

San Francisco Department of Public Health Division of Behavioral Health Services

Health Commission
May 7, 2024

Angelica Almeida, Ph.D.

Director, Adult and Older Adult System of Care
San Francisco Department of Public Health

CARE Court

Agenda

- Updates
 - CARE Court
 - SB43



CARE Court Basics

- Created through legislation [SB 1338](#).
- Allows for broad range of petitioners (family, providers, etc.) or referents (AOT, conservatorship, misdemeanor diversion).
- If deemed eligible and the person will not engage voluntarily, participant will receive a court-ordered CARE plan for up to 12 months, with the possibility to extend for an additional 12 months.
- Focuses on people with schizophrenia spectrum or other psychotic disorders who meet certain criteria.
- Intended to be a less restrictive alternative to state hospitalization or LPS conservatorship.



CARE Court Criteria

- 18 years or older.
- Experiencing severe mental illness and has a diagnosis in the schizophrenia spectrum and other psychotic disorder class.
- Not clinically stabilized in on-going voluntary treatment.
- Meets one of the following:
 - The person is unlikely to survive safely in the community without supervision and the person's condition is substantially deteriorating.
 - The person needs 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 Section 5150.
- CARE would be the least restrictive alternative to ensure the person's recovery and stability.
- It is likely that the person will benefit from participation in CARE.



Who Can File a CARE Court Petition?

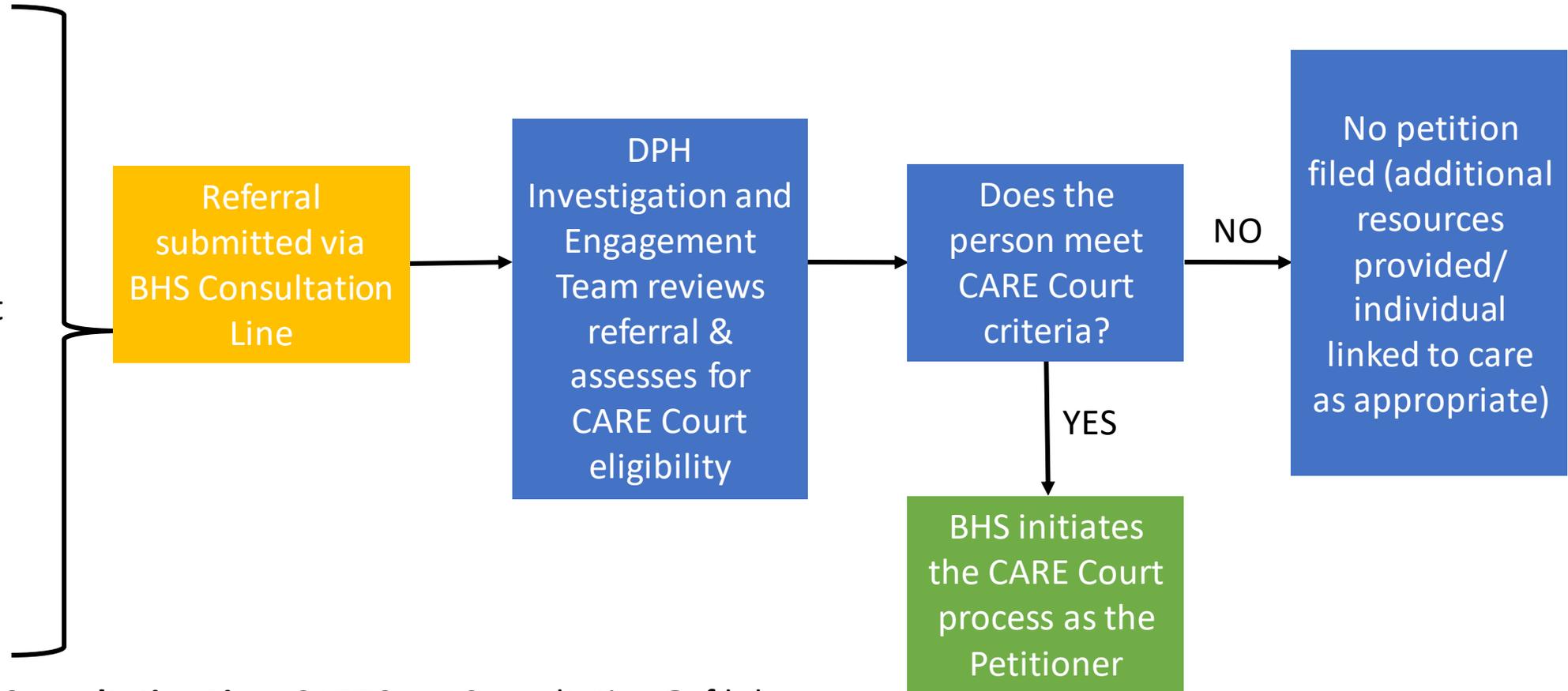
- Petitions can be filed by a county behavioral health petitioner; OR
- A non-county behavioral health petitioner, including: first responders, family members, public guardian or conservator, hospital director, behavioral health provider, person the individual lives with, respondent (self-referral), others.
- Petitions must be valid and should not be filed without merit or with the intention to harass or annoy.



