CARE (Community Assistance, Recovery and Empowerment) Act

California Health & Human Services Agency

Person Centered. Equity Focused. Data Driven.

CARE Act Working Group Meeting
May 21, 2025

California Health & Human Services Agency

Person Centered. Equity Focused. Data Driven.

Welcome and Introductions

Agenda

1. Welcome and Opening Remarks
2. Featured Topic: The Role of Public Guardians and Public Conservators in CARE Implementation
3. Implementation Updates and Discussion Part 1: The Alameda CARE Team Approach
4. Lunch (and videos)
5. Implementation Update Part 2: CARE Act Respondent's Counsel
6. Implementation and Training and Technical Assistance Updates
7. Updates on CARE Act Working Group Ad Hoc Groups
8. Closing Thoughts
9. Public Comment

CalHHS
California Health & Human Services Agency

Working Group Members

Amber Irvine

Beau Hennemann

Bill Stewart

Brenda Grealish

Dr. Brian Hurley

Dr. Clayton Chau

Deb Roth

Harold Turner

Herb Hatanaka

Ian Kemmer

Ivan Bhardwaj

Jennifer Bender

Jenny Bayardo

Jerry May (Meagan Subers)

Jill Nielsen

Jodi Nerell

Dr. Katherine Warburton

Kent Boes

Keris Myrick

Ketra Carter

Lauren Rettagliata

Hon. Maria Hernandez

Mark Salazar

Nichole Zaragoza-Smith

Roberto Herrera

Ruben Imperial

Ruqayya Ahmad

Salena Chow

Stephanie Welch

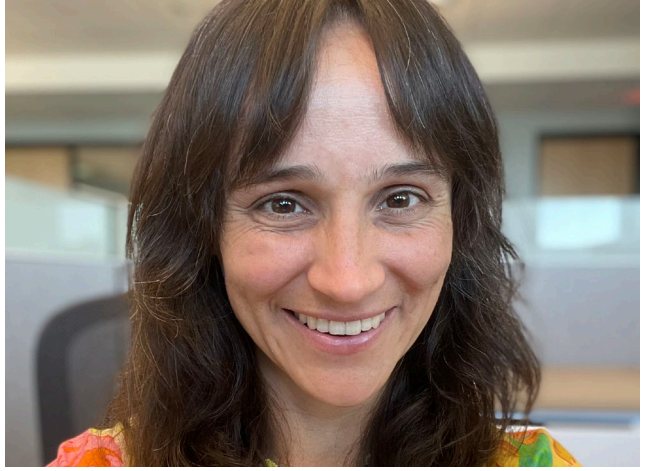
Stephanie Regular

Susan Holt

Tawny Macedo

Tim Lutz

CalHHS
California Health & Human Services Agency



New Members

- Jennifer Bender
- Kent Boes
- Stephanie Regular
- Tawny Macedo
- Nichole Zaragoza-Smith

Virtual Meeting Guidelines

- Meeting is being recorded
- American Sign Language interpretation in pinned video
- Live captioning link provided in chat

Working Group Members

- Mute/Unmute works for members and policy partners.
- Stay ON MUTE when not speaking and use the “raise hand feature” if you have a question or comment.
- Please turn on your camera as you are comfortable

MEMBERS OF THE PUBLIC will be invited to participate during public comment period

CalHHS
California Health & Human Services Agency

Working Group Overview – Operations

- The Working Group will meet quarterly during the implementation of the CARE Act through December 31, 2026.
- Working Group meetings will be a mix of in person and virtual, with in person meetings held primarily in Sacramento, but at times possibly in other locations throughout California.
- Working group members are expected to attend 75% of meetings each year, with the option of sending a delegate for the remainder.
- All meetings of the Working Group shall be open to the public and subject to Bagley-Keene Open Meeting Act requirements.

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Working Group Agreements

- Be present and curious.
- Respect each other's expertise and time and participate fully.
- Encourage different opinions and be respectful of disagreements.
- Be accountable to your fellow group members and practice patience and persistence – we can't solve everything in a single conversation or meeting, but we need to remain solution focused.
- Assume Positive Intent: Trust that people are doing the best they can.

