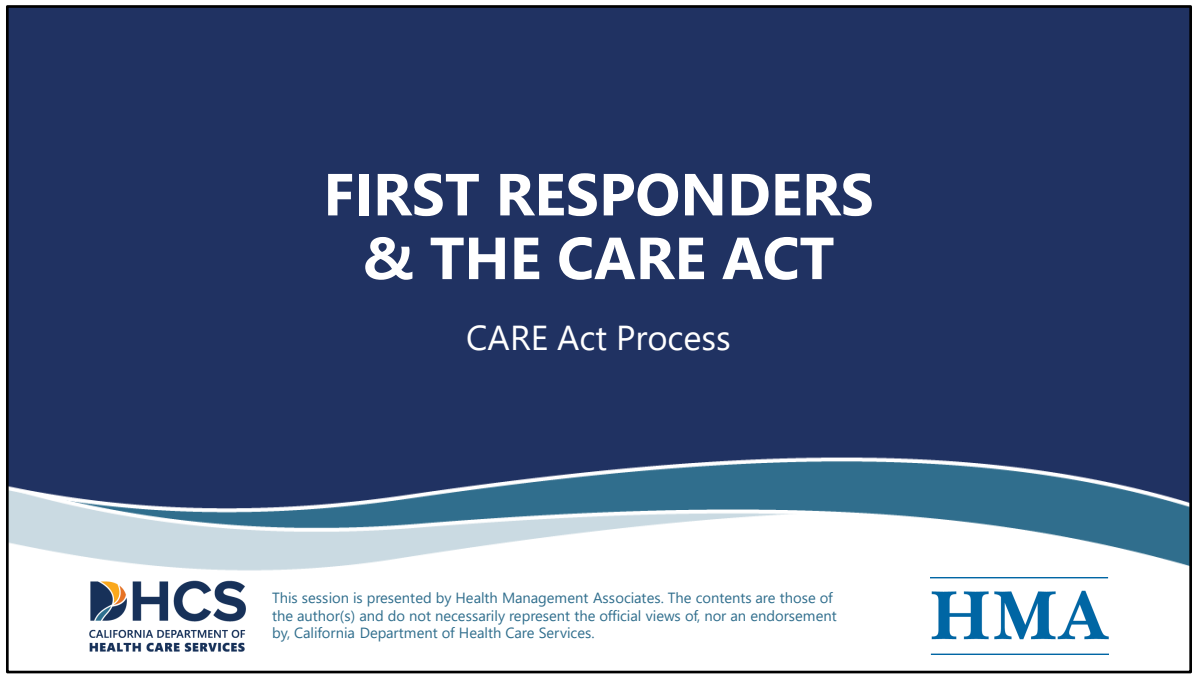
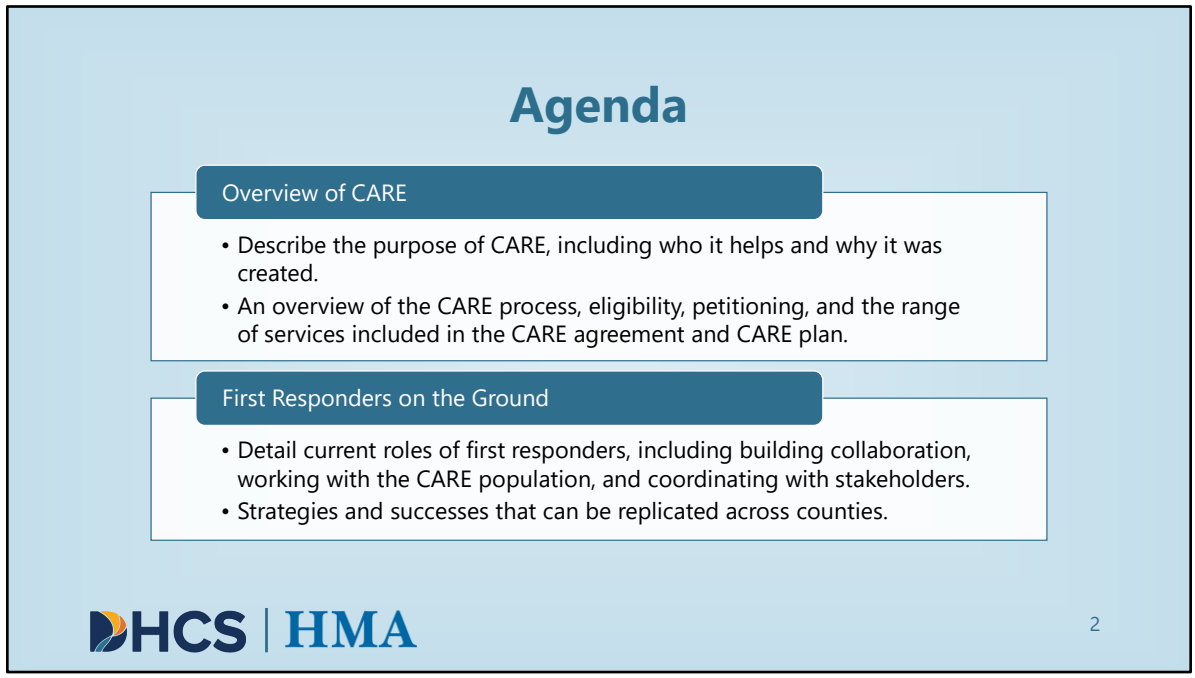


[Slide Image Description: This cover slide introduces the title and category of this training. It contains the logos for the California Department of Health Care Services and Health Management Associates.]

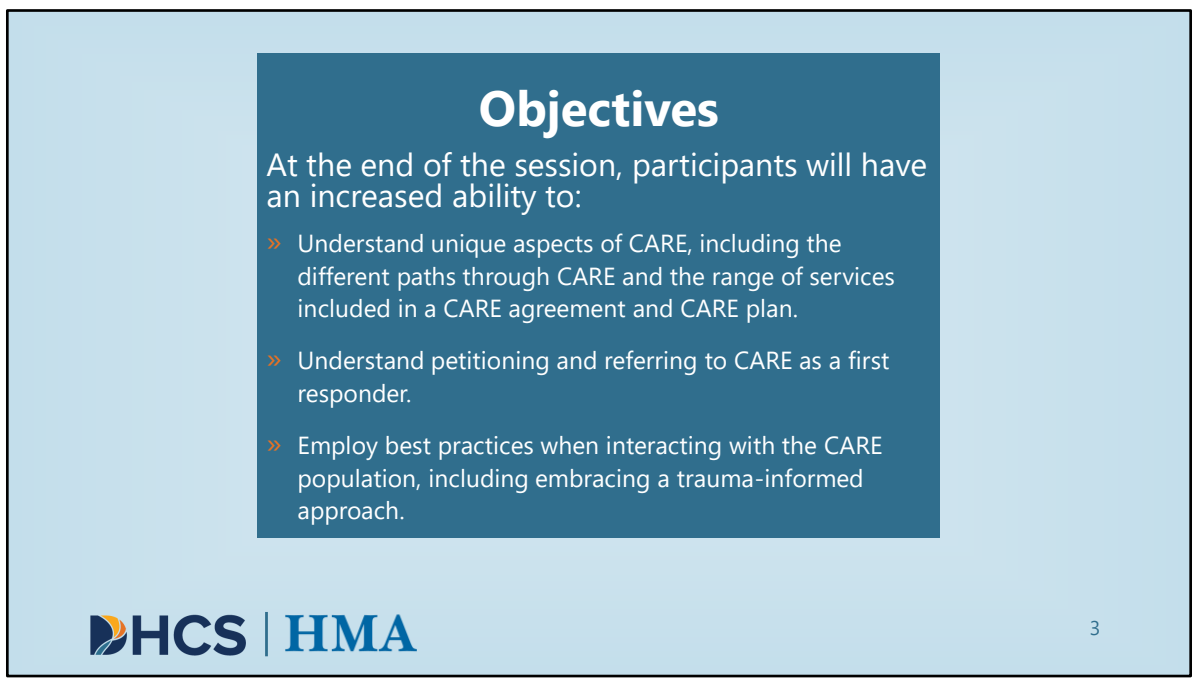
Disclaimer: This session is presented by Health Management Associates. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement by, California Department of Health Care Services.



[Slide Image Description: This slide shows the major sections of this training on a light blue background.]

In today's training, we will discuss:

- Overview of CARE:
    - Describe the purpose of CARE, including who it helps and why it was created.
    - An overview of the CARE process, eligibility, petitioning, and the range of services included in the CARE agreement and CARE plan.
- First Responders on the Ground:
    - Detail current roles of first responders, including building collaboration, working with the CARE population, and coordinating with stakeholders.
    - Strategies and successes that can be replicated across counties.



