Access to Treatment and Care Coordination

To provide immediate solutions to support access to treatment for individuals currently found IST on felony charges and waiting in jail

- Provides timely mental health, psychiatric stabilization, and competency restoration services, as well as increased clinical engagement
- Statewide funding for psychiatric medication support including long-acting injectables
- Treatment facilitated through private providers and in collaboration with foundational jail mental health providers; provided in jails in all 58 counties
- DSH case management teams to coordinate IST care with counties and other community providers
- $24.9M in FY 2021-22, $104M in FY 2022-23 and ongoing

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Expanding Diversion and CBR

Increase IST treatment alternatives by investing in the community infrastructure required to support the felony IST population

- Infrastructure to increase the number of community residential beds dedicated to DSH Diversion and Community-Based Restoration programs
  - One Time $235M – residential infrastructure investment
  - Estimated 5,000 Beds over 3 years
  - Serve 3,000 new individuals annually with 18-20 mos LOS
  - Additional one-time $48M – increase housing for current diversion opportunities

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Expanding Diversion and CBR

$507.5M Increase IST treatment alternatives to support the felony IST population in the community

- Augmented funding for counties to expand DSH Diversion and Community-Based Restoration
  - $125,000 per patient for wrap-around treatment services
- Supporting county partnerships for entities impacted by felony IST community placements
  - $132.5 million annually statewide for non-treatment costs
    - County administrative overhead, risk assessment support, Court Liaison positions
    - $100,000 ongoing to support county stakeholder workgroups
- Workforce development support for counties and community providers.
  - $12.6 million for ongoing technical assistance, program evaluation, and DSH operations

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Felony IST Growth Cap

- Counties will be charged a penalty if IST determinations each year exceed the number of determinations in FY 2021-22 (baseline year)
- County can select funding source used to make payment
- All penalty funds collected will be returned to county, must be used to invest in pre-arrest diversion programming

Other Solution Investments

- Funding to partner with the Judicial Council to support a statewide training program for county evaluators to improve the quality of IST determinations and medication decisions
- Improve IST discharge planning and coordination between DSH and County Behavioral Health to give counties time to plan for continuity of treatment upon release from jail
- Pilot a CONREP Independent Placement Panel for the increased placement of NGRI and OMD patients into the CONREP program; vacated hospital beds will serve ISTs

Questions?

California Department of
State Hospitals

Q&A With Councilmember Advisors

Public Comment

CCJBH Meeting
CARE ACT/ SB 1338
July 15, 2022

Stephanie Welch, Deputy Secretary of Behavioral Health, MSW

California Health & Human Services Agency

Person Centered. Equity Focused. Data Driven.

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Healthy CALIFORNIA ALL

Systemic Change to Behavioral Health Care

- This **Administration**, like the leadership demonstrated in the **Legislature**, is deeply committed to transforming the Behavioral Health Care System.
- Transforming the behavioral health system will ultimately create **generational change** so **ALL Californians** have access to high quality, culturally responsive and easily accessible behavioral health care.
- **Critical investment** is needed to **build new behavioral health capacity** and **reduce fragmentation** in the behavioral health system - both for mental health and substance use disorders. Much of this is driven by **decades of stigma,** where behavioral health was not considered a core component of the health system.

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Systemic Change to Behavioral Health Care

Behavioral Health Assessment confirmed that there are capacity challenges across the continuum. The report calls out the **NEED** for

- A **comprehensive** approach to **crisis services**
- More **community-based living options**, from housing to long-term residential, for people living with serious mental illness and/or a substance use disorder
- More **treatment options for children and youth** with significant needs as well as efforts to prevent behavioral health conditions
- Services and strategies that **advance equity** and address disparities
- Addressing related **housing, economic and physical health issues** especially for individuals who are **justice-involved**

Assessing the Continuum of Care for Behavioral Health Services in California Data, Stakeholder Perspectives, and Implications

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Systemic Change to Behavioral Health Care