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Recap of February Meeting

- Featured Topic: Psychiatric Advance Directives (Kiran Sahota)
- CARE Implementation Updates Panel (Camille Rose, CDCR and Dana Meeks, Sutter)
- CARE in Context of the Specialty Behavioral Health System - Working Group Focus for 2025 (Stephanie Welch, CalHHS and Ivan Bhardwaj, DHCS)
- Rationale for Recent Changes to the CARE Act Data Dictionary (Serene Olin, HMA)
- Update on Communications Strategies and Telling the Story of CARE (Neimand Collaborative)
- Public Comment

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Upcoming CARE Working Group Meetings

- August 27, 2025
- November 19, 2025

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Featured Topic: The Role of Public Guardians and Public Conservators in CARE Implementation

Jill Nielsen

Deputy Director of Programs, Public Administrator, Conservator, Guardian

San Francisco County

SAN FRANCISCO HUMAN SERVICES AGENCY
Department of Disability and Aging Services

LPS Conservatorship - Systems Challenges and Recommendations

May 21st, 2025

CARE Working Group

Jill Nielsen, LCSW
Deputy Director of Programs
San Francisco Public Conservator/Guardian/Administrator

- Primary role is to train and certify members across the state
- Receives funding from CDSS via money for Adult Protective Services to support training activities
- Provides legislative advocacy on behalf of counties
- Promote communication between members

CALIFORNIA STATE ASSOCIATION OF
PA|PG|PC

Agenda

1. Introduction
2. LPS at the County Level
3. Challenges Across the Continuum
4. SB43
5. LPS and CARE
6. Promising Practices
7. Recommendations for Strengthening the LPS Continuum

Introduction

A Vision for LPS

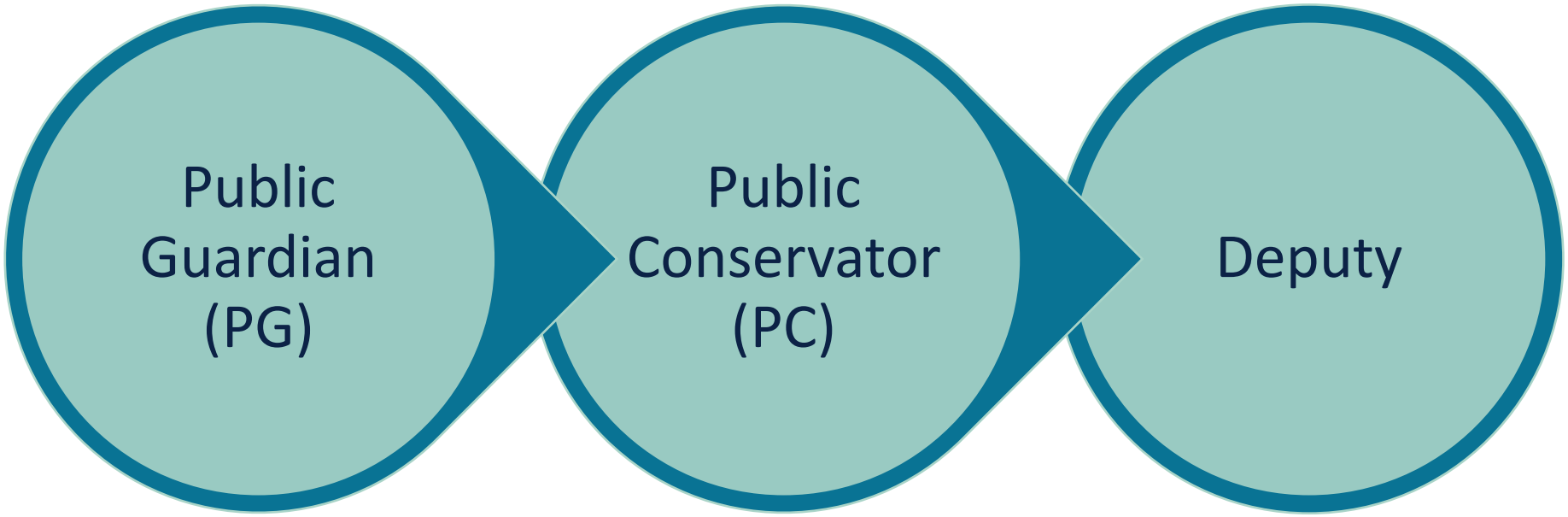
- LPS conservatorship is a legal intervention for providing psychiatric care to individuals who have been deemed *gravely disabled*, unable to provide for their basic needs of food, clothing and/or shelter, due to serious mental illness or chronic alcoholism.

- LPS Conservatorships should be - **Rare, Brief and One-Time.**

- Individuals who are conserved should always be in the least restrictive setting and retain as much decision-making authority as possible.

- LPS Conservatorship can be **restorative** and **rehabilitative**.