[Slide Image Description: This slide shows the learning objectives for this training with a light blue background.]

At the end of the session, participants will have an increased ability to:

- Understand unique aspects of CARE, including the different paths through CARE and the range of services included in a CARE agreement and CARE plan.
- Understand petitioning and referring to CARE as a first responder.
- Employ best practices when interacting with the CARE population, including embracing a trauma-informed approach.

Presenters

DEBORAH ROSE, PSYD

Associate Principal
Health Management
Associates

RAUL DOMINGUEZ

Manager, Stanislaus
County Community
Assessment Response
and Engagement Team

KEN KATZ, LCSW, CTS

Manager, Behavioral
Health & Social Services
American Ambulance

SUSAN PARTOVI, MD

Medical Director
Homeless Health Care
Los Angeles

DHCS | HMA

4

[Slide Image Description: This slide includes images of the presenters of this training on a light blue background.]

Deborah Rose, PsyD, from Health Management Associates is a licensed clinical psychologist with a history of designing and scaling new initiatives in behavioral health services. She has extensive experience working with social service agencies, behavioral health centers, care coordination, supported housing, and services for unhoused populations. Dr. Rose has broad clinical experience with a variety of underserved populations in human services and has held executive leadership positions in community-based agencies and carceral settings. Earlier in her career, Dr. Rose oversaw Kendra's Law, an Assisted Outpatient Treatment (AOT) program in New York City. She was also Deputy Director of Behavioral Health across the Rikers Island jail system. She has strived to improve access to and delivery of person-centered services for adults living with mental illness, substance use disorders, and co-occurring conditions.

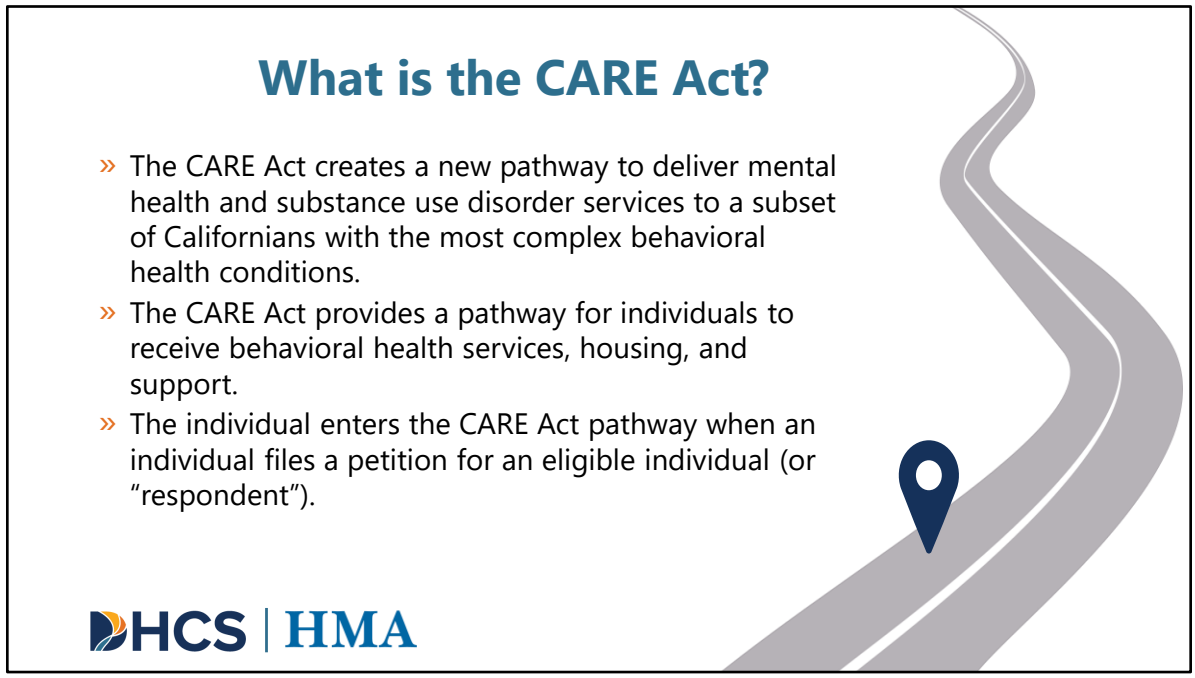
Raul Dominguez is the manager of the Stanislaus County Community Assessment Response and Engagement (CARE) Team and the liaison between the CARE Court team and all local law enforcement in the area. He is a Probation Officer in the county and works closely with law enforcement partners to submit CARE petitions/CARE referrals.

Ken Katz, LCSW, CTS, is a licensed clinical social worker and certified trauma specialist with an extensive background in law enforcement and emergency services. With 15 years of experience in law enforcement and over 35 years of providing training and clinical services to law enforcement, fire, and EMS agencies, Ken has developed a deep understanding of the unique challenges faced by first responders. Ken administered a grant through the Fresno Police Department for seven years, providing Crisis Intervention Training to law enforcement officers throughout central California. Currently, Ken works part-time at American Ambulance, where he oversees a community paramedic-based case management program. Additionally, he serves on the steering committee for a Fresno countywide Suicide Prevention Collaborative and is leading the development of a Fresno County Suicide Review Team.

Dr. Susan Partovi is a family physician practicing homeless medicine for over 20 years, specializing in working with those with severe mental illness and substance use disorders. Dr. Partovi is the Medical Director of Homeless Health Care Los Angeles and Substance Use Disorder Integrative Services (SUDIS) and Director of the Grave Disability Work Group, a grassroots advocacy group advocating for quality care for those living with severe mental illness.

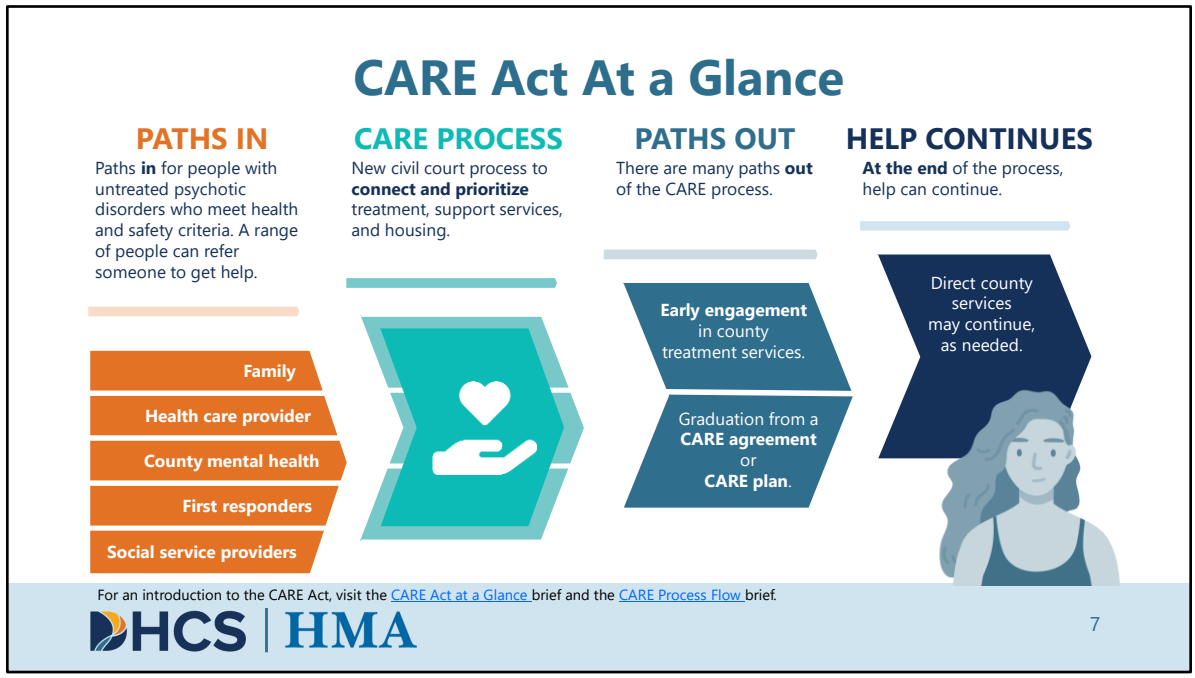
[Slide Image Description: This is a section divider slide to indicate a major section of this training.]

In this first section, we will provide an overview of CARE, including its purpose, who it helps, and why it was created. We will also detail the CARE process, eligibility, petitioning, and the range of services included in the CARE agreement and CARE plan.



[Slide Image Description: This slide shows a graphic of a road with an explanation of what CARE is.]

