



CONTRA COSTA
MENTAL HEALTH
COMMISSION

1340 Arnold Drive, Suite 200
Martinez, CA 94553

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cchealth.org/mentalhealth/mhc

**Mental Health Commission
Justice Systems Committee Meeting
Tuesday, August 15th, 2023, 3:30-5:00 PM**

This Meeting will be held in person and via Zoom 'Hybrid'

VIA: Zoom Teleconference: <https://zoom.us/j/5437776481>

Meeting number: 543 777 6481 | Join by phone: 1 669 900 6833 US | Access code: 543 777 6481

In Person: 1340 Arnold Drive, Suite 126, Martinez, CA 94553

AGENDA

- I. Call to order/Introductions**
- II. Public comments**
In accordance with the **Brown Act**, if a member of the public addresses an item not on the agenda, no response, discussion, or action on the item will occur, except for the purpose of clarification.
- III. Commissioner comments**
- IV. Chair comments**
- V. APPROVE minutes from the June 20th, 2023 Justice Systems Committee meeting**
- VI. RECEIVE committee member report out on preliminary research for the purpose of setting goals**
- VII. DISCUSS, vote and prioritize to establish three (3) goals for the Committee (2023-24)**
- VIII. DISCUSS and draft action plan and timeline to achieve each of three (3) goals**
- IX. DISCUSS and draft list of:**
 - Next steps for each action plan,
 - Assignments for members of committees
- X. ESTABLISH tentative timeline for each action plan for bringing Justice Committee's conclusions and recommendations to BOS**
- XI. Adjourn**

ATTACHMENTS:

- A. Proposed Goals/Issues for Discussion**
- B. Department of Health Care Services (DHCS) 22-059 CARE Act Startup Funding**

Any disclosable public records related to an open session item on a regular meeting agenda and distributed by the Executive Assistant to a majority of the members of the Mental Health Commission less than 96 hours prior to that meeting are available for public inspection at 1340 Arnold Drive, Suite 200, Martinez, CA 94553, during normal business hours.

The Contra Costa County Mental Health Commission is appointed by the Board of Supervisors to advise them on all matters related to the county's mental health system, in accordance with mandates set forth in the California State Welfare & Institutions Code, Sections 5604 (a)(1)-5605.5. Any comments or recommendations made by the Mental Health Commission or its individual members do not represent the official position of the county or any of its officers.

The Commission is pleased to make special accommodations, if needed, please call ahead at (925) 313-9553 to arrange.





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**Mental Health Commission (MHC)
Public Meeting Protocol Information**

CONDUCT AGREEMENT

The input of all participants in the meeting is highly valued. In order for all voices to be expressed in a productive, safe and respectful environment, the following set of self-governance guides are asked of all participants:

1. We are committed to honoring people's time. Please help us by being on time, asking questions, speaking to the topic at hand, and allowing for others to speak.
2. Please keep yourself on mute unless you are speaking. **(see email, keep on mute)*
3. Wait to be recognized, before commenting and keep your comments direct and brief.
4. It is okay to disagree, as different perspectives are welcomed and encouraged. Please be polite and respectful and allow others to voice their views as well.
5. Please refrain from criticizing a specific person or viewpoint in a negative manner during the meeting. Outside of the meeting, you may connect with MHC Commissioners and staff for assistance in having your concerns heard and addressed through the appropriate channels.
6. Avoid providing any distractions, such as side bar conversations.
7. An individual may be asked to leave should they behave in a manner that threatens the safety of any participant or does not honor the terms of these guidelines.



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Proposed Goals/Issues for Discussion 6/20/23:

1. BH/MH services for youth in the CCC criminal Justice system
2. LPS conservatorship recent amendments and unintended impact on CCC Hospital; differences between CCC Public Defender's' interpretation of text and those of other Bay Area counties.
 - a. Research other counties' programs of bringing LPS hearings to the Psych. Units
3. Development of the new CARE Ct.: impact on county finances and adequate MH services; enforcement, data collection
4. Research and review adequacy of BH/MH treatment offered in CCC jails in light of
 - a. Settlement of PLO suit vs. CCC re. treatment of incarcerated in CCC jails
 - b. Expansion of the jail Martinez Detention Facility (MDF) only? to "better serve" those incarcerated in CCC jails and the CCC settlement with PLO re. BH/MH services in CCC jails.
 - c. Staffing, treatment services, follow up appts, therapy (individual or group), SMI only?
5. Innovative youth diversion program w/ BH/MH (see model programs in other states)
6. Review current state of Crisis Response Teams, plans for expansion, adequacy (start with A3 home page (<https://cchealth.org/a3/>)
 - a. Recommendations to BOS
 - b. Include reviewing educational outreach for public re. Crisis Response and 988 system
 - c. Recommendations re. CCC web A3 home page (<https://cchealth.org/a3/>) A3 Anyone Anywhere Anytime :: Behavioral Health :: Contra Costa Health



