



The CARE Act: Understanding California's New Model for Mental Health Treatment

California Health & Human Services Agency
Person Centered. Equity Focused. Data Driven.

Schizophrenia Spectrum Disorder

- Usually diagnosed in late teens or early adulthood
- Often has a prodrome – symptoms of functional deterioration that precede psychotic symptoms
- Prevalence around 1%
- People with schizophrenia die 20+ years earlier than the rest of us
- One of the top 15 leading causes of disability worldwide
- Primarily focused on schizophrenia and schizoaffective disorder

Symptoms

Hallucinations- perceiving things that are not there, usually voices

Delusions- misperceiving reality through false beliefs, often paranoia

Disorganization – in speech and behavior

Negative symptoms - diminished emotional expression and avolition

Schizoaffective disorder includes a mood component

The majority of patients are not aware that they are ill

Anosognosia

- Poor insight is a **lack of awareness of having an illness**, of the deficits caused by the illness, the consequences of the disorder, and the need for treatment
- Poor insight is...
 - **Common in schizophrenia (~60%)**
 - Has a major impact on course of the illness and causes treatment nonadherence

Outcomes

While people with Schizophrenia make up only 1% of overall population, they make up:

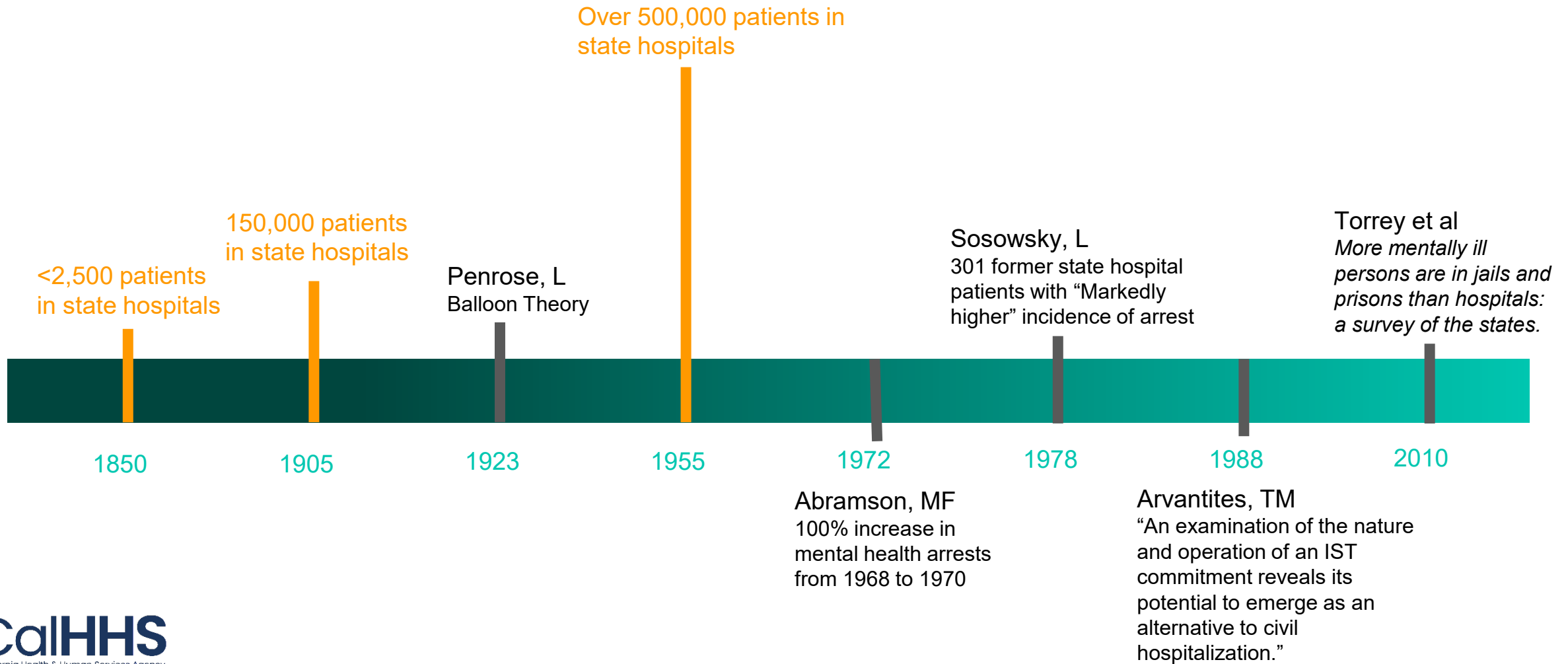
- 20-30% of homeless population
- 15% of state prison population
- 24 % of jail population

