
Setting the Standard in Health Care Excellence

July 23, 2024

Board of Supervisors
County of Ventura
800 South Victoria Avenue
Ventura, CA 93009

SUBJECT: Receive and File Report Regarding the Implementation of Senate Bill 1338's Community Assistance, Recovery and Empowerment Act.

RECOMMENDATION:

Receive and file this Board Letter report regarding the implementation of Senate Bill 1338's (SB 1338, Umberg) which creates a new pathway to deliver mental health and substance use disorder services to individuals living with schizophrenia and other psychotic disorders who too often suffer in homelessness or incarceration without treatment.

FISCAL/MANDATES IMPACT:

The proposed recommendation does not have a fiscal impact.

STRATEGIC PLAN PRIORITY:

The item presented in this Board letter ties to the Healthy, Safe, and Resilient Communities strategic priority of the County Strategic Plan as it is designed to meet the goal of providing equitable and timely access to quality mental health services.

DISCUSSION:

Summary of the SB 1338 Community Assistance, Recovery, and Empowerment (CARE) Act

The CARE Act creates a new pathway to deliver mental health and substance use disorder services to the most severely impaired Californians who too often suffer from homelessness or incarceration without treatment.

CARE is a civil court process that provides participants with a clinically appropriate, community-based set of services and supports that are culturally and linguistically competent. Individual's CARE plans can initially be structured to last up to twelve (12) months and can be extended for an additional twelve (12) months as necessary. CARE plans allow participants to receive a broad range of necessary services, including short-term stabilization medications, wellness and recovery supports, and connection to other social services such as housing.

The CARE process is an upstream diversion to prevent more restrictive conservatorship or incarceration; this is based on evidence which demonstrates that many people can stabilize, begin healing, and exit homelessness in less restrictive, community-based care settings.

CARE is not for everyone experiencing mental illness; rather it focuses on people with schizophrenia spectrum or other psychotic disorders who meet specific criteria. CARE is a less restrictive intervention for those with these diagnoses, who might otherwise suffer arrests, committal to a State Hospital or be placed on a Lanterman Petris-Short (LPS) Mental Health Conservatorship.

The CARE Act is being implemented in two phases. Glenn, Orange, Riverside, San Diego, Stanislaus, and Tuolumne Counties, along with the City and County of San Francisco (Cohort I), were required to implement the CARE Act by October 1, 2023, and have now moved into the operational phase, actively providing services. Los Angeles began its implementation on December 1, 2023, and is currently in the early stages of service delivery. All other counties, including Ventura County (Cohort II), are required to implement the CARE Act by December 1, 2024. Preparations are underway here to ensure readiness for providing the necessary services and supports as outlined in the CARE Act.

Ventura County Behavioral Health (VCBH) continues to monitor Cohort I counties and attend learning sessions to gain insights and best practices from their experiences. Despite initial estimates from state authorities predicting a large number of petitions, the actual number has been significantly lower, with only about 500 petitions filed statewide.

Based on available data, the most recent petition breakdown is as follows:

- Los Angeles County: 161
- Stanislaus County: 30
- San Francisco County: 28
- Tuolumne County: 12
- Orange County: 77
- San Diego: 32
- Riverside County: 56

Los Angeles and Stanislaus projected that at six (6) months, there would be approximately 1,900 petitions (LA County) and 90-120 petitions (Stanislaus County), respectively. This discrepancy highlights the importance of ongoing evaluation and adjustment of the implementation strategies to better meet the community's needs. VCBH remains committed to using findings from the Cohort 1 counties to enhance its own preparations and ensure a smooth rollout of the CARE Act services in Ventura County.

In January 2024, VCBH leadership began collaborating with other Ventura County agencies/departments on implementation of the CARE Act.

VCBH Implementation Update

VCBH initiated the Ventura County CARE Act Steering Committee in January 2024. The committee includes representatives from key county departments, such as the County Executive Office, Superior Court, Public Defender, District Attorney, Sheriff's Office, Probation Agency, County Counsel, and VCBH. The Steering Committee meets bi-monthly to discuss implementation activities within each represented area and any challenges that have been encountered.

During initial planning discussions, the Steering Committee decided to focus on communication strategies based on feedback from other counties that have launched CARE Court. Public Information Officers from the County Executive Office and the Health Care Agency (HCA) are leading efforts to assess and address internal and external communication needs across agencies and departments.

In June 2024, the Court proposed the Hall of Justice as the location for CARE Court proceedings. While there is not yet a judicial officer assigned to CARE Court, the Court has internal workgroups to develop workflows and processes.

The next Steering Committee meeting on Wednesday, July 24th, will focus exclusively on agencies directly involved in the CARE Act. These include VCBH, the Court (including Self-Help), the Public Defender's Office, and County Counsel. The goal is to advance workflow discussions despite existing uncertainties. Representatives of other Departments not directly involved in the workflows will meet separately with PIOs to refine their communication strategies. The larger Steering Committee will reconvene in September for an update.

Recognizing the importance of ongoing communication and resource dissemination, VCBH developed and maintains an internal SharePoint site dedicated to the CARE Act. This site is regularly updated with valuable resources and upcoming trainings/webinars facilitated by the Department of Health Care Services (DHCS), Health Management Associates (HMA), and California Health and Human Services (CalHHS). Steering Committee members have been granted access to the CARE Act SharePoint site to ensure real-time access to pertinent information and to share with team members within their respective departments.

VCBH has also established an internal departmental CARE Act project team comprising representatives from Clinical Operations, Strategy, and Quality Assurance. This team meets weekly to refine the project charter, update deliverables, and prepare for implementation by December 1, 2024. The internal CARE Act kick-off meeting was held on May 30th, involving key VCBH stakeholders to form working groups. These focus-specific working groups begun meeting in June

to develop the necessary workflows and address the required administrative functions outlined in the CARE Act Reimbursement Rates and Billing Guidance Behavioral Health Information Notice (BHIN) 24-015, including attending court hearings, preparing court reports, conducting outreach and engagement, notifying CARE Court respondents, and data reporting.