- The CARE Act creates a new pathway to deliver mental health and substance use disorder services to a subset of Californians with the most complex behavioral health conditions who too often suffer in homelessness or incarceration without treatment.
- The CARE Act provides person-centered pathways for individuals to engage in services to meet their unique needs. This can happen through voluntary engagement, a CARE agreement, or a CARE plan (which is discussed on the next slide).
- The CARE agreement and CARE plan are implemented by county behavioral health (BH) agencies, who are obligated by court order to ensure the delivery of individualized elements of the plan, which may include behavioral health services, housing, and community supports.
- The individual enters the CARE Act pathway when a someone files a petition for an eligible individual (or "respondent").



[Slide Image Description: This slide shows the CARE Act at a glance with an icon image of an individual and a heart hovering over a hand.]

The CARE Act is more than just a process: it's a way to connect individuals to services in their communities. There are many paths in, and there are individualized paths out. Like we said, the goal is to give personalized support that someone would benefit from. Think of how various first responders could help an individual get on a path to receive help.

For an introduction to the CARE Act, visit the CARE Act at a Glance brief and the CARE Process Flow brief.

1. Paths in:
    - There are several potential people who can start the process in for people with untreated schizophrenia spectrum and other psychotic disorders who meet health and safety criteria. A range of people can refer someone to get help.
    - Those that can "petition" for an individual to be considered for CARE Act services include:
        - Family member (parent, spouse, sibling, child or grandparent).
        - Health care provider.
        - County mental health.
        - First responders.
        - Social service providers

1. CARE process:
    - The CARE process is a new civil court process to connect and prioritize treatment, support services, and housing.
    - The three main paths to services triggered by a petition include voluntary engagement with services, the CARE agreement, and the CARE plan. All of these paths essentially connect the individual with treatment, services, and support.
    - Voluntary engagement:
        - The individual engages early with county BH and accepts services voluntarily. In which, services and supports can be provided outside of the CARE process.
    - The CARE agreement:
        - Treatment, services, and supports take place within the CARE process.
        - All parties are in agreement on the treatment and services that support the recovery of the CARE participant.
        - A CARE agreement is approved by the court.
    - Finally, the CARE Plan:
        - Treatment, services, and supports again take place within the CARE process.
        - In this case, if parties were not able to reach an agreement, the court will adopt elements of the parties' proposed plan(s) into a CARE plan that supports the recovery of the CARE participant.
    - The key here is that all of this is triggered by that initial referral, or petition. By referring or petitioning someone to CARE, a wide net is cast to engage them in services.

2. Paths out:
    - There are many paths out of the CARE process.
        - Early on in the court process, the county BH agency will attempt to engage the individual in treatment services. At this point, it may be possible to divert the respondent from the CARE process through this engagement.
        - Other paths out of the CARE process can include a graduation from a CARE agreement or CARE plan.
3. Help continues:
    - At the end of the process, help can continue.
    - Direct county services may continue, as needed.

CARE Eligibility Criteria

All of the following:

- Aged 18 years+.
- Experiencing a serious mental disorder and has a diagnosis of schizophrenia spectrum or other psychotic disorders.
- Severe and persistent symptoms, interfering with daily functioning.
- Not stabilized with ongoing voluntary treatment.
- Participation in CARE is the least restrictive alternative.
- Will likely benefit from participating in a CARE plan or CARE agreement.

At least one of the following:

- Unlikely to survive safely in the community without supervision, and condition is substantially deteriorating.
- Intervention needed to prevent relapse or deterioration.

For more information, visit the CARE Act Eligibility Criteria Fact Sheet, the Eligibility in Practice training materials, and California Welfare and Institutions Code (W&I Code) section 5972.

DHCS | HMA

8

[Slide Image Description: This slide shows an image of a checklist with a person and a description of CARE Act eligibility criteria.]

The CARE Act stipulates eligibility, and we have that list up here. While it's good to have the eligibility in mind, the petitioner is not responsible for proving diagnosis. Rather, the petitioner should focus on documenting what you observe of someone and consider how they might benefit from the CARE process.

If you're a first responder that has encountered an individual several times and you don't think they have stabilized in treatment and their physical/mental state seems to be deteriorating, then it's possible that a petition would benefit them. You may not be able to confirm the cause of their psychosis, but you know they need support.

CARE eligibility criteria is defined as:

- The person is 18 years of age or older.
- The person is currently experiencing a severe mental disorder, as defined in California Welfare and Institutions (W&I) Code section 5600.3, paragraph (2), subdivision(b), and has a diagnosis identified in the disorder class: schizophrenia spectrum and other

psychotic disorders, as defined in the most current version of the Diagnostic and Statistical Manual of Mental Disorders (which we will go into next).
    - This section does not establish respondent eligibility based upon a psychotic disorder that is due to a medical condition or is not primarily psychiatric in nature, including but not limited to, physical health conditions such as traumatic brain injury, autism, dementia, or neurologic conditions.
    - A person who has a current diagnosis of substance use disorder, as defined in California Health and Safety Code (section 1374.72, paragraph (2), subdivision (a), but who does not meet the required criteria in this section shall not qualify for the CARE process.
- The person is not clinically stabilized in ongoing voluntary treatment.
- Participation in a CARE plan or CARE agreement would be the least restrictive alternative necessary to ensure the person's recovery and stability.
- It is likely that the person will benefit from participation in a CARE plan or CARE agreement.

At least one of the following is true:
- The person is unlikely to survive safely in the community without supervision, and the person's condition is substantially deteriorating.
- The person is in need of 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 W&I Code section 5150.

For more information, visit the CARE Act Eligibility Criteria Fact Sheet, the Eligibility in Practice training materials, and W&I Code section 5972.

First Responders are Eligible Petitioners

First responders who have had repeated interactions with the respondent, including:

- Peace officer.
- Firefighter.
- Paramedic.
- Emergency medical technician.
- Mobile crisis response worker.
- Homeless outreach worker.

For more information, visit CARE Act Resources For Petitioners and for additional details (such as timing) refer to W&I Code section 5974.

DHCS | HMA

9

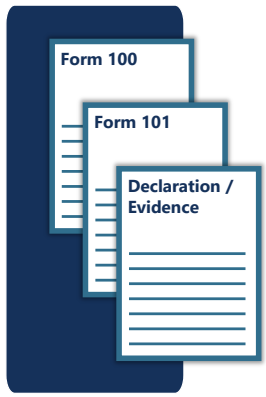
[Slide Image Description: This slide shows an image of a first responder representing a potential petitioner.]

First responders are eligible petitioners, including a peace officer, firefighter, paramedic, emergency medical technician, mobile crisis response worker, or homeless outreach worker who has had repeated interactions with the respondent in the form of multiple arrests, multiple detentions and transportation pursuant to W&I Code section 5150, multiple attempts to engage the respondent in voluntary treatment, or other repeated efforts to aid the respondent in obtaining professional assistance.

First responders may want to partner with other eligible petitioners, which we will discuss in an upcoming slide.

For more information, visit CARE Act Resources For Petitioners and for additional details (such as timing) refer to W&I Code section 5974.

The Petition



» **Petition – CARE 100 form**

- Allows for narrative information to support that the respondent meets eligibility criteria.

When in doubt, write it out.
The judge has broad discretion when conducting the initial (prima facie) review of petition.

» **Plus, one of two things:**

- **CARE 101 form:** Declaration from a licensed behavioral health professional who examined the respondent in the past 60 days (or has made multiple attempts).

OR

- **Declaration, evidence, or other documentation** of at least two intensive treatments (one within previous 60 days).

For more information on the mandatory forms, see Information for Petitioners – CARE 050, Information for Respondents – CARE 060, How to File the CARE – 100 Form, the CARE 101 form, and the CARE Act Resources for Petitioners One-Pager.

DHCS | HMA

10

[Slide Image Description: This slide describes the petition and includes three images representing Form 100, Form 101, and declaration/evidence.]

Let's talk about what's in the petition, as the information included with this form is used for the court to conduct its initial review. The goal of the petition is to provide sufficient information for the court to initially determine that the respondent meets or may meet the eligibility standard. However, please note that the petition does not need to be exhaustive but rather enough information for the judge to decide to proceed.

- The CARE 100 form is the Petition to Commence Care Act Proceedings. This form was developed for use by all petitioners statewide. It's important to recognize that this form allows for narrative information.
- In addition to the CARE 100 form, you will need one of two things:
    - Option 1: CARE 101 form which is an affidavit (JC Mandatory Form 101) of a licensed behavioral health professional stating that they have examined the respondent in the past 60 days (or has made multiple attempts to examine them) and has reason to believe that the respondent meets the diagnostic criteria for CARE proceedings.