- **California Advancing and Innovating Medi-Cal (CalAIM)** which modernizes, improves, and simplifies Medi-Cal's BH system and the **CalAIM Justice Package**
- **The Children and Youth Behavioral Health Initiative (CYBHI)** provides **$4.4B** (including support for the MHSOAC Student Mental Health Initiative) to reimagine behavioral health system for children and youth
- **The Behavioral Health Continuum Infrastructure Program (BHCIP) and the Community Care Expansion (CCE) Program provide $3B** to build out community based care, including residential placements
- **New Peer Support Services Benefit in Medi-Cal** (Launch July 2022)
- Department of Managed Health Care **Mental Health Parity Enforcement and Behavioral Health Focused Investigations** Efforts

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Systemic Change to Behavioral Health Care

- **Established an Office of Suicide Prevention**
- CalHHS conducting comprehensive **Crisis Care Continuum Planning**
- **CalHOPE** a crisis counseling assistance and training program, prepping for **9-8-8** implementation
- **California Medicated Assisted Treatment (MAT) Expansion Project**, pilot **Contingency Management** in outpatient treatment settings
- Address the **Incompetent to Stand Trial** population including expansion of the Department of State Hospitals **Diversion and Community-Based Restoration Program**

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Systemic Change to Behavioral Health Care

2022-23 Budget Builds on Existing Efforts:

- **Medi-Cal Community-Based Mobile Crisis Services – $108M ($16M GF)** DHCS will add multi-disciplinary **mobile response services for crises** related to mental health and substance use disorders **as a new Medi-Cal benefi**t, as soon as **January 1, 2023.**

- **CalAIM and Providing Access and Transforming Health (PATH) - $1.3B** over five years to support the development of **Enhanced Care Management and Community Supports in CalAIM**. **$561M** over five years to support implementation of **CalAIM justice-involved initiatives.**

- **Expanding Access to MAT - $96M** GF in 2022-23 and **$61M** ongoing **$86M Opioid Settlement** funds for a **youth opioids** education and awareness and **fentanyl risk education ($50M),** improving the state's ability to collect and analyze **data** on opioid **overdose trends ($5M),** provider **training** on opioid treatment **($26M),** and distributing **naloxone to homeless service providers ($5M)**

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Systemic Change to Behavioral Health Care

Proposed 2022-23 Budget Builds on Existing Efforts:

- **Behavioral Health Bridge Housing - $1.5B** to address the **immediate housing and treatment** needs of **people experiencing or at eminent risk of homelessness** with serious behavioral health conditions, funding can be used to purchase and install tiny homes and to **provide time-limited operational supports** in these tiny homes or in other **bridge housing settings** including existing assisted living settings.

- **Solutions to Address the Incompetent to Stand Trial (IST) Crisis - $571M** to provide **immediate solutions** to support access to treatment for the roughly **1800** individuals currently found IST on felony charges and waiting in jail and to expand **Diversion** and **Community-Based Restoration Capacity** to increase IST community based treatment alternatives.

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Systemic Change to Behavioral Health Care

2022-23 Budget Builds on Existing Efforts:

- **Youth Suicide Prevention and Behavioral Health - $290M** investment in **youth suicide prevention** and behavioral health to ensure rapid and timely investment in resources to support youth behavioral health needs.

- **Care Economy Workforce Development - $1.7B** investment for the Labor and Workforce Development Agency and CalHHS to create innovative and accessible opportunities to **recruit, train, hire, and advance an ethnically and culturally inclusive health and human services workforce,** with improved diversity, compensation, and health-equity outcomes.

- **Supporting CARE Court - $64M** to assist vulnerable people living with untreated severe mental illness, funds will support the Judicial Branch and other department costs associated with the proposal's implementation including for training, technical assistance and evaluation.