DPH CARE Court Consultation Line Referral Workflow

Potential Referents:

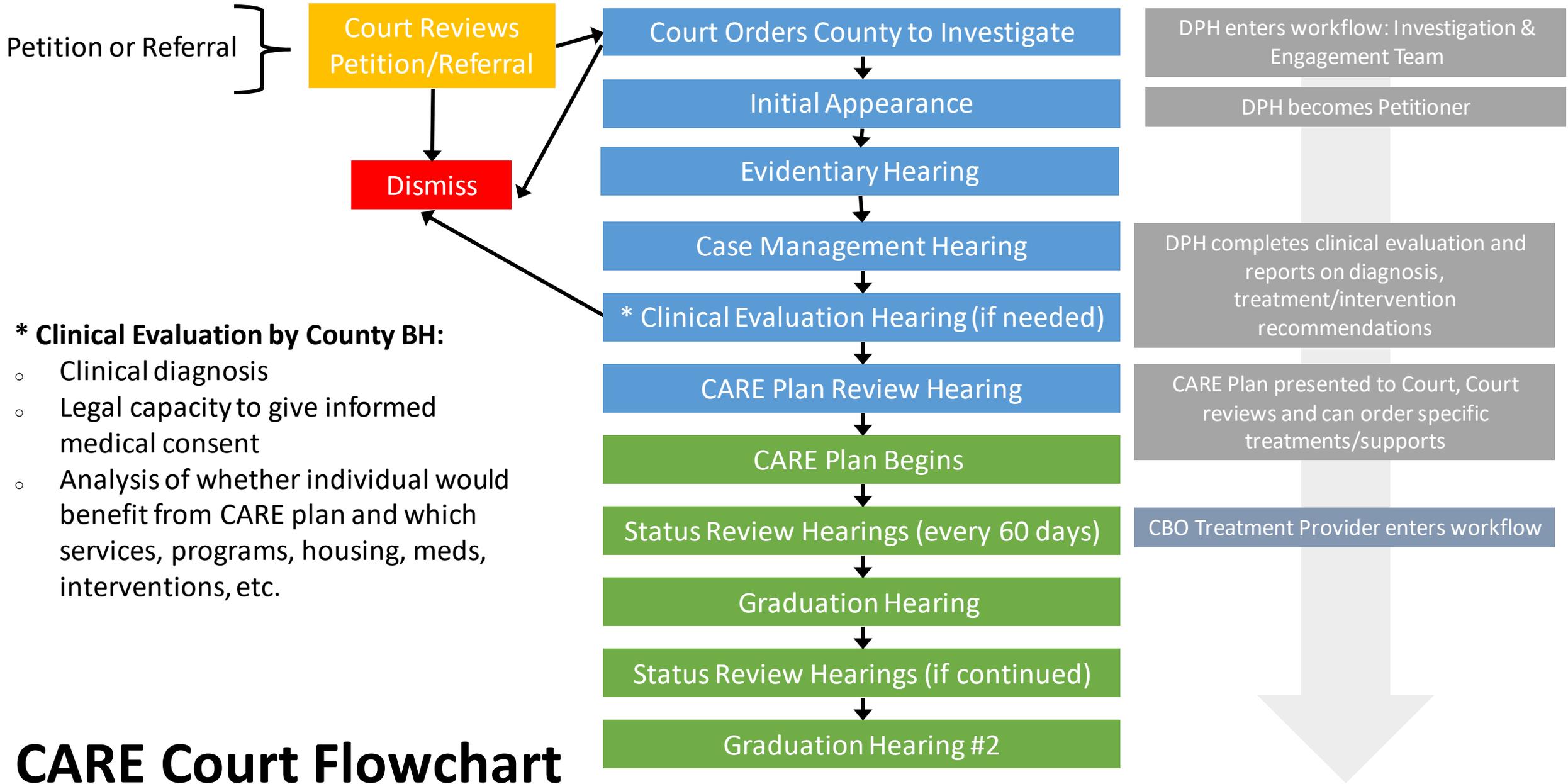
- First Responder
- Multidisciplinary Teams
- A person who lives with the respondent
- Family Members
- Hospital Director
- Behavioral Health Provider
- Public Guardian/Conservator
- Self-Referral