HUD 2010 AHAR to Congress (Paquett), Folsom and Jeste et al 2005, Ayano et al BMC Psychiatry (2019), Garcia and Haskins (2020), US DOJ (2006), Sullivan et al 2000

What is happening now: case vignette

37-year-old transient male. Police called when patient refused to leave Jack in the Box. Police asked him to step outside and he complied. During a search, the police informed patient he was not welcome at the Jack in the Box. He became upset and tried to get out of the grasp of the officer. He then tried to call the police on an imaginary phone. He was talking to himself about the devil. He was missing his left eye and informed police he took out his eye because the devil told him to. The police attempted to handcuff patient and the patient struggled, was tasered multiple times. Charged with **battery with injury on a police officer and resisting executive officer.**

State Hospital overutilization: An historic problem



The Incompetent to Stand Trial Crisis

- RESULTS
 - 67% of these patients are experiencing homelessness when they enter the system,
 - 47% have not received Medicaid reimbursable mental health services in the six months prior to entry, and
 - 70% are rearrested within 3 years of discharge.
 - Referrals are skyrocketing
- This cycle contributes to long-standing inequities where those with severe behavioral health conditions experience greater rates of chronic homelessness and incarceration.

National Survey 2017

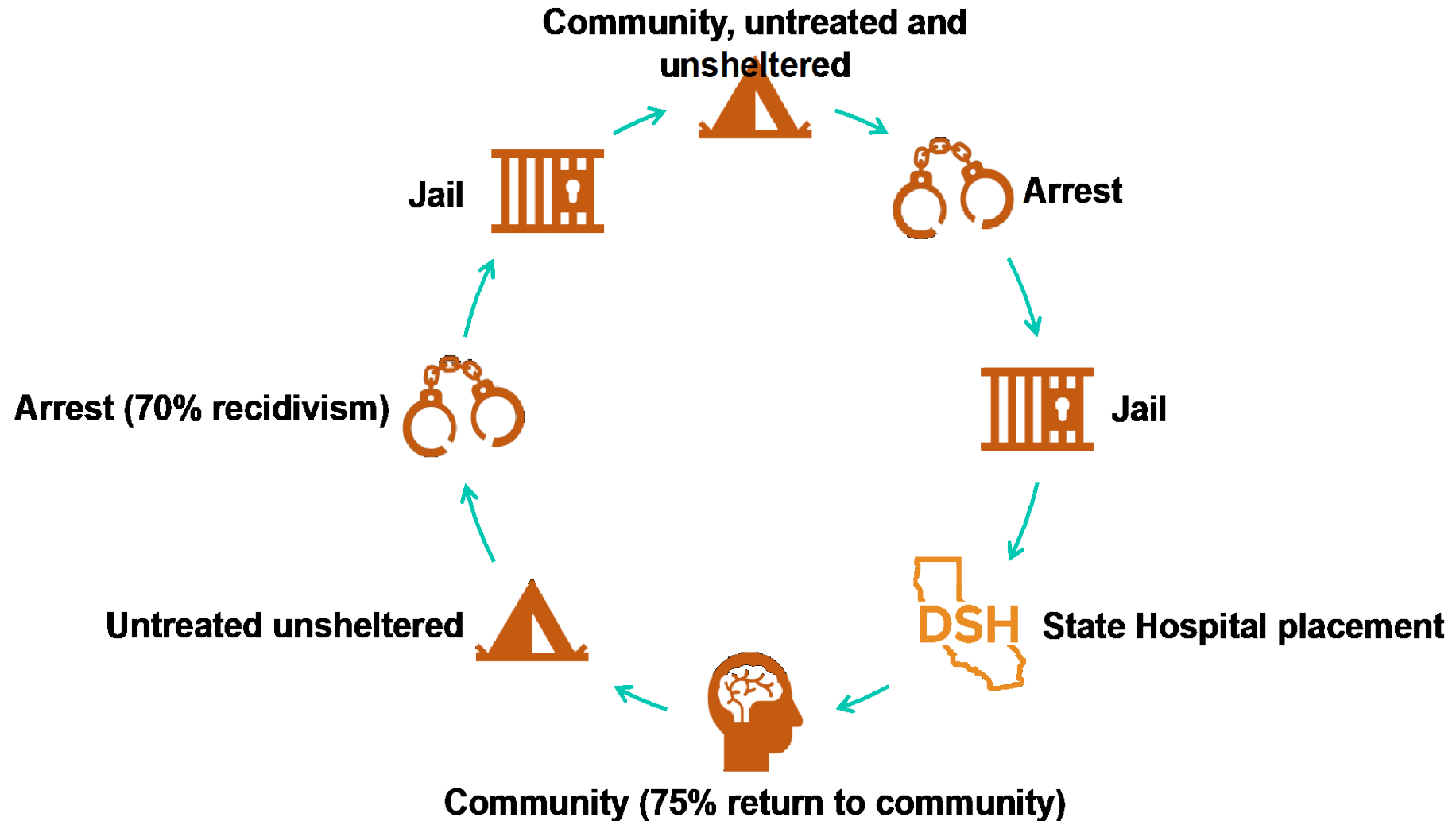
- Responses ranked high in importance*:
 - Inadequate general mental health services (3.45)
 - Inadequate crisis services in community (3.71)
 - Inadequate number of inpatient psychiatric beds in community (3.78)
 - Inadequate ACT services in community (4.22)