MICHELLE BAASS
DIRECTOR

State of California—Health and Human Services Agency
Department of Health Care Services



GAVIN NEWSOM
GOVERNOR

DATE: November 9, 2022

Behavioral Health Information Notice No.: 22-059

TO: California State Association of Counties
County Behavioral Health Directors Association
Urban Counties of California
Rural County Representatives of California
California Association of Public Administrators, Public Guardians and
Public Conservators
County Welfare Directors Association

SUBJECT: General Uses of the Community Assistance, Recovery, and
Empowerment (CARE) Act Startup Funding

PURPOSE: The purpose of this Behavioral Health Information Notice (BHIN) is to
notify counties of the purposes of the startup funds distributed in
support of the implementation of the CARE Act.

REFERENCE: Senate Bill (SB) 1338 (Umberg, Chapter 319, Statutes of 2022)
Assembly Bill (AB) 179 (Ting, Section 135, Provision 32(a)-(c), Budget
Act of 2022)

BACKGROUND:

On September 14, 2022, the Governor approved SB 1338, which enacted the CARE Act. The CARE Act creates a process, called the CARE process, in California's civil courts to provide earlier action, support, and accountability for both individuals with untreated schizophrenia spectrum and psychotic disorders, and the local governments responsible for providing behavioral health services to these individuals. The program will be implemented in two phases, with Glenn, Orange, Riverside, San Diego, Stanislaus, and Tuolumne Counties, and the City and County of San Francisco (Cohort I) required to implement the CARE process by October 1, 2023. All other counties are required to implement the CARE process by December 1, 2024.¹

AB 179 appropriated \$57 million in funding to the Department of Health Care Services (DHCS) for the implementation of the CARE Act. Of the \$57 million, \$26 million was appropriated to be distributed to Cohort I, and the remaining \$31 million was appropriated to be distributed to all counties and the City and County of San Francisco.

¹ This BHIN does not provide guidance under which counties can apply for, and be provided, additional time to implement the CARE process pursuant to the Welfare & Institutions Code section 5970.5.

November 9, 2022

DHCS consulted with counties, the California State Association of Counties, Urban Counties of California, and Rural County Representatives of California to develop an allocation of these funds amongst the counties. Enclosure 1 displays the allocation of the \$26 million amongst Cohort 1, and Enclosure 2 displays the allocation of the \$31 million.

POLICY:

Of the \$57 million, \$31 million is available for each county and the City and County of San Francisco to support planning and preparation activities, including, but not limited to, hiring, training, and development of policies and procedures, and to support information technology infrastructure costs, including, but not limited to, changes needed to electronic medical record systems, changes to collect needed reporting data, and case tracking and new billing processes to bill commercial plans, and excluding capital expenses.

Of the \$57 million, \$26 million is available to support Cohort I county planning and preparation to implement the CARE Act.

The allocation amounts to each county are currently in process, and the funding will be remitted to counties within the next 30 days.

Questions regarding this BHIN may be directed to BHFSOps@dhcs.ca.gov.