DPH CARE Court Consultation Line: CARECourtConsultation@sfdph.org

DPH CARE Court Consultation Telephone #: 628-217-5171

The CARE Court Consultation line is meant to serve as a resource for potential referents to mitigate the filing of unsuitable petitions and provide guidance around the CARE Court process. Be prepared to give DPH information detailing why and how the person is deteriorating (information about 5150's, hospital visits, emergency contacts, etc., particularly if they are outside of General Hospital). Please allow 48-72 hours for response.



CARE Court Flowchart

CARE Court, AOT, & Conservatorship

	CARE Court	AOT	Conservatorship
Accepts referrals from hospital facilities, community, and jail	X	X	X (limited to psychologist and psychiatrist)
Accepts referrals from first responders	X		
Accepts referrals from family	X	X	
Accepts referrals from BH providers	X	X	
Involuntary treatment			X
Requires grave disability criteria			X
Involuntary medication			X
Court ordered treatment (does not indicate enforcement mechanisms)	X	X	X
Requires prior negative outcomes		X (≥ 2 inpatient psych hosp. or incarcerations w/MH treatment in last 36 months OR documented serious threats, attempts/acts of violence in last 48 months)	
Allows for Respondent-identified Supporter to assist in the process	X		
Serious Mental Illness	X (Schizophrenia Spectrum and Other Psychotic Disorder)	X	X
Severe Substance Use Disorder			X

SB43

Senate Bill 43 Background

SB 43 (Eggman) amended the Grave Disability definition, beginning January 1, 2024

- A condition in which a person, as a result of a mental health disorder, *a severe substance use disorder*, or a co-occurring mental health disorder and a substance use disorder, is unable to provide for their basic personal needs for food, clothing, shelter, *personal safety*, or *necessary medical care*.

Definition applies to 5150, 5250, 5270 holds and LPS conservatorships*

- “Severe” substance use disorder is defined as: a presence of at least six symptoms, out of at least ten possible symptoms, pursuant to the DSM-5
- Personal safety is defined as: the ability of one to survive safely in the community without involuntary detention or treatment
- Necessary medical care is defined as: care needed to prevent serious deterioration of an existing physical medical condition, which if left untreated, is likely to result in serious bodily injury

*Subject to court approval at every stage of the proceedings



San Francisco Health Network
Behavioral Health Services

Grave Disability – Pre and Post SB 43

Elements of Grave Disability Definition	Old Definition	New Definition
Mental Disorder diagnosis is a basis for Grave Disability (“GD”)	X	X
Stand-alone Substance Use Disorder (“SUD”) is a basis for GD		X
Co-occurring Mental Disorder and SUD is a basis for GD	X	X
Inability to provide for food, clothing, shelter is a basis for GD	X	X
Inability to provide for personal safety is a basis for GD		X
Inability to provide for medical care is a basis for GD		X
Causation required between Mental Disorder/SUD and inability to provide for basic needs	X	X
Referral from psychiatrist/psychologist required for conservatorship petition	X	X
Constitutional rights/protections for patients subject to involuntary holds and conservatorships	X	X



Determining Grave Disability – With the Addition of “Severe Substance Use Disorder”

Severe Substance Use Disorder:

- A presence of at least six symptoms, out of at least eleven possible symptoms, pursuant to the DSM-5.

Implications:

- Previously, Grave Disability was defined as a condition resulting from a mental health disorder or a co-occurring mental health disorder and a substance use disorder; or "alcoholism." Now, Grave Disability can also result from severe substance use disorder alone.