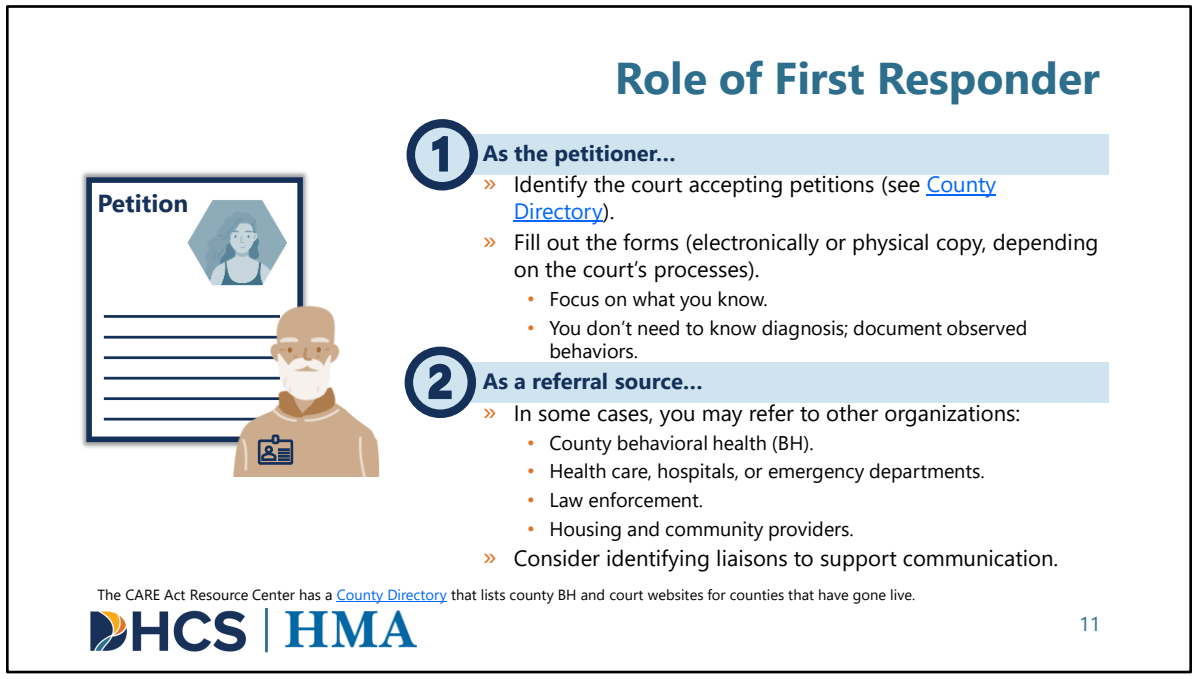
- Option 2: Declaration, evidence, or other documentation of at least two intensive treatments (one within previous 60 days).

This can feel intimidating. As first responders, it's important to understand that the petition isn't a test where you need to be afraid of getting a wrong answer. It's about providing what you can observe about someone to try to connect them with help. When in doubt, write it out. The judge has broad discretion when conducting the initial (prima facie) review of petition.

As it relates to the CARE population, write down what you've observed. Describe their symptoms, declining mental/physical state, and anything that you've noticed that indicates they would benefit from services and supports.

Dr. Partovi shared that the petition is six pages but has redundant questions, making it not as daunting as it seems. In her experience, it is beneficial to collect and include as much detail as possible for the petition. Information can be gathered from the respondents themselves or others who have interacted with them. Including information like frequency of access to food and water, appearance, smoking status, and medical history helps to create the narrative. Dr. Partovi noted that a diagnosis does not need to be known to be able to fill out a petition. She also shared that the declaration form, a form used to certify that a respondent meets qualifications for schizophrenia spectrum and other psychotic disorders, can be filled out by a medical physician as well as a behavioral health physician.

For more information, on the mandatory forms, see Information for Petitioners – CARE 050, Information for Respondents – CARE 060, How to File the CARE – 100 Form, the CARE 101 form, and the CARE Act Resources for Petitioners One-Pager.



[Slide Image Description: This slide includes a graphical depiction of a petition along with a person representing a first responder.]

It's also important to note that, when it comes to the petition, a first responder can do the petition themselves, but they can also be a referral source as well.

1. As the petitioner…
- Identify the court accepting petitions (see County Directory on the CARE Act Resource Center). We currently list the court and county BH websites of counties that have gone live. You can continue to check back for the websites in your county or contact your court/county BH.
- Fill out the forms (electronically or physical copy, depending on the court's processes).
    - Again, focus on what you know.
    - Don't need to know diagnosis; just document observed behaviors.

2. As a referral source…
- In some cases, you may refer to other organizations to make the petition:
    - County BH.

    - Health care, hospitals, or emergency departments.
    - Law enforcement.
    - Housing and community providers.
- Consider identifying liaisons to support communication. For example, in some counties, they have determined that county BH will always help triage and complete petitions.

Raul shared that Stanislaus County has done great work to make connections between law enforcement and county BH. This collaboration creates a system where everyone knows their roles so that potential respondents can be served efficiently and effectively. For example, if there is an individual who is the source of various service calls from the community the collaboration allows law enforcement to connect with county BH to create a referral that can be sent to Raul and his team to fill out a petition.

The CARE Act Resource Center has a County Directory that lists county BH and court websites for counties that have gone live.

DHCS
CALIFORNIA DEPARTMENT OF
HEALTH CARE SERVICES

HMA

Petitioner's Role After Petition is Filed

- First responders as petitioners are replaced by county BH at the initial appearance.
- The original petitioner should be present and can make a statement at the initial appearance.
- If respondent consents, the court may allow the original petitioner to continue participating in respondent's CARE proceedings.

DHCS | HMA

12

[Slide Image Description: This slide contains a picture of scales, representing the court process that occurs after a petition is filed.]

Let’s talk about the petitioner’s role after the petition is filed.

- First responders as petitioners are replaced by county BH at the initial appearance.
- The original petitioner should be present and can make a statement at the initial appearance. Please note that thus far, many courts are allowing remote appearances.
- If respondent consents, the court may allow the original petitioner to continue participating in respondent's CARE proceedings. But keep in mind that this isn’t a criminal court case that you will automatically be able to get updates on.

First Responder & CARE FAQs

What if I am unsure if the person is eligible for CARE?

- You do not have to know about all the eligibility criteria. The key is documenting what you observe and what you know about the individual.

What does it mean that CARE has many pathways to services?

- After the petition is filed, if the individual engages in services voluntarily, the petition will be dismissed.
- Respondent is engaged in the development of a voluntary settlement agreement called a CARE agreement or a CARE plan.

Why should I petition or refer someone to CARE?

- Petitioning ensures that the county can make a connection to offer services, regardless of CARE eligibility.
- Referring someone to CARE is an acknowledgement that someone needs services.

DHCS | HMA

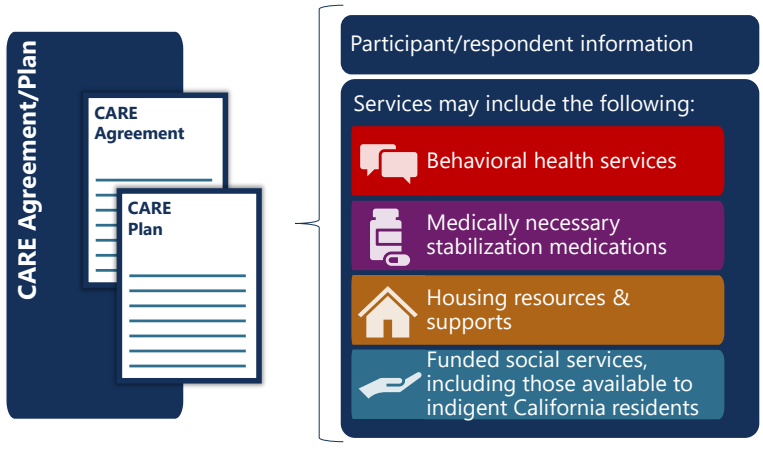
13

[Slide Image Description: This slide shows an image of an ambulance worker and three questions and responses.]

- What if I am unsure if the person is eligible for CARE?
    - You don't actually have to know if someone is eligible. Just document what you know.
- What does it mean that CARE has many pathways to services?
    - After the petition is filed, if the individual engages in services voluntarily, the petition will be dismissed. If the individual does not engage voluntarily but chooses to engage in the development of a CARE plan or CARE agreement, their participation is voluntary, and they will be connected to services.
- Why should I petition or refer someone to CARE?
    - A petition is a jumpstart to a conversation about the best way to get someone what they need. Referring someone to CARE is an acknowledgement that someone needs services. They may end up receiving services through CARE; they might get services through other means. In either case, the petition was successful in that it brought an individual's needs to the attention of systems that can help them.