Link Between Beds and Arrest

Study of police discretion indicates that when confronted with the choice between arresting a person with mental illness or bringing that person to an emergency room, **the most important factor was whether the officer thought that person would be admitted to a hospital bed.**

- Green, TM International Journal of Law and Psychiatry, 1997

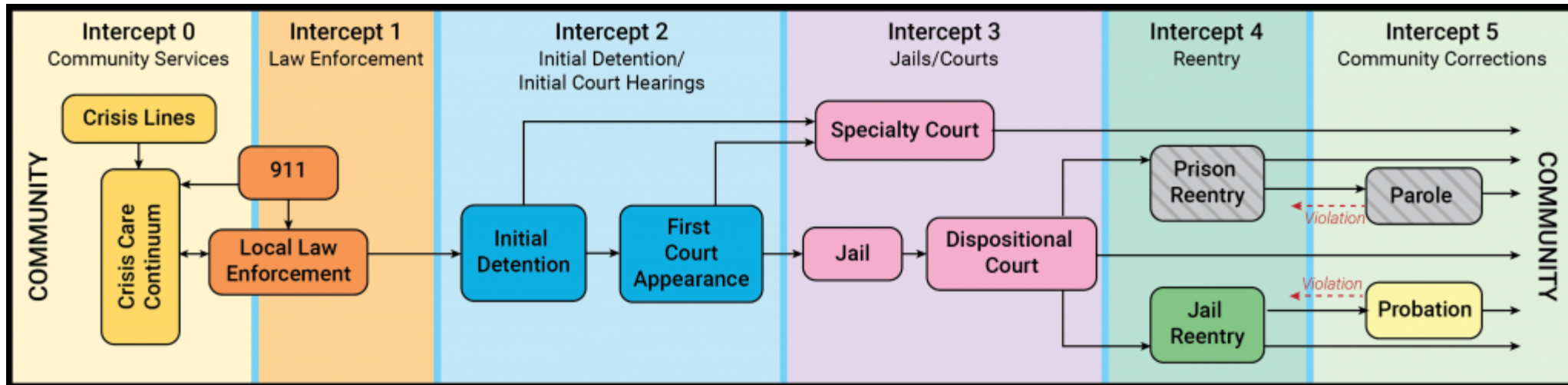
Criminalization Cycle



CARE is designed to break the cycle

- As a civil court process, CARE is an upstream diversion designed to break the cycle of homelessness, criminalization, and institutionalization
- The success of CARE will be based on whether this process can connect the respondent to the right services and supports including stabilization medications, wrap around behavioral health services, and housing.

Sequential Intercept Model (SIM)



© 2016 Policy Research Associates, Inc.