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CARE
(Community Assistance, Recovery and Empowerment) **Court**

CARE Court Overview

Community Assisted Empowerment and Recovery (CARE) Court

- **CARE** is a new pathway to access much needed comprehensive treatment and services.
- **CARE** aims to deliver behavioral health services to the **most severely ill and vulnerable individuals,** while preserving **self-determination** and community living.
- **CARE** is an **upstream diversion to prevent** more restrictive **conservatorships or incarceration.**
- **CARE** is based on **evidence** which demonstrates that many **people can stabilize,** begin healing, and **exit homelessness in less restrictive, community-based care settings.**
- **CARE** seeks both **participant** and **system success.**
- **CARE Court is NOT** for everyone experiencing **homelessness or mental illness**.

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Community Assisted Empowerment and Recovery (CARE) Court is Different

- **CARE** is fundamentally different from **LPS Conservatorship** in that it **does not include custodial settings** or **long-term involuntary medications**
- **CARE is different than LPS/Laura's Law in several important ways:**
  - **May be initiated by a petition to the Court** from a variety of people known to the participant (family, clinicians/ physicians, first responders, etc.) and **only credible petitions are pursued**
  - **Multiple** negative outcomes **(incarceration, hospitalizations, etc.)** are not required to be considered
  - **Local government and participants work together** and are both held to the CARE plan
  - Provides a **Supporter** trained to assist in **identifying, voicing, and centering the individual's care decisions** in their CARE plan and graduation plan, including preparing **a Psychiatric Advanced Directive, if desired.**

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Criteria for CARE Respondent

- The person must be 18 years or older
- The person is experiencing severe mental illness and has a diagnosis of schizophrenia spectrum other psychotic disorder
- The person must not be clinically stabilized in on-going treatment
- CARE Court is the least restrictive alternative
- The person will benefit from CARE proceedings
- The person meets one of the following:
  - Unlikely to service safely in the community and/or
  - Needs services and supports to prevent grave disability or serious harm to themselves or others

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CARE Pathways – Petition

- Petition is filed by spouse/family members/ friends, providers/clinicians, county BH, first responders, public guardian, adult protective services, Indian health services/tribal courts, attorneys, & individual respondents
- Petition is promptly reviewed by the court, if it does not meet criteria it is demised
- If petition merits required criteria the court orders the county to investigate, and file a written report within 21 days that includes a determination as to whether the respondent meets, or is likely to meet, the criteria for CARE proceedings and the outcome of efforts made to **voluntarily engage the respondent**.
- The county agency shall submit a written report to the court with the findings and conclusions of the investigation, along with any recommendations. **If the county is making progress with engagement, an additional 30 days can be provided to continue support enrolling the individual in services**.

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CARE Pathways – Petition to Initial Hearing

- The court will review the report within 5 days
  - If the court determines that the respondent meets, or likely meets the criteria, **voluntary engagement is effective**, and that the individual has enrolled in behavioral health treatment, the **court shall dismiss the matter**.
  - If the court determines that the respondent meets, or likely meets the criteria, and **engagement is not effective**, the court shall set an **initial hearing within 14 days**.
- The court provides notice of the hearing to the petitioner, the respondent, the appointed counsel and CARE counsel, the supporter, and the county behavioral health agency.
- At the initial hearing, the court determines if there is appropriate evidence that the respondent meets the CARE criteria. If so, the **court orders the county behavioral health agency to work with the respondent, the respondent's counsel, and the CARE supporter to engage in behavioral health treatment.**
- The court shall set a case management hearing within 14 days.

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CARE Pathways – Case Management Conference to Care Agreement

- If the court finds that **the parties have agreed to a CARE agreement**, and the court agrees with the terms of the CARE agreement, the court shall set a **progress hearing for 60 days.**
- If the court finds that the parties have **not reached, and are not likely to reach, a CARE agreement,** the court shall order a **clinical evaluation** of the respondent. The evaluation shall address the clinical diagnosis and shall address the issue of whether the defendant has capacity to give informed consent regarding psychotropic medication.
- The court shall order the county behavioral health agency, through a **licensed behavioral health professional, to conduct the evaluation** unless there is an existing clinical evaluation completed within the last 30 days.
- The court shall set a **clinical evaluation hearing within 14 days.**

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CARE Pathways – Clinical Evaluation to Care Plan