VCBH will be prepared to implement the CARE Act by December 1, 2024, and is dedicated to supporting the successful integration of this initiative. VCBH remains committed to providing the necessary resources, training, and collaboration to ensure a smooth and effective rollout, ultimately enhancing the behavioral health services available to our community.

Staffing Assessment. The department is currently assessing potential staffing models and proposed training resources that will be needed amid the challenging workforce and budgetary environments. Based on insights leveraged from other counties, VCBH will utilize existing staffing resources initially, with plans to reassess needs based on the volume of petitions and service requirements. This approach will ensure a smooth rollout of CARE Act services in Ventura County, effectively and efficiently meeting the community's needs. The changes under the CARE Act do not trigger new, dedicated state funding to support these expanded obligations.

Reimbursement. AB 179 allocated \$57 million to the DHCS for CARE Act implementation. Within this allocation, \$26 million was designated for distribution to Cohort I, while the remaining \$31 million was earmarked for all counties and the City and County of San Francisco. Ventura County received \$392,833 from this latter amount for general utilization in the initial stages of CARE Act planning. Additional funding sources for ongoing support may include 1991 and 2011 Realignment, Mental Health Services Act (MHSA) and Federal Block Grants.

Counties will be required to perform a number of administrative functions to implement the CARE Act.

DHCS will reimburse behavioral health agencies an hourly rate for time spent performing the following activities:

- **Court Hearing Time:** Includes activities that occur during court time such as initial hearings, hearings on the merits, case management hearings, CARE agreements process meetings, clinical evaluation review hearings, CARE plan review hearings, regular status update hearings, one-year status hearings, evidentiary hearings, graduation hearings, and reappointment to CARE hearings, and hearings that can occur at any time during the CARE process to address a change of circumstances.
- **Court Report:** Includes drafting reports such as prima facie county reports, CARE agreement reports, clinical evaluation reports, CARE plan reports, supplemental reports, regular status update reports for CARE Act scheduled

hearings, one-year status reports, graduation plan reports, and reappointment to CARE reports.

- **Outreach and Engagement:** Includes all outreach and engagement activities required pursuant to W&I Code, sections 5977(a)(5)(A) and 5977(c)(2) to engage the respondent and develop a CARE agreement with the respondent, and outreach done to engage the respondent in jointly preparing a graduation plan pursuant to 5977.3(a)(3).
- **Notice:** Includes drafting notices that may include prima facie respondent county notices, thirty (30) additional days to engage respondent notices, initial appearance notices, hearing on the merits notices, case management hearing notices, CARE agreement progress meeting notices, clinical evaluation review hearing notices, CARE plan review hearing notices, regular status update report (months 3, 5, 7, and 9) notices, one-year status hearing (month 11) notices, evidentiary hearing notices, graduation hearing notices, and reappointment to CARE notices.
- **Data Reporting:** Includes collecting and reporting data measures outlined in BHIN 23-052, including but not limited to, demographics of participants, housing placements, continuation of treatment information, and other data as determined by the department and other stakeholders.

The Legal Services Trust Fund Commission funds qualified legal service providers and public defender office to represent CARE respondents. Due to the lower than expected number of petitions that courts expected to receive, budget cuts to the courts were recently made with the passage of AB 107. The bill reverts \$17.5 million from FY 2023-24 and \$59 million in future spending from CARE Court. There is currently no dedicated state funding for County Counsel, who represents Behavioral Health Departments during CARE proceedings.

Mandatory Data Reporting. Effective December 1, 2024, counties must be in compliance with Senate Bill 1338, which passed into law in 2022 and mandates DHCS to develop and publish an annual report. DHCS developed the CARE Act Data Dictionary to guide county behavioral health agencies in fulfilling the data reporting requirements in W&I Code sections 5985 and 5986. DHCS has included the data elements and data points in the CARE Act Data Dictionary necessary to satisfy those specified reporting requirements.

In preparation for implementation, VCBH is actively engaged in several ad hoc working groups led by CalHHS, including Services and Supports, Training, Technical Assistance, and Communications, and Data Collection, Reporting, and Evaluation. These groups encompass diverse perspectives from peers, families, individuals with lived experience, social justice advocates, and providers. They serve as platforms for providing feedback on various implementation activities, such as the annual report, evaluation plan, and data collection and reporting processes.

Internal stakeholder working groups have been established to identify and assess the data elements required to meet the state's reporting requirements. As a county utilizing the semi-statewide electronic health record (EHR) system known as SmartCare, VCBH is collaborating with the California Mental Health Services Authority (CalMHSA) to implement the CARE Act requirements within that system. This includes the development of CARE Plan/CARE Agreement documents encompassing all reportable service categories and a reporting document that fulfills state reporting requirements and supplements information provided during status review hearings. To ensure all compliance requirements are met, CalMHSA is working with HMA, the agency contracted by DHCS to collect and analyze this data. In addition, VCBH will also provide the necessary training to staff to ensure compliance with these regulations.

The VCBH Behavioral Health Director, Loretta L. Denering DrPH, MS, will provide updates to your Board as more information becomes available.

VCBH recommends that your Board receive and file this Board Letter Report.

This Board letter has been reviewed by the County Executive Office, Auditor Controller's Office, and County Counsel. If you have any questions regarding this item, please contact VCBH Behavioral Health Director, Loretta L. Denering DrPH, MS, at (805) 981- 2214 or HCA Assistant Chief Financial Officer, Narcisa Egan, at (805) 973-5357.


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