Raul shared that, in his experience, individuals can receive behavioral health services even if a petition doesn't result in a CARE plan being created. Simply referring an individual to the CARE Act process typically opens the door for an individual to receive needed services.

What's in a CARE Agreement or CARE Plan?



Additional considerations:

- Respondent and county BH Agency will both be expected to comply.
- Judge can order prioritization of services and supports.
- Services subject to funding and federal/state laws.
- County BH may provide additional services.
- Other Medi-Cal services may be suggested (not ordered) by the courts.

For more information, visit the training Overview of CARE Agreement & CARE Plan and W&I Code section 5982.

DHCS | HMA

14

[Slide Image Description: This slide shows a graphic of two papers with the title "CARE Agreement" and "CARE Plan" as well as four boxes listing the services that may come from a CARE agreement or CARE plan.]

Clinically, the CARE plans and CARE agreements are based on a foundation that we are referring to as the "three-legged stool," which includes the wrap-around behavioral health services, appropriate housing, and stabilizing medications.

The CARE agreement or CARE plan will include participant/respondent information, and it will also outline services to be received, which may include the following:

- Wrap-around behavioral health services (both mental health and substance use disorder services, as needed).
- Medically necessary stabilization medications.
- Funded housing resources.
- Funded social services.
- Services provided pursuant to Part 5 (commencing with Section 17000) of Division 9 (County Aide and Relief to Indigents).

Please note the following about services in the CARE plan:

- Both the participant/respondent and county BH agency will be expected to comply with the expectations in the CARE plan. It is not simply a list of demands that the participant/respondent has to follow; it includes services that he or she has a right to receive. Along with the CARE agreement or CARE 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.
- The judge can order prioritization of services (e.g., housing) and supports.
- Services are subject to available funding and federal/state laws.
- County BH may provide additional services beyond what is in the CARE plan.
- Other Medi-Cal services, such as Enhanced Care Management or Community Support (i.e., in lieu of care services), may be suggested (not ordered) by the courts.

For more information, visit the training Overview of CARE Agreement & CARE Plan and W&I Code section 5982.

Interacting with the CARE Population

- Recognize features of psychosis.
- Understand serious mental illness and how to respond.
- Understand that trauma may cause mistrust, fear and anger.
- Manage implicit racial and cultural biases.
- Take a de-escalation and humanizing approach.
- Ask about a psychiatric advance directive (or PAD).

To learn more about schizophrenia spectrum and other psychotic disorders, see the training series on serious mental illness for volunteer supporters (1, 2, 3) and the Understanding Schizophrenia Spectrum Disorder series (1, 2). For more information on trauma-informed care, see the series for behavioral health (1, 2, 3) or volunteer supporters (1, 2, 3). Also see the training on implicit bias.

DHCS | HMA

15

[Slide Image Description: This slide includes a picture of two sets of hands and includes best practices for first responders when interacting with the CARE population.]

As first responders, you are generally interacting with this population in the course of your daily work. There are options for specialized training, which could help for teams that are specifically assigned to CARE. However, it can be helpful for all first responders to understand a few points when it comes to working with this population in the field.

- **Recognizing features of psychosis:** It can be really helpful for first responders to be able to recognize when an individual is in a state of psychosis. People experiencing psychosis may have delusions, which are false beliefs that are not based in reality, and/or hallucinations, which typically involve hearing things that others do not. Other symptoms of psychosis can include disorganized thinking, difficulty concentrating, paranoia, and unstable emotions and behavior. There could be several factors contributing to psychosis, but first responders don't have to be the ones to determine if it's caused by a mental disorder, a medical condition, or is substance induced. Understanding the cause can be helpful but is not critical. One can still respond in a trauma-informed way without knowing the cause.
- **Understanding serious mental illness and how to respond:** First responders don't

need to be able to diagnose someone, but they can know how to respond to them, especially when responding to someone in a state of psychosis. Psychosis can impact social communication skills like eye contact, smiling in recognition of others, verbal interactions, and conversations. The speed at which a person is processing information can be slowed or sped up. It's helpful for individuals with mental illness to feel safe enough to talk about what they are experiencing. Taking a neutral stance in reaction to a delusional belief may mean acknowledging that a lot of things are possible. Regardless, it is most important to validate the feeling behind the belief - "that sounds really scary!"

- **Understand that trauma may cause mistrust, fear, and anger.** This population is likely to have experienced trauma and may have had previous negative interactions with first responders. Trauma could be through different life experiences, such as past abuse, from experiences of community violence, or other traumatizing events. People of color with mental illness are also more likely to have had negative interactions with first responders. Consider this when approaching someone who may be in crisis. A trauma-informed approach means that you are responding with the question, "what happened to you" or "what help do you need" rather than "what's wrong with you?"
- **Managing racial and cultural biases.** Implicit biases can influence our behaviors toward—and our response to—others and also limit our ability to think about an individual's unique situation, context, and path to recovery. Having implicit biases doesn't mean someone is a good or bad person. In fact, we all have biases. It's important to acknowledge the racial and cultural biases that may be getting in the way of steering someone toward support. First responders can be an important gateway to determining whether someone gets help or whether they are steered toward the justice system. In the field, approach your own biases with curiosity and as much as possible, ensure that your biases don't get in the way of providing support.
- **Take a de-escalation and humanizing approach.** Taking an approach of de-escalation is important. If you can recognize that someone is in the middle of psychosis, you can take steps to de-escalate the situation (and keep yourself calm). Consider asking them if they have a psychiatric advance directive (or PAD), which can outline preferences with behaviors that are helpful in keeping someone calm. Even though our society tends to fear people who are exhibiting psychosis, these folks are more likely to be the victims of crime and abuse than to be actual perpetrators. The stigma around psychosis specifically is intense and dehumanizing. By demonstrating your care, support, curiosity, and open mindedness, you are doing a great deal to help counteract these perceptions.

Ken shared that it is important to remember that first responder safety comes first when interacting with the CARE population. Additionally, in his experience, people will sense if you are trying to rush through an interaction. It is essential to be genuine and remember that these interactions are human connections. Listen to the people and provide empathetic responses. Ken added that the level of organization in someone's speech pattern can indicate how organized an individual's thoughts are. Try to avoid invalidating

experiences and, overall, aim to help people feel safe.

To learn more about schizophrenia spectrum and other psychotic disorders, see the training series on serious mental illness for volunteer supporters (1, 2, 3) and the Understanding Schizophrenia Spectrum Disorder series (1, 2). For more information on trauma-informed care, see the series for behavioral health (1, 2, 3) or volunteer supporters (1, 2, 3). Also see the training on implicit bias.

Ideas in Action

» How might first responders approach **petitioning and referring** in the CARE process?

DHCS | HMA 16

[Slide Image Description: This is an Ideas in Action slide that provides an opportunity for participants to practice using the information. It contains a checkbox and an arrow.]

How might first responders approach petitioning and referring in the CARE process?

1. As the petitioner…
- Visit the County Directory to identify the court accepting petitions.
- Fill out the electronic or physical forms:
    - Focus on what you know.
    - Document observed behaviors.

2. As a referral source…
- Refer individuals to county BH, health care, hospitals, emergency departments, law enforcement, or housing and community providers to fill out a petition.
- Consider identifying or acting as a liaison to support communication.

[Slide Image Description: This is a section divider slide to indicate a major section of this training.]

In this second section of the training, we will hear from our three presenters as they detail current roles of first responders, including building collaboration, working with the CARE population, and coordinating with stakeholders. They will also be highlighting strategies and successes that can be replicated across counties.

Building Collaboration in Stanislaus County

Building on County Efforts

- 2018: development of an interdisciplinary approach to supporting unhoused individuals and supporting persons in distress.
- Stanislaus Care team started in 2018, and CARE Court came in naturally as a way to build on that work.

Image taken from the Stanislaus County CARE website.

Lessons Learned

- **Build collaboration between law enforcement and county BH on petitions.**
- **Establish liaisons between law enforcement and county BH that can straddle both worlds.**
- **Ultimately, participation in CARE Court services is voluntary, but the petition starts the process.**
- **There are limitations in the court providing updates without the individual's consent.**

DHCS | HMA

18

[Slide Image Description: This slide shows an image of a cross-disciplinary team engaging with individuals camping on the sidewalk and shares four lessons learned.]

Raul is the manager of the Stanislaus County Community Assessment Response and Engagement (Care) Team and the liaison between its CARE Court team and all local law enforcement in the area. Raul is a Probation Officer in the county and works closely with law enforcement partners to submit CARE Court petitions/CARE Court referrals.