Sincerely,

Original signed by

Brian Fitzgerald, Chief
Local Governmental Financing Division

Enclosures

CARE Act Planning Resources
Allocation of \$31 million

COUNTY	Allocation	
	\$	%
Alameda	\$ 1,155,660	3.7%
Alpine	\$ 250,000	0.8%
Amador	\$ 250,000	0.8%
Butte	\$ 250,000	0.8%
Calaveras	\$ 250,000	0.8%
Colusa	\$ 250,000	0.8%
Contra Costa	\$ 543,354	1.8%
Del Norte	\$ 250,000	0.8%
El Dorado	\$ 250,000	0.8%
Fresno	\$ 485,044	1.6%
Glenn	\$ 250,000	0.8%
Humboldt	\$ 250,000	0.8%
Imperial	\$ 250,000	0.8%
Inyo	\$ 250,000	0.8%
Kern	\$ 389,399	1.3%
Kings	\$ 250,000	0.8%
Lake	\$ 250,000	0.8%
Lassen	\$ 250,000	0.8%
Los Angeles	\$ 7,782,624	25.1%
Madera	\$ 250,000	0.8%
Marin	\$ 250,000	0.8%
Mariposa	\$ 250,000	0.8%
Mendocino	\$ 250,000	0.8%
Merced	\$ 250,000	0.8%
Modoc	\$ 250,000	0.8%
Mono	\$ 250,000	0.8%
Monterey	\$ 328,604	1.1%
Napa	\$ 250,000	0.8%
Nevada	\$ 250,000	0.8%
Orange	\$ 1,532,441	4.9%
Placer	\$ 250,000	0.8%
Plumas	\$ 250,000	0.8%
Riverside	\$ 982,447	3.2%
Sacramento	\$ 935,318	3.0%
San Benito	\$ 250,000	0.8%
San Bernardino	\$ 889,031	2.9%
San Diego	\$ 1,755,360	5.7%
San Francisco	\$ 905,000	2.9%
San Joaquin	\$ 454,450	1.5%
San Luis Obispo	\$ 250,000	0.8%
San Mateo	\$ 352,592	1.1%
Santa Barbara	\$ 282,719	0.9%
Santa Clara	\$ 1,365,917	4.4%
Santa Cruz	\$ 256,291	0.8%
Shasta	\$ 250,000	0.8%
Sierra	\$ 250,000	0.8%
Siskiyou	\$ 250,000	0.8%
Solano	\$ 250,000	0.8%
Sonoma	\$ 386,152	1.2%
Stanislaus	\$ 324,762	1.0%
Sutter	\$ 250,000	0.8%
Tehama	\$ 250,000	0.8%
Trinity	\$ 250,000	0.8%
Tulare	\$ 250,000	0.8%
Tuolumne	\$ 250,000	0.8%
Ventura	\$ 392,833	1.3%
Yolo	\$ 250,000	0.8%
Yuba	\$ 250,000	0.8%
Total	\$ 31,000,000	100%



CARE Court Proposal Recommendations

Counties are key implementers of the CARE Court proposal and partners with the state in the delivery of an array of local services. The following recommendations represent a cohesive and inter-dependent package of policy proposals designed to implement CARE Court framework as proposed by the Administration in a practical and achievable manner. We look forward to continued collaboration to refine the proposal in the coming weeks. A summary of where counties would like to focus additional conversations is provided below.

Fiscal Protections

Major policy change involving state-county partnership programs and services necessitate a shared framework for sharing costs and responsibilities. Such protections – for both the state and counties – were included in 1991 and 2011 Realignment, and more recently in the Division of Juvenile Justice realignment. Counties believe the CARE Court proposal requires statutory provisions that provide protections associated with new responsibilities and associated costs.

To ensure counties have the appropriate long-term resources, we recommend fiscal provisions that preserve counties' baseline funding needed to serve current recipients and provide a mechanism for determining and providing supplementary annual funding required for activities and services under CARE Court.

Additionally, changes are necessary to ensure private health plans are required to pay for medically necessary mental health services for their members.

Resources

The CARE Court program includes new responsibilities and obligations imposed on counties that require additional resources and ongoing funding. For CARE Court to be a successful model and achieve the goal of more access to behavioral health services, the proposal must be coupled with resources.

Adequate and sustainable funding will be needed across multiple departments, including county behavioral health, public defender, county counsel, public guardians and conservators, and county social services.

Our Associations are working diligently to identify county responsibilities and estimate potential costs to ensure a successful implementation.

Sanctions

The proposal to impose sanctions on counties for any instance of alleged “noncompliance” with CARE requirements raises significant concerns. Sanctions should be reserved for deliberate and chronic deficiencies and should be imposed only after

meaningful engagement with the responsible state agencies with appropriate procedural safeguards. We have suggested changes to revise the sanctions mechanism.