- If at the **clinical evaluation hearing** the court finds by clear and convincing evidence that the respondent meets the CARE criteria, the **court shall order the joint development a CARE plan. If not, the court shall dismiss the petition**.
- **Care Plan** is developed **with the respondent, supporter, counsel and county behavioral health**. The date for the hearing to review and consider approval of the proposed CARE plan will be in 14 days unless there is good cause for an extension.
- After reviewing the proposed CARE plan and hearing from the parties, the **court may issue any orders necessary** to support the respondent in accessing appropriate services and supports, **including prioritization for those services and supports**.
- The issuance of the order approving the CARE plan begins the **up-to-one-year CARE program timeline.** At intervals of not less than 60 days during CARE plan implementation, the court shall have a status review hearing.

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CARE Pathways – Care Plan to Graduation

- In the 11th month of the program, the court shall hold a one-year status hearing. At that hearing, the court shall determine whether to **graduate the respondent** from the program or **reappoint the respondent** to the program for another term, not to exceed one year.
- A **respondent may request reappointment** to the CARE program. A respondent can **voluntarily elect to continue** if they did not successfully complete the program, or they would benefit from continuation of the CARE program.
- The court shall review the **voluntary agreement for a graduation plan** to support a successful transition out of court jurisdiction and **may include a psychiatric advance directive.**
- A **court may refer an individual from assisted outpatient treatment and conservatorship proceedings** to CARE proceedings.
- A **court may refer an individual from misdemeanor proceedings** pursuant to Section 1370.01 of the Penal Code, in which case the prosecuting attorney may be the petitioner.

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Accountability

Individual Accountability

- If the Court determines at any time during the proceeding that the participant is **not participating in CARE proceedings**, the **Court may terminate** the respondent's participation in the CARE program.
- The Court may utilize **existing authority** to ensure an individual's safety. To ensure the respondent's safety. The court shall provide notice to the county behavioral health agency and the Public Conservator/Guardian if the court utilizes that authority.
- **Subsequent proceedings** may use the CARE proceedings as a **factual presumption** that no suitable community alternatives are available to treat the individual.

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County/Local Govt Accountability

- The court can fine a county or other local government entity if it is not complying with CARE.
- The fines will be used to establish the CARE Act Accountability Fund.
  - *All moneys in the fund shall be used, upon appropriation, by the State Department of Health Care Services to support local government efforts that will serve individuals who have schizophrenia or other psychotic disorders and who experience, or are at risk of, homelessness, criminal justice involvement, hospitalization, or conservatorship.*

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Community Partner Engagement & Feedback

To date we have received significant feedback on:

- Opportunity for early services and supports engagement
- Voluntary services should be prioritized
- Importance of the supporter role (supported decision-making model) as well as the role of peer support as part of the ongoing Care Plan
- Trauma informed policy and practices, addressing racial bias
- Need for housing resources to meet the needs of the participant
- Despite significant recent investments in the behavioral health continuum, concerns over service capacity, including workforce
- Concern that narrow eligibly criteria misses other high need, high vulnerability populations

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Summary of Legislative Changes

Key Changes

- Court directed county behavioral health engagement process
- 2-Phase County Implementation Process
- The Supporter role is housed at DHCS and can be family, friends, and peers
- DHCS will provide optional training and technical resources with CalHHS providing initial implementation coordination.
- Legal representation is provided by local qualified legal services project (i.e. Legal Aid)
- Creates the CARE Act Accountability fund at State Treasury
- Includes significant evaluation of CARE Court by requiring DHCS to produce a robust CARE Act report annually
- Includes an emphasis on trauma-informed care and addressing racial bias

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FAQs

Why Doesn't CARE Include All Behavioral Health Conditions?

- **CARE is for people with a focused diagnosis** that is both severely impairing and also **highly responsive to treatment,** including stabilizing medications**.**
- **Broader behavioral health redesign i**s being led by the Administration through to **create generational change** so all Californians have access to high quality, culturally responsive and easily accessible behavioral health care.
- **Critical investments** include **building new behavioral health capacity** through treatment and workforce infrastructure and **reducing fragmentation** in the behavioral health system--**both for mental health and substance use disorders.**

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Does CARE Guarantee Housing?