- **Build on existing programs and partnerships.** In 2018, prior to CARE court, Stanislaus had a Community Assessment Response and Engagement (Care) team working with unhoused individuals experiencing distress in community (5150s, substance use issues). The Care team would identify barriers keeping unhoused individuals from getting treatment and getting them into treatment. There are about 20 people on the team, including professionals like substance use disorder counselors, mental health, case workers, and benefits support. The Care team worked with referrals from law enforcement who were encountering individuals multiple times, mostly regarding quality of life issues. The Care team would work to figure out issues, including what was keeping them on streets, and build rapport. Have had some success in community getting folks off streets and treatment needed. Tried to get folks back to

home where possible. The Care team started in 2018, and CARE Court came in naturally as a way to build on that work.

- **Building collaboration between law enforcement and county BH on petitions.** The Stanislaus Care team has noticed law enforcement agencies have some difficulty submitting petitions due to not having access to the information needed or not having substantial knowledge of the mental health field. In order to work through this barrier, the Care team works with law enforcement agencies to screen unhoused individuals who appear appropriate for CARE.
- **Establishing liaisons between law enforcement and county BH that can straddle both worlds.** In addition to a background in probation, Raul also supervised mentally ill defendants for a while. When the Stanislaus Care team realized law enforcement officers were having difficulty filling out petitions, Raul started serving as a liaison for them. The law enforcement officers refer clients to Raul and the Care team. The Care team has a clinician that can do assessments/diagnoses and determine if the Care team can help; if eligible for CARE, the Care team files the petition.
- **Understanding that CARE is voluntary, and there are limitations in the court providing updates without the individual's consent.** Typically, law enforcement can keep following a case after first arrest to find out what happens. With CARE, that's not what happens. Law enforcement can fill out a referral, but they may not know what happens next. One thing for the first responders and county BH to work out is how to communicate about continuing to see an individual. Should they file another petition? The Care team explains CARE Court components to officers, including letting them know what could happen. Also, law enforcement officers tend to work in black and white – for example, if an individual breaks law, they are forced to go to jail. However, CARE Court is voluntary, so we can't force people into it. They need to understand it doesn't automatically trigger conservatorship.

Coordinating Stakeholders in Fresno County

Coordination in Preparation for CARE

- American Ambulance is the largest emergency medical services provider in the county.
- Existing coordination between first responders, including law enforcement and county BH.

Image taken from the American Ambulance Facebook page.

Lessons Learned

- Identify the mutual benefits.
- Communicate roles early on.
- Engage specific points of contact to carry out the work.
- Consider specialized training.

DHCS | HMA

19

[Slide Image Description: This slide shows two emergency medical service providers from American Ambulance and shares four lessons learned.]

Ken is a licensed clinical social worker and certified trauma specialist with an extensive background in law enforcement and emergency services. With law enforcement experience and over 35 years of providing training and clinical services to law enforcement, fire, and emergency medical services (EMS) agencies, he has developed a deep understanding of the unique challenges faced by first responders. Ken has also provided Crisis Intervention Training to law enforcement officers throughout central California. Currently, he works part-time at American Ambulance, the largest EMS provider in the county, where he oversees a community paramedic-based case management program. Additionally, Ken serves on the steering committee for a Fresno countywide Suicide Prevention Collaborative and is leading the development of a Fresno County Suicide Review Team. While Fresno County has not yet implemented CARE, it is hoping to leverage existing coordination to think through how it might engage first responders in the process.

- **Identify the mutual benefits.** While the primary purpose of CARE is to benefit individuals with serious mental illness (SMI), first responders will better engage if they

understand how CARE can be mutually beneficial. It will be important to indicate that CARE can reduce first responders' workload or burden, specifically regarding calls for service. All first responders are a limited resource, and diverting calls for service or helping them out of the system will increase interest. This can be true for EMS, fire, and law enforcement. It's expensive to respond to calls, and dollars are tight. Helping individuals that are causing repeat calls for service can both connect them to needed services and reduce the number of calls. Additionally, connecting the CARE population to services will improve safety for first responders and others.

- **Communicate roles early on.** With American Ambulance's 500 field employees and Fresno's 800 police officers, there could be confusion around multiple referrals on the same person and where each first responder fits in the process. However, there is already a lot of coordination between first responders, including law enforcement and county BH. American Ambulance could talk with first responders to discuss CARE, allowing each agency to figure out how they participate and what system to put in place internally to make it work.
- **Engage specific points of contact to begin the CARE process.** Rather than having all 800 police officers and 500 field employees directly engage with the CARE process, it will likely be easier and more efficient for Fresno to work with specific points of contact. For example, Fresno's police department has a Crisis Intervention Team (CIT) comprised of four officers and a sergeant. Fresno could start by having its officers refer potential CARE participants to the CIT team, as the CIT team is already involved with the CARE population. For American Ambulance, a paramedic case manager and Ken could screen potential CARE participants on behalf of the EMTs. If American Ambulance works with county BH, they could have a point of contact for calls as well.
- **Consider specialized training.** For first responders that will be engaging with this population consistently, it may make sense to do specialized training, such as a CIT. Some of these trainings come with a certification.

Working with the CARE Population in Los Angeles

Each Person Doing Their Part

- Street medicine doctor for almost 20 years, connecting people with treatment and support.
- Medical Director of Homeless Health Care LA, providing a safety net of care for the Skid Row community.

Lessons Learned

Understand the basics. Don't worry about knowing everything, including the "why" behind the behaviors.

Focus on connecting people to support and documenting what you observe.

Collaboration with county BH, emergency departments/ hospitals, and homeless outreach providers is key.

Image taken from Dr. Susan Partovi's Renegade MD website.

DHCS | HMA

20

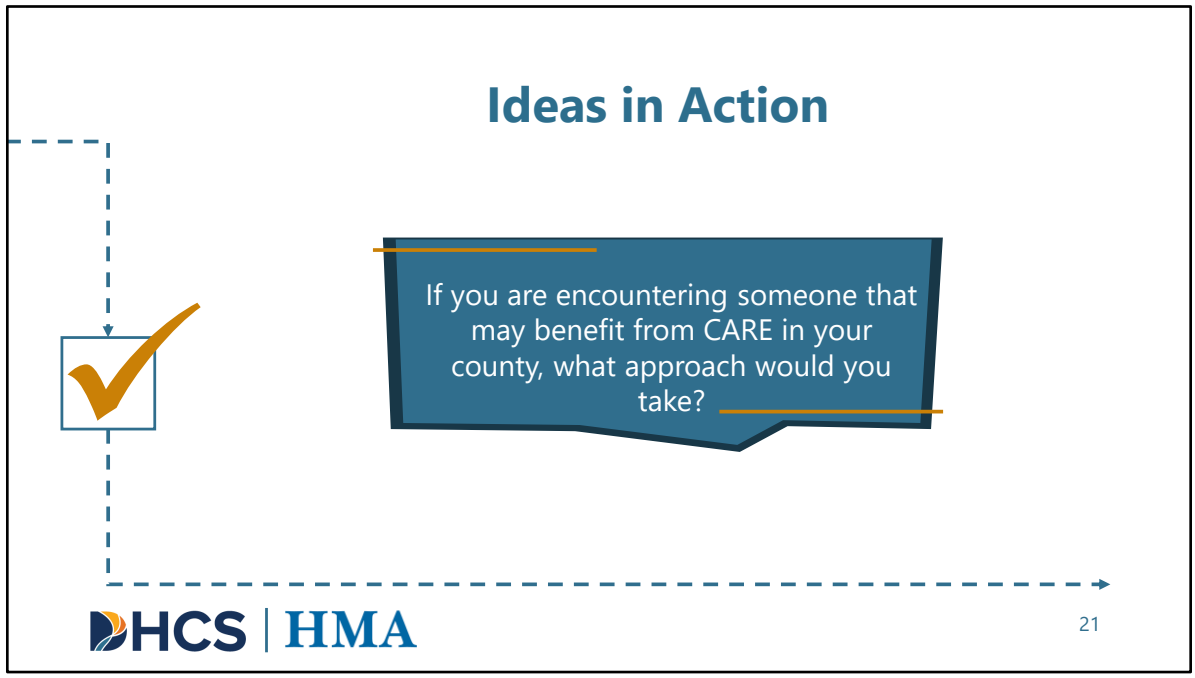
[Slide Image Description: This slide shows an image of Dr. Partovi engaging with a client in an informal situation on the street and shares three lessons learned.]

Over the years, Dr. Partovi has treated patients at several community clinics, and in 2006, she became the medical director of Homeless Health Care Los Angeles (HHCLA) (formerly known as the Needle Exchange). At HHCLA, Dr. Partovi began to practice street medicine, which brings medical care and treatment to the streets to serve the homeless. This "safety net" clinic in the Skid Row neighborhood of Los Angeles provides basic health services, clean needles, and a path toward housing. Dr. Partovi's personal philosophies about doctoring have been shaped through each of her working experiences.