CARE Eligibility Criteria

- 18 years and older with a diagnosis of Schizophrenia Spectrum or Other Psychotic Disorders
- The person has symptoms that are severe in degree and persistent in duration, which may cause behavioral functioning which interferes substantially with the primary activities of daily living (i.e., basic activities related to personal care), and which may result in an inability to maintain stable adjustment and independent functioning without treatment, support, and rehabilitation for a long or indefinite period of time
- The person is not stabilized with ongoing voluntary outpatient treatment
- Either the person is unlikely to survive safely/independently in the community (such as maintaining personal safety, hygiene, diet, health, and/or necessary relationships without supervision) and the condition is deteriorating OR services and support are needed to prevent relapse or deterioration,
- Participation in CARE Act is the least restrictive alternative, AND
- The person will likely benefit from participating in a CARE plan or CARE agreement

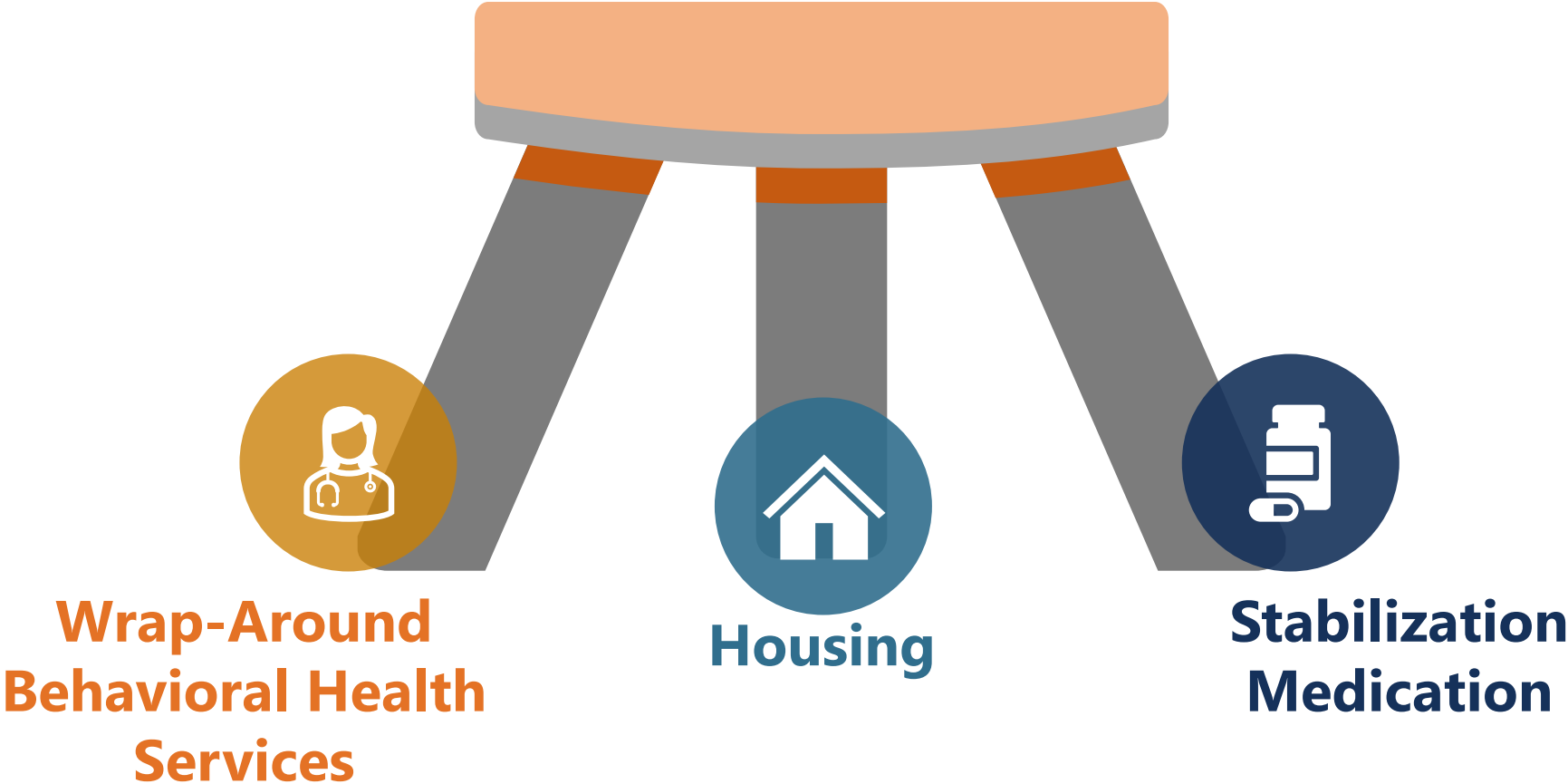
CARE Plan

- (b) “CARE plan” means an individualized, appropriate range of community-based services and supports, as set forth in this part, which include clinically **appropriate behavioral health care and stabilization medications, housing, and other supportive services**, as appropriate, pursuant to Section 5982.
- Should be based in the standard of care