Housing

Housing is foundational for addressing homelessness and a critical component in the successful treatment of those with severe mental illness. To maximize the likelihood of success for the CARE Court population, we propose to include recommendations from county behavioral health agency on the most appropriate housing to support stability and recovery, and identification of specific potential housing placements within the housing plan.

To ensure that the state's recent housing investments are available to serve the CARE population, our proposal enhances the May 19 amendments to allow the Superior Court to order housing providers that have received specified state funds to CARE participants to any available housing option or program, as appropriate. Our amendments further refine the list of potential housing options and include housing programs administered by non-profits, for-profits, counties, cities, and Continuums of Care.

Phased-In Implementation

Given the magnitude of this paradigm shift and the far-reaching consequence of the CARE Court proposal, we believe the path to success for implementers and – more importantly – for those who stand to benefit from CARE Court services must be grounded in a thoughtful, transparent, and incremental phase-in model. This ramp up approach will afford stakeholders and all levels of government the opportunity to identify the current, unknown challenges and barriers to program success. Ultimately, phased-in implementation reflects the Administration's overarching commitment to make sound policy and fiscal decisions by demonstrating program effectiveness.

Our coalition recommends a phased-in statewide implementation of the CARE program, with an initial cohort of willing counties selected by DHCS for early adoption.

Other Technical Changes

Counties are recommending modifications to ensure the petitioner process is streamlined, productive, and informed by clinical expertise.



Community Assistance, Recovery, and Empowerment (CARE) Act

The CARE Act ensures mental health and substance use disorder services are provided to the most severely impaired Californians who too often languish – suffering in homelessness or incarceration – without the treatment they desperately need.

CARE IS A NEW APPROACH AND A PARADIGM SHIFT

CARE is an upstream diversion that prevents more restrictive conservatorships or incarceration for people with schizophrenia spectrum or other psychotic disorders, and is based on evidence which demonstrates that many people can stabilize, begin healing, and exit homelessness in less restrictive, community-based care settings. With advances in treatment models, new longer acting antipsychotic treatments, and the right clinical team and housing supports, CARE works to help individuals who are experiencing a mental health crisis before they get arrested and committed to a State Hospital or placed in a Lanterman-Petris-Short (LPS) Mental Health Conservatorship.

CARE PROCESS

The CARE process begins with a petition to the Court from family members, behavioral health

providers, or other parties specified in the CARE Act that have a relationship to the individual with untreated schizophrenia spectrum or other psychotic disorders. The Court reviews this petition and appoints a legal counsel to the individual, as well as a voluntary supporter chosen by the individual, if desired, to help the participant understand, consider, and communicate decisions throughout the CARE process.

If the individual is determined by the Court to meet the CARE criteria (as specified in Section 5972) and refuses to voluntarily engage in services, the Court orders development of a CARE plan. The CARE plan is developed by the county behavioral health agency together with the participant and their legal counsel and voluntary supporter, and focuses on the specific needs of the individual by ensuring access to a coordinated set of clinically appropriate, community-based services and supports that are culturally and linguistically

competent. CARE plans may include provision of short-term stabilization medication, wellness and recovery supports, and connection to social services such as housing that are often not provided to this vulnerable population. The Court reviews and adopts the CARE plan with both the participant and county behavioral health as party to the Court order for up to 12 months.

Once the CARE plan is adopted, the county behavioral health agency and other providers begin treatment to support the recovery and stability of the participant. Progress on these treatments is regularly monitored by the Court, and the CARE plan may be revised or extended by up to 12 months.

Once an individual completes the requirements of the CARE plan, they remain eligible for ongoing treatment, supportive services, and housing in the community to support a successful transition and long-term recovery. The individual may also elect to execute a Psychiatric Advance Directive at this time, allowing them to document their preferences for treatment in advance of potential future mental health crisis.

ACCOUNTABILITY IN CARE GOES BOTH WAYS

If a participant cannot successfully complete a CARE plan, the Court may utilize existing authority under the LPS Act to ensure the participants safety.