- **Understand the basics of schizophrenia spectrum and other psychotic disorders, but don't worry about having to know everything.** When learning about psychosis, boil it down to the behaviors to look for. First responders aren't expected to diagnose someone or even know the diagnosis, especially when it comes to eligibility for CARE. What is most important is understanding the symptoms and behaviors you see. Some symptoms are more obvious, such as someone voicing delusional beliefs or reacting to audio hallucinations. There are also other symptoms of psychosis to observe and

document (often referred to as “negative symptoms” of psychosis, such as disheveled appearance, isolative behavior, flat affect or being non-verbal). These are all important symptoms or behaviors to observe and document.

- As CARE references in their eligibility criteria the concept of “grave disability,” understand what that might look like, including emaciation, refusal of food/water, unclothed in cold weather, overdressed in hot weather, or concerns of a severe medical condition. CARE Act is intended to identify these individuals before they reach the point of gravely disabled, so these are important symptoms or behaviors to be aware of.
- Also, it’s important that **the “why” behind these behaviors is not necessary to know**. It could be substance-induced or even related to a medical condition. As a first responder, you don’t need to identify the cause, just respond to the immediate situation as you have been trained to do.
- **Focus on connecting people to support and documenting what you observe.** Of course, first responders need to respond to the immediate situation, referring individuals to the appropriate, safe immediate level of care. In terms of informing a referral or petition for CARE, documenting those symptoms and behaviors just noted can help inform that process. The CARE process should cast a wide net, and if certain individuals do not end up meeting eligibility requirements, simply referring or petitioning someone for CARE can get them connected to treatment in general as well as other supports.
- **Collaboration with others is key.** Police/fire first responders may not always be in the position to be the petitioners, especially when the situation involves responding to a crisis; however, they can refer/recommend to county BH, emergency departments/hospitals, or homeless outreach workers to act as the petitioner with their information supporting the petition. When referring to these other entities or teams, coordination and communication with these teams is important. Police and fire do not always have the capacity, know the resources, or have mental health teams, so coordinating and informing these other providers including county BH can be an effective route to ensure these individuals are getting access to CARE, and at the very least to behavioral health services including other supports.
    - For example, Los Angeles is asking first responders to refer to Los Angeles County Department of Mental Health (LACDMH) to do the paperwork/petition; Los Angeles can provide a further evaluation and triage to the appropriate resource/program, including CARE.

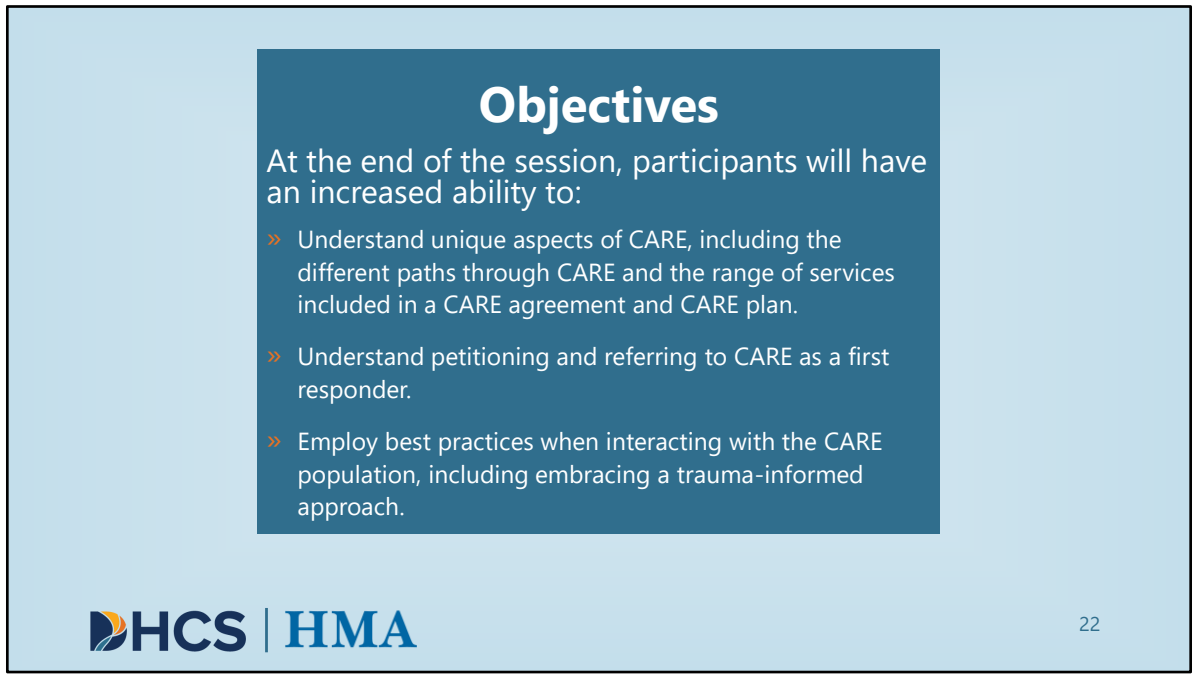


[Slide Image Description: This is an Ideas in Action slide that provides an opportunity for participants to practice using the information. It contains a checkbox and an arrow.]

Raul suggested that when in doubt, complete the petition. In his experience, knowing an individual is in distress is enough to fill out the petition. You do not need to be an expert or know a formal diagnosis. The petition may seem daunting at first but is simpler to fill out than it seems.

Additionally, Dr. Partovi shared that as you are talking to individuals, it is best to avoid language of the CARE Act being a court-mandated program. Talk with individuals about what services would be helpful to them and then introduce the CARE Act as a way to access those services. She noted that sometimes as a petitioner you may not know the outcome of a filed petition, but it never hurts to recommend that someone receive the help they may need.

Finally, Ken shared that while their county doesn't have a CARE system in place yet, this discussion helps to inform the system that will be created. While the county will develop a system and workflow, this should not stop any agency from developing their own system or workflow on how to interact with the CARE Act.



[Slide Image Description: This slide recaps the learning objectives for this training with a light blue background.]

At the end of the session, participants will have an increased ability to:

- Understand unique aspects of CARE, including the different paths through CARE and the range of services included in a CARE agreement and CARE plan.
- Understand petitioning and referring to CARE as a first responder.
- Employ best practices when interacting with the CARE population, including embracing a trauma-informed approach.

Next Steps

- Visit CARE-Act.org for resources (including recordings of past trainings) and to submit questions/technical assistance (TA) requests.
- Complete this form to join the communication listserv.

DHCS | HMA

23

[Slide Image Description: This slide shows bullets with next steps. It contains decorative arrows.]

Please let us know how we can best support your teams. Contact info@CARE-Act.org with questions, join the communications listserv, and submit requests and feedback for CARE Act TTA. Please also visit the CARE Act Resource Center website for training decks and recordings, which will be added two weeks after each training.

Learn about Schizophrenia Spectrum Disorders

- Series on Schizophrenia Spectrum Disorders and Evidenced-based Care (for Volunteer Supporters)
  - Part 1: Schizophrenia Basics for Supporters
  - Part 2: Evidence-based Practices in Schizophrenia Care for Supporters
  - Part 3: Supporting People with Schizophrenia for Supporters
- Series on Understanding Schizophrenia Spectrum Disorders (for county BH and courts/counsel)
  - Institutionalization and Criminalization of Persons with Schizophrenia Spectrum Disorders
  - Course & Outcomes
  - Clinical Features
  - Guidelines for Treatment

DHCS | HMA

[Slide Image Description: This slide has a picture of a first responder speaking to an individual with trainings featured on the slide.]

Learning about schizophrenia spectrum and other psychotic disorders can be a good next step. We have two series that you can turn to.

- Series on Schizophrenia Spectrum Disorders and Evidenced-based Care (for Volunteer Supporters):
  - Part 1: Schizophrenia Basics for Supporters
  - Part 2: Evidence-based Practices in Schizophrenia Care for Supporters
  - Part 3: Supporting People with Schizophrenia for Supporters
- Series on Understanding Schizophrenia Spectrum Disorders (for county BH and courts/counsel):
  - Institutionalization and Criminalization of Persons with Schizophrenia Spectrum Disorders
  - Course & Outcomes
  - Clinical Features
  - Guidelines for Treatment

Learn about Trauma-Informed Care

Definition

- Trauma-informed care is a set of principles that promote a culture of safety, empowerment, and well-being.

Why

- Individuals with schizophrenia spectrum and other psychotic disorders, as well as other mental health conditions, are likely to have experienced trauma.
- It's important to approach individuals with compassion and humility and to consider the whole person.

