



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.