However, the CARE Act also holds local governments accountable for using the variety of robust funding streams available to counties today to provide

care to the people who need it. These funding sources include nearly \$10 billion annually for behavioral health care and over \$14 billion in state funding that has been made available over the last two years to address homelessness. Participants must also be prioritized for any appropriate bridge housing funded by the Behavioral Health Bridge Housing program, which provides \$1.5 billion in funding for transition housing and housing support services. If local governments do not meet their specified responsibilities under the Court-ordered CARE plans, the Court will have the ability to order sanctions and, in extreme cases, appoint an agent to ensure services are provided.

CARE REQUIRES COMMUNITY ENGAGEMENT AND INPUT

Successful implementation of the CARE Act requires deep engagement with the community to ensure that it is built with Californians and not for them. In the coming months, we will engage a broad set of stakeholders to help shape implementation and ensure that CARE delivers meaningful results for some of our most vulnerable neighbors.

We call on organizations and individuals alike to engage with us as CARE is implemented. Make sure to sign up for our listserv to receive information and notifications by e-mailing CAREAct@chhs.ca.gov.

LPS HOLDS CHART

LPS HOLDS	CRITERIA			COURT PROCEEDINGS
	GRAVELY DISABLED	DANGER TO SELF	DANGER TO OTHERS	
72-HOUR WIC 5150 EVALUATION & TREATMENT	ONE OR ALL MAY APPLY			<ol style="list-style-type: none"> 1. No probable cause hearing 2. May request Riese hearing (Decision regarding Riese carries through 14-day hold)
14 DAY WIC 5250 3-DAY EXTENSION WHEN CONSERVATORSHIP APPLIED FOR	ONE OR ALL MAY APPLY			<ol style="list-style-type: none"> 1. Probable cause hearing must be held during first 4 days of hold unless patient request by-pass writ of habeas corpus, 24 hr. postponement, and signs voluntary or is discharged. 2. Patient may request one writ of habeas corpus hearing at any time during 14-day hold. 3. Riese hearing may be requested anytime during 14-day hold. Each subsequent hold requires a new Riese hearing.
ADDITIONAL 14-DAY WIC 5260	ONLY CRITERIA WHICH APPLIES	ONLY CRITERIA WHICH APPLIES	ONLY CRITERIA WHICH APPLIES	<ol style="list-style-type: none"> 1. No probable cause or court hearing required. 2. Original additional 14 certification form and 2 affidavits must be sent to mental health court. 3. Patient may request writ of habeas corpus any time during 14-day period. 4. New Riese hearing may be requested anytime during 14-day period.
30-DAY WIC 5270	ONLY CRITERIA WHICH APPLIES			<ol style="list-style-type: none"> 1. Probable cause hearing must be held during first 4 days of hold unless patient requests by-pass writ of habeas corpus, 24 hr. postponement, and signs voluntary or is discharged. 2. Patient may request writ of habeas corpus any time during 30-day period. 3. New Riese hearing may be requested anytime during 30-day period.
180-DAY WIC 5300 RENEWABLE			ONLY CRITERIA WHICH APPLIES	<ol style="list-style-type: none"> 1. Requires contact with D.A. several days prior to expiration of 14-day hold. 2. Requires the District Attorney to file a petition with the court and an arraignment hearing in court. 3. New Riese hearing may be requested anytime during 180-day period.
TEMPORARY CONSERVATORSHIP 30 DAYS TO 6 MONTHS	ONLY CRITERIA WHICH APPLIES			<ol style="list-style-type: none"> 1. Requires application by the treating physician to the Public Guardian's Office 2. Judge reviews application and determines whether to grant or deny temporary conservatorship (T-Con). 3. Patient may request writ of habeas corpus any time during T-Con period. 4. New Riese Petition may be filed with County Counsel. Hearing held in Screenshot
"PERMANENT" CONSERVATORSHIP 1 YEAR RENEWABLE	ONLY CRITERIA WHICH APPLIES			<ol style="list-style-type: none"> 1. Requires court hearing in Dept 95A. Physician may be required to testify in court. 2. Patient may request re-hearing on conservatorship, rights denied, disabilities imposed once every six months.
RE-APPOINTMENT OF "PERMANENT" CONSERVATOR	ONLY CRITERIA WHICH APPLIES			<ol style="list-style-type: none"> 1. Requires conservator petitioning for reappointment and a court hearing.

NOTE: Each hold requires a new Riese hearing except when going from the 72 hour to the 14-day.
Superior Court of California, Los Angeles County, Office of the Counselor in Mental Health