For more information on trauma-informed care and implications for the CARE Act, see the series for behavioral health (1, 2, 3) or volunteer supporters (1, 2, 3). Also see the training on implicit bias.

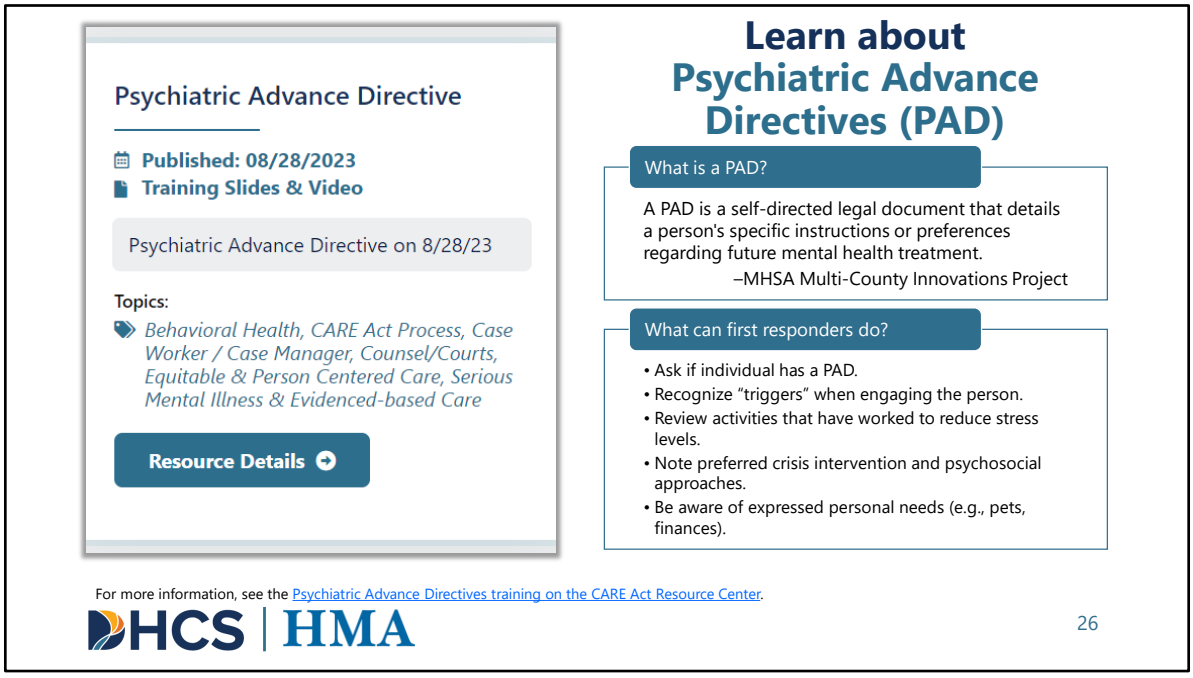
DHCS | HMA

25

[Slide Image Description: This slide shows an image of an individual putting their arm around another individual's shoulder. The definition and description of trauma-informed care is listed.]

Trauma-informed care is another topic that would be a great next step to learning more. We have two series on trauma-informed care , including three modules for a volunteer supporter (which is more of a lay audience) and then one meant for county BH and courts/counsel, which has a training specifically on mitigating bias. Both series could be helpful for you.

For more information on trauma-informed care and implications for the CARE Act, see the series for behavioral health (1, 2, 3) or volunteer supporters (1, 2, 3). Also see the training on implicit bias.



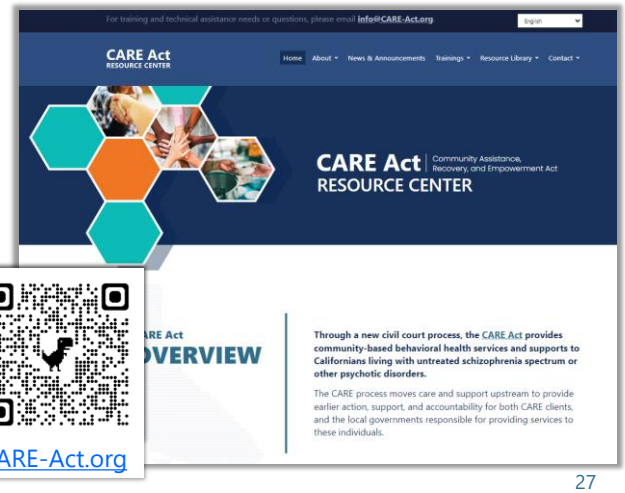
[Slide Image Description: This slides shows an image of the Psychiatric Advance Directive (PAD) training resource with a detailed description of the background, purpose, and use of PADs.]

The last training I wanted to highlight was about psychiatric advance directives (PADs). It can be helpful for you to know what a PAD is, how it's used, and what you can ask for when you encounter someone in the field.

For more information on PADs, please see the Psychiatric Advance Directives training on the CARE Act Resource Center.

CARE Act Resource Center

- Resources
  - Training and Resource library
  - Upcoming Trainings
  - County Directory
  - Frequently Asked Questions (FAQs)
- Ways to contact
  - Listserv
  - Technical assistance (TA) request form
  - Data TA request form
  - Stakeholder feedback form
  - Email: info@CARE-Act.org



CARE-Act.org

DHCS | HMA

27

[Slide Image Description: This slide shows a screenshot of the CARE Act Resource Center website, along with a QR code to scan and access the website.]

The CARE Act Resource Center is where you can find resources and also find ways to request training and technical assistance (TTA) or communicate.

•Resources:

•Training and Resource library:

•We post all trainings to the CARE Act Resource Center; these include trainings that we have done live and also trainings that we record and are available asynchronously. The training materials include a video (with captions available) and a PDF of the slides and talking points that are tagged for accessibility.

•We also post resources that have been created both by the TTA team and other useful links created by the Judicial Council of California (JC), California Health and Human Services (CalHHS), and other groups (e.g., OSPD).

•Upcoming trainings: Upcoming trainings will be posted to this site, including registration information, speakers, and topics. Stakeholder communication will

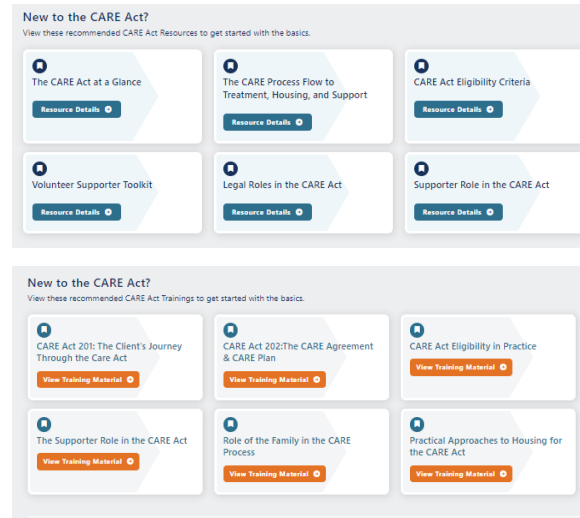
also highlight upcoming training opportunities.

- County Directory: On the CARE Act County Website Directory page, we include links to Self-Help Centers (which can provide legal information and resources to people without a lawyer), links to NAMI, and county-specific links (including county CARE websites created by county BH and by courts in counties).
- FAQs: We frequently add FAQs to the Resource Center based off questions that come up during trainings, through TA requests, and other avenues. There is an option to search and filter FAQs by topic.

- Ways to contact:
  - Listserv
  - TA request form
  - Data TA request form
  - Stakeholder feedback form
  - Email: info@CARE-Act.org

Available Trainings and Resources

- Recordings and decks of live trainings as well as asynchronous prerecorded trainings on many CARE process topics.
- Resources, fact sheets, toolkits, and FAQs.
- Recommended foundational CARE Act trainings and resources to get started with the basics.



[Slide Image Description: This slide shows a screenshot of the CARE Act Resource Center website, highlighting key trainings and resources for individuals that are new to the CARE Act.]

The CARE Act Resource Center training library includes recordings and decks of all live trainings as well as asynchronous pre-recorded trainings: Topics include the CARE Act process, volunteer supporters, legal roles, housing, eligibility criteria, role of the family, role of the peer, data collection and reporting, and more. The new design also highlights foundational trainings and resources for those new to learning about the CARE process.

The CARE Act Resource Center resource library include resources, fact sheets, toolkits, and FAQs, as well as links to other resources on CalHHS, DHCS, or JC's CARE websites.

[Slide Image Description: This slide shows the CARE-act website and the email address.]

We are here to support you and provide you with those opportunities to connect and hear about implementing the CARE Act. The website is **CARE-Act.org** and our email address is **info@CARE-Act.org**.