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A SMARTER WAY THAN THE SB 1138 NEWSOM CARE COURT

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Debates about Gov. Gavin Newsom's CARE Courts program have raged across the state in recent months. A major point of contention is whether Californians with mental health challenges will be helped or hurt by being pushed into the legal system.

In Portland, Oregon, there is a different approach that has proven successful for many years.

Crisis Intervention Teams (CITs) (Mobile Crisis Services) work with local crisis centers to "provide people in mental health crisis the care they need instead of incarceration" …. "Community Mental Health Programs in collaboration with local law enforcement agencies have established CIT programs across the state to de-escalate crisis situations involving individuals with serious mental illness."

CITs Mobile Services respond to a mental health crisis in the community, with police normally already at the scene. The Mobile Services deescalates the situation–without using force–to get the person in crisis to agree to go to a crisis center and avoid being booked by the police.

For three years, I worked at the Cascadia Behavioral Healthcare Urgent Walk-in Clinic, the primary emergency mental health clinic in Portland where the PPD and CIT teams brought those suffering from acute mental health emergencies. I saw the benefits and challenges of this program firsthand.

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CalSAWS Update

Under federal and state law the California single state agencies administering public social services program and medical assistance program - CDSS and DHCS - are the "principals" and counties are simply their "agents" (See Ross v. Woods, https://caselaw.findlaw.com/ca-supreme-court/1834944.html)

That may be the law, but caseload information embodied in CalSAWS is available to the single state agencies of Califronia public socail sevces programs. In the world of CalSAWS, the counties are the principle and the California state legislature, the single state agencies for SNAP (CalFresh), TANF (CalWORKs), Medicaid (Medi-Cal) are the agents of counties.

An innocent reader may assume that counties must have some "skin in the game." Not so. The 2022-2023 budget total spending for CalSAWS is $109.1 million and the county "skin" in the game is a meager $3.5 million or 3% of the total allocation. When CDSS builds a budget or analyzes proposed legislation, the agency is locked out of looking at data in CalSAWS to see caseload trends and other caseload information. The California single state agencies **must** request as well as **pay** for information from CalSAWS.

The "SAWS internal Request for Research and Analysis" is known as a SIRFRA the "SAWS Cost Estimation Request for Research and Analysis" is known a SCERFRA are the intruments that DHCS and CDSS has to use to get

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(**Care Court**, cont'd,)

At the front desk, I would be the first face the patient saw in the clinic, would do their intake, and manage their time in the lobby. Generally, the patient was relieved to be out of the police or crisis vehicle and in a lobby or treatment room with caring professionals; this alone provided relief to most people brought in. With few exceptions, we helped individuals who were not engaging in criminal behavior or putting others at risk.

In most police interactions with folks in a mental health crisis, self-harm was the primary concern. Police are especially ill suited to deal with self-harm situations because they are trained to detect and disarm threats. Many non-threatening actions are perceived by police as threats.

In contrast, mental health professionals, administrative and clinical, are trained to defuse or evade threats with tactics such as being empathetic and non-judgmental, keeping tone and body language neutral and respecting personal space, and making the clinic a safe place for those suffering a mental health crisis.

CITs assure that most folks being dropped off in a mental health emergency don't end immediately up in jail or in court because of their medical condition. CITs aren't a panacea. The people helped often came back later in another crisis because their living circumstances hadn't changed and homelessness is a permanent crisis if you're homeless.

But it is an effective and humane strategy for dealing with mental health crisis.

CARE Courts force people into a treatment program and apply penalties for non-compliance "…, the consequences for being found "non-compliant" with a CARE plan or not attending court hearings are serious: a possible referral to Lanterman- Petris-Short Act (conservatorship) proceedings with a presumption that there is no suitable community-based alternative for the person.

This creates a direct route to conservatorship – a legal determination that deprives a person of the right to choose where to reside, to make medical decisions, to vote, to decide social and sexual contacts and relationships, and other fundamental rights.

This is a strategy for assuring people comply with mental health treatment programs, but in my opinion, it is needlessly punitive and not based on proven effective treatment strategies.

At Cascadia BHC I saw how patients getting self-directed and compassion-based treatment achieved better outcomes than those mandated by local or state law to attend treatment.

Staying clean, staying on meds, coming to regular groups, one-on-one appointments, and building a community around the patient all are essential for effective treatment.

Making it clear to the patient that treatment is for them and based on their needs, as opposed to mandated treatment, seemed to make the patients more comfortable and at ease with their treatment.

Particularly, this community and compassion approach makes relapses or mental health crisis's much easier to process and recover from. A relapsed patient is in a delicate and liminal state. Providing a welcoming empathetic place and community to work on their recovery is invaluable.

From my experience in the field, it's clear that Crisis Intervention Teams (CITs) (Mobile Crisis Services) and Behavioral Health Crisis Professionals can offer a more humane strategy for dealing with mental health crises than CARE Courts can.

The CARE Courts will throw Californians already suffering from several life crises into an unfriendly and intimidating system, when what people in crisis need is compassion and help.

Editor's Note: David K. Aslanian is an advocate at the Coalition of California Welfare Rights Organizations.

(**CalSAWS, c**ont'd.)

information from CalSAWS. As we said above, the reason that the California single state agency has to *ask* CalSAWS for information because in the 21st century there is no interface between CDSS, DHCS and CalSAWS. CalSAWS is 100% controlled by counties.

Table #1 shows the monthly charges for research and data analysis that CalSAWS collected from their principle, CDSS, in twelve months.

TABLE # 1 - CDSS SIRFRA/ SCERFRA/ External Inquiries - *Source: CalSAWS*

Service Month	**Payment Month**	Total Hours	CalSAWS Hourly rate	CalSAWS Monthly Billing to CDSS
21-Sep	21-Nov	85	158.27	$ 13,452.95
21-Oct	21-Dec	192	158.27	$ 30,387.84
21-Nov	22-Jan	151	158.27	$ 23,898.77
21-Dec	22-Feb	45	158.27	$ 7,122.15
22-Jan	22-Mar	236	158.27	$ 37,351.72
22-Feb	22-Apr	167	158.27	$ 26,431.09
22-Mar	22-May	310	158.27	$ 49,063.70
22-Apr	22-Jun	198	158.27	$ 31,337.46
22-May	22-Jun	55	158.27	$ 8,704.85
22-May	22-Jun	33	158.27	$ 5,222.91
22-May	22-Jul	127	158.27	$ 20,100.29
22-Jun	22-Aug	171	158.27	$ 27,064.17
TOTAL				**$ 280,137.90**

Over a 12-month period, CDSS spent nearly $300,000 to access its own data. To reduce this unnecessary state spending, there should be a simple interface between the county-controlled welfare system and the state agencies responsible for funding and overseeing the system, CDSS and DHCS. We shouldn't have another year where the State of California is forced to pay the counties for data created on the CalSAWs system, which is 97% funded with federal and state funds. The State of California, and through them it's beneficiaries and taxpayers, should get what they're paying for.