Hypotheticals

Personal Safety

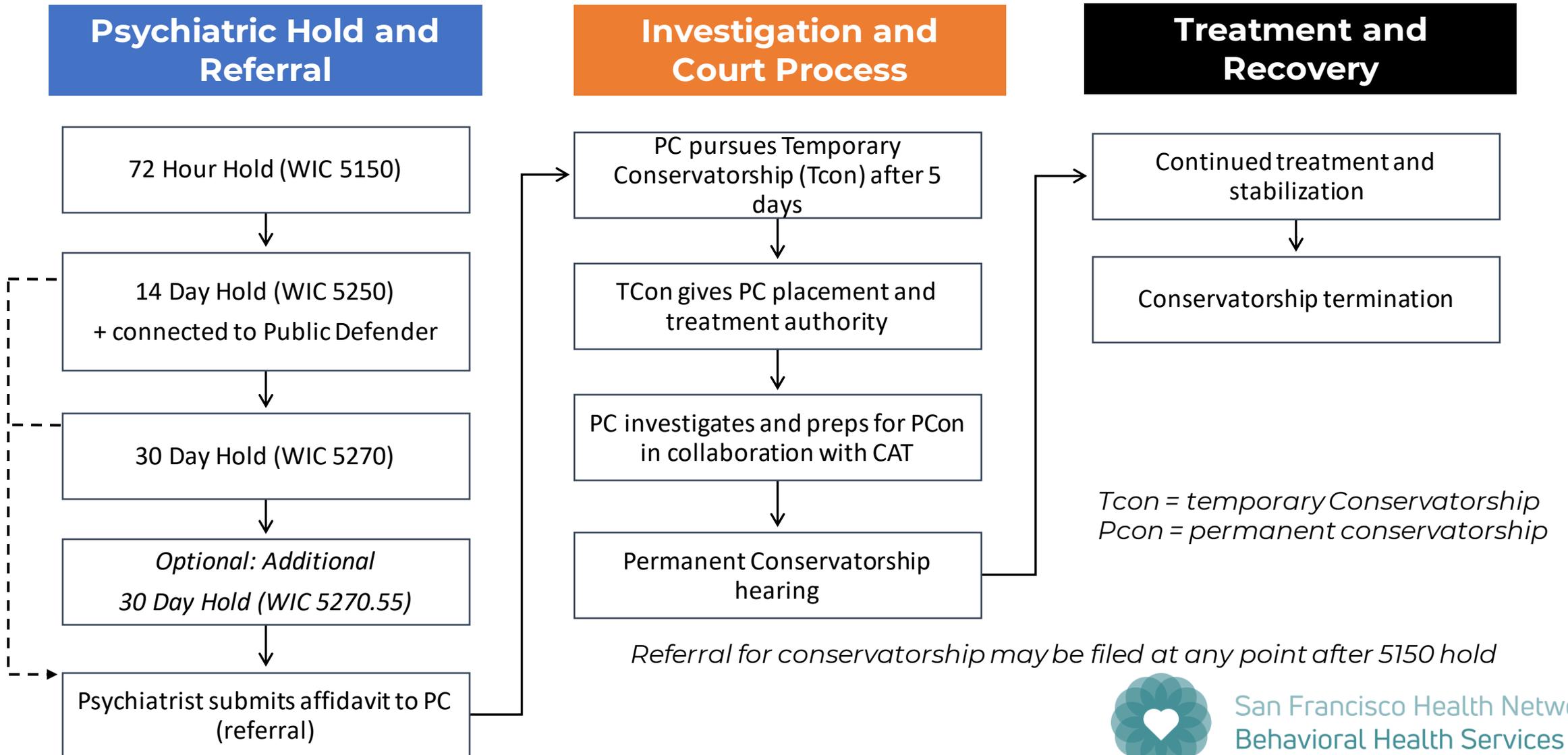
- Running in and out of traffic
- Being assaulted, abused, exploited, or victim of crime
- Unhygienic/uninhabitable conditions at home or other home safety issues such as arson
- Inability to care for hygiene, cleanliness, needles, which leads to illness (especially if doesn't rise to level of serious bodily injury)
- Failure to thrive (may be a crossover with medical care)
- Multiple near-fatal overdoses