Standard of Care- APA Guidelines

- 4. APA *recommends*(**1A**) that patients with schizophrenia be **treated with an antipsychotic medication** and monitored for effectiveness and side effects.*
- 10. APA *suggests*(**2B**) that patients receive treatment with a **long-acting injectable antipsychotic medication** if they prefer such treatment or if they have a history of poor or uncertain adherence.*
- 19. APA *recommends*(**1B**) that patients with schizophrenia receive **assertive community treatment** if there is a history of poor engagement with services leading to frequent relapse or social disruption (e.g., homelessness; legal difficulties, including imprisonment).*

Three-Legged Stool



**Wrap-Around
Behavioral Health
Services**

Housing

**Stabilization
Medication**

AMA Principles of Medical Ethics

- The process of informed consent occurs when communication between a patient and physician results in the patient's authorization or agreement to undergo a specific medical intervention.
- Requires an assessment of the patient's ability to understand relevant medical information and the implications of treatment alternatives and to make an independent, voluntary decision

Insight is necessary for medical-decision making capacity

Medication in CARE Act

5977.1(d)(3) A court may order medication if it finds, upon review of the court-ordered evaluation and hearing from the parties, that, by clear and convincing evidence, the respondent lacks the capacity to give informed consent to the administration of medically necessary stabilization medication.

Medication in Context

Forced
Medication

Clinical opportunity enabled by
Court Order

Voluntary
Informed
Consent

CARE Worksheet

What are the person's stated preferences regarding medication?

What is the person's history with psychotropic medications?

If known, list the psychotropic medications that the person has taken in the past and the reasons these were stopped.

If the person is currently on medication, what do they report regarding the benefits and side effects of that medication?

Does the person have a preferred medication? If so, why?

Are there medications that the person does not want to take? If so, why?

Does the person have any allergies to medication?

What is the recommended course of medication for the person?

How will the proposed medication, or class of medications, address the person's symptoms and/or behavior?

What are the potential side effects of the proposed medication or class of medications? Has anyone explained the possible benefits and side effects?

Who is the person's prescriber (name and contact information)?

What is the frequency of assessment by the prescriber?

Will the person be assessed by a prescriber at least weekly until stabilized on medication? If not, why not?

How will care be coordinated between the psychiatric prescriber and the person's treatment team?

Services

Gold Standard is Assertive Community Treatment

- Evidence-based model backed by 50 years of research
- Designed to improve housing stability, medication adherence, and overall functioning
- 24/7 Access to multi-disciplinary care team in the community
- Intensive, coordinated, integrated, highly individualized care to meet the patient's needs, delivered by a team the patient trusts
- Medication management and rehabilitative and supportive services
- Many studies support use of ACT, with outcomes such as:
 - reduction in jail/prison booking
 - reduction in days incarcerated
 - reduction in psychiatric hospitalization
 - Improved medication adherence, housing stability and overall functioning

Housing

- Maintaining stability and staying connected to treatment is extremely difficult when unhoused
- Clients/Respondents participating in the CARE Process will need a diverse range of housing options, including:
 - Clinically enhanced interim or bridge housing
 - Licensed adult and senior care facilities
 - Supportive housing
 - Housing with family and friends

Accountability in CARE Goes Both Ways

- In addition to being a pathway to engage the individual, CARE supports accountability on the county or other local government partners.
- As party to the CARE agreement or plan, the court ensures the county can provide a robust and responsive set of services and supports to a population with the most complex care needs.

CARE Petitions

- May be filed for individuals residing in counties of **Glenn, Los Angeles, Orange, Riverside, San Diego, San Francisco, Stanislaus, and Tuolumne**. Petitions may not be filed in any of the remaining 50 counties until December 1, 2024.
- Required petition forms are available on Judicial Council website (add website) and submitted to courts listed in [CARE Court locations file](#).
- Proof of eligibility is required (Mental Health Declaration (Form CARE-101) and/or evidence that respondent was detained for at least two periods of intensive treatment, with most recent period being within past 60 days).
- Once petition is filed and reviewed, the court will determine if respondent is (or may be) eligible and schedule an initial appearance within 14 days. If the court finds that the respondent is eligible, the court may dismiss the case.
- Petitioners or their delegates must attend the initial hearing; however, the **petitioner will be relieved and replaced** by the county behavioral health director as substitute petitioner.



Thank you!

California Health & Human Services Agency
Person Centered. Equity Focused. Data Driven.