- **Housing is an important component of CARE** —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 Plans will include a housing plan.** Individuals who are served by CARE Court will have diverse housing needs on a continuum ranging from clinically enhanced interim or bridge housing, licensed adult and senior care settings, supportive housing, or housing with family and friends.
- **Governor's proposed 2022-2023 budget includes $1.5 billion for Behavioral Health Bridge Housing,** which will fund clinically enhanced bridge housing settings that are well suited to serve CARE Court participants.
- **2021 Budget Act made a historic $12 billion investment to prevent and end homelessness.**

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Why Courts?

- The courts are often in the **crosshairs of the lives of those suffering** from severe, decompensated mental illness.
- **Often it's the criminal courts not the civil courts**. The criminal court pathways are not the environment for anyone with impaired judgement or insight.
- The **CARE courts are a vehicle for collaboration and coordination not compliance**. The CARE court process can be a supportive place that will start with a period of engagement, recently amendment and clarified as the CARE agreement in the legislation.
- If over a **60-day period** the **care agreement is on the implementation road**, the courts ongoing involvement will be minimal.
- In the case, the **client can't participate** or **the government entities can't implement** an appropriate, person-centered plan, **then the court will deepen its engagement** and oversight.

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Does CARE Perpetuate stigma?

- There are **well documented inequities** in clinical diagnosis and the court systems we have today. These are issues not to be taken lightly. We must **acknowledge these realities** and **address them in the formative design of the program**.

- Recent amendments ensure **standardized tools for assessment and evaluation** are reviewed by many with an **eye for ameliorating the features that drive inequity**.

- We can **train individuals participating in CARE court processes** to ensure they have keen awareness of these **drivers of inequity and their own role in perpetuating them**.

- We can **engage communities and stakeholders** not just in these formative days of the Care Court proposal, but **regularly as the program develops** over the next few years.

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How is Self-Determination supported in the CARE Court model?

- Supporting a self-determined path to recovery and self-sufficiency is core to CARE Court
- Each participant is offered a Legal Aid counselor and a CARE Supporter in addition to their full clinical team
- The CARE Plan ensures that supports and services are coordinated and focused on the individual needs of the person it is designed to serve

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Questions and Discussion

Resources

CARE Court - California Health and Human Services

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Discussion Questions

1. What actions could be taken with regard to each component in the new CARE Court processes (referral, clinical evaluation, care plan, support, and success) to ensure a positive participant experience that will result in optimal, long-term recovery?
2. What can local jurisdictions do to maximize participant engagement of this population in the CARE Court processes, initially and throughout the duration of treatment?
3. How can local jurisdictions work together to coordinate care and services, thus maximizing available resources, particularly since this vulnerable population is often in need of supports from multiple systems (e.g., primary care, behavioral health, social services (e.g., income support, housing)?
4. What policies and practices should be implemented as part of the CARE Court processes to ensure equitable access to care for BIPOC individuals?

CCJBH

DEPARTMENT OF CORRECTIONS AND REHABILITATION
STATE OF CALIFORNIA

Upcoming Events

Juvenile Justice Workgroup

Friday, September 16, 2022, 12:45 – 2:45 PM
Board of Parole Hearings Room, 1515 K St. Suite 550, Sacramento, CA 95811

Diversion and Reentry Workgroup

Friday, September 16, 2022, 3:000 – 5:00 PM
Board of Parole Hearings Room, 1515 K St. Suite 550, Sacramento, CA 95811

CCJBH Full Council Meeting

Friday, July 29, 2022, 2:00 - 4:30 PM
8260 Longleaf Dr. Building C-1 Room 101, Elk Grove, CA 95758

Please visit our website at https://www.cdcr.ca.gov/ccjbh/

Email us at CCJBH@cdcr.ca.gov

If you would like to be added to CCJBH's listserv, click HERE.

THANK YOU!