Necessary Medical Care

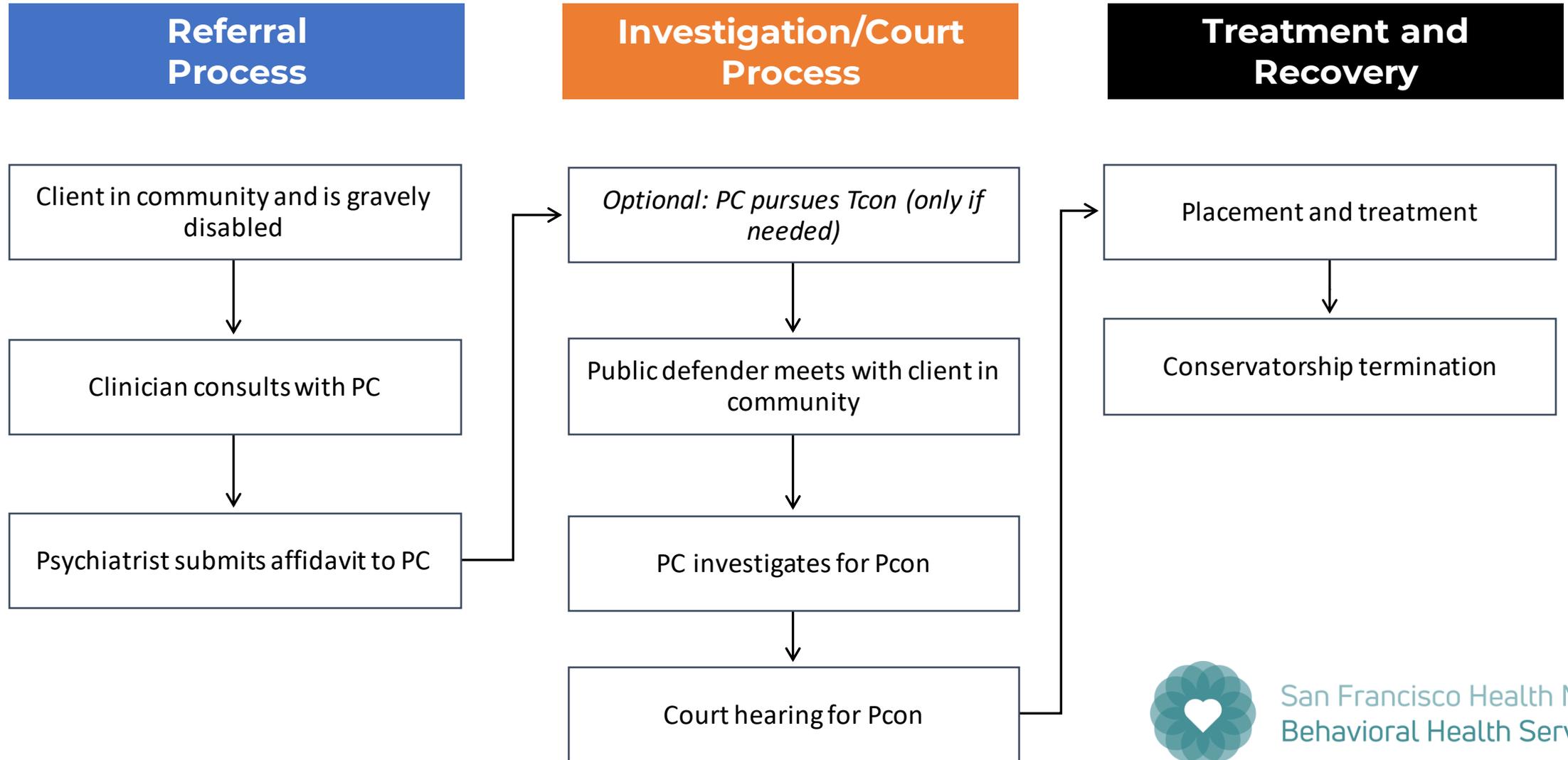
- Wound care and infection issues that is likely to lead to loss of limb or life if not treated
- Untreated comorbidities such as HIV, Diabetes, Cancer, liver/kidney disease that is life-threatening
- Extreme physical pain



LPS Flow From Hospital



LPS Flow From Community (Outpatient)



Department of Public Health Support

- Co-lead the SB43 Executive Steering Committee, with DAS
- Clinician training: Accessed >1000 times as of March 1st
- Educational materials
- Consultation
- Transitional support, including care coordination, short term linkage support, and care management, for those leaving hospitals through Office of Coordinated Care
- Consideration for expansion of short- and long-term beds