Conservatorship Terminology



Probate Conservatorships

- Goal is to protect individuals with deteriorating forms of cognitive impairment or Traumatic Brain Injury who lack capacity, and as a result are unable to provide for their basic needs and/or are unable to resist fraud or undue influence

- Almost always provide for Person and Estate powers – but it is possible to have conservatorship of *only the person* or *only the estate*

- Must be the least restrictive service intervention available

- Most often is a legal arrangement that lasts the duration of the individual's life

LPS at the County Level

Where are PG County Offices Housed?

Human Services/Social Services Agency = 23

Health and Human Services Agency = 9

Behavioral Health Department = 10

Under Behavioral Health but Separate = 6

Stand-alone Departments = 3

Stand-alone Adult and Aging Department = 2

Child, Family and Adult Services Department = 1

Under the Treasurer-Tax Collector = 1

Under Veterans Services = 1

Area Agency on Aging = 1

*Information collected in January, 2025 from CWDA and CA Dept of Aging via county survey.

How do counties fund their LPS programs?

Unclear how all counties fund their programs across the state

San Francisco relies on:

- General Fund - (Approximately 70% of SF's LPS program)
- Medi-Cal Administrative Activities - Can reimburse up to 50 percent of time allowable for the cost of **certain administrative activities** related to the proper and efficient administration of the Medi-Cal program

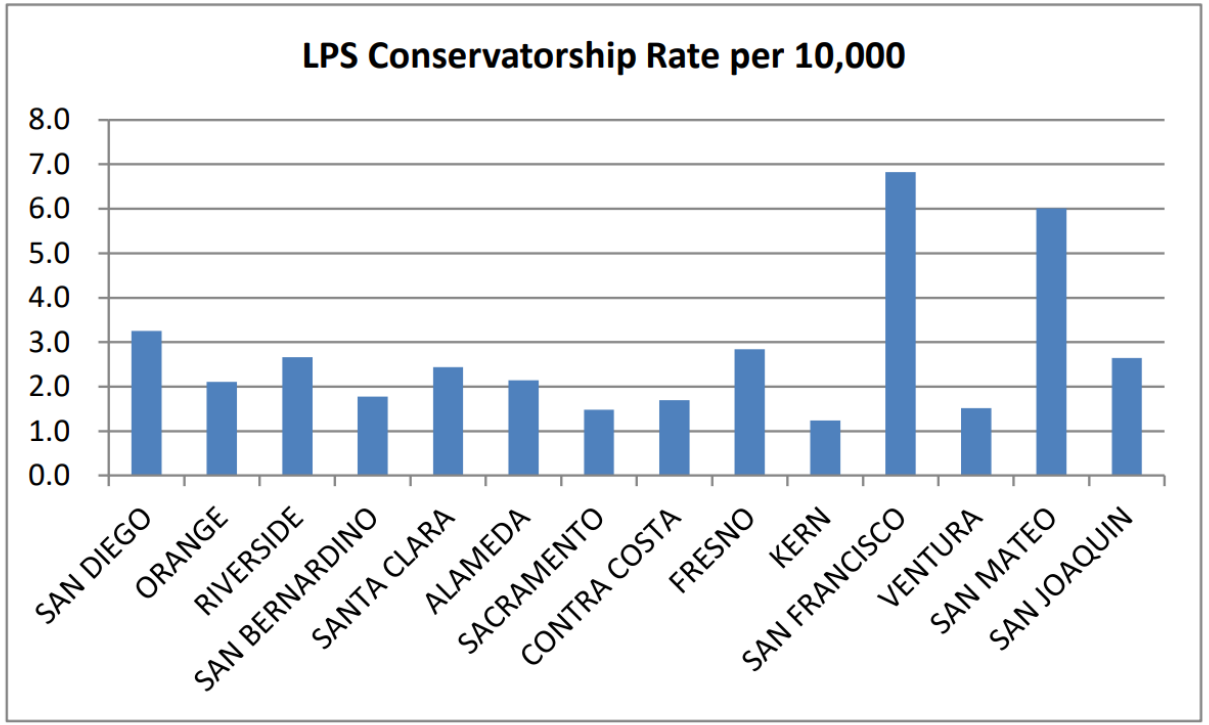
Anecdotally:

- Some counties receive work orders from their local Behavioral Health Department
- Stand alone departments may be completely reliant on General Fund

Additional County Variation

- County caseloads
- Caseloads per Deputy Conservator
- Acceptance criteria for new referrals
- Duties of the Deputy Conservator
- Education/MQs of Deputy Conservators

Exhibit 3. Permanent LPS Conservatorship Caseload per 10,000 Residents by 14 of the Largest California Counties in FY 2018-19



Source: San Francisco Superior Court; Budget and Legislative Analyst Survey of Counties (self-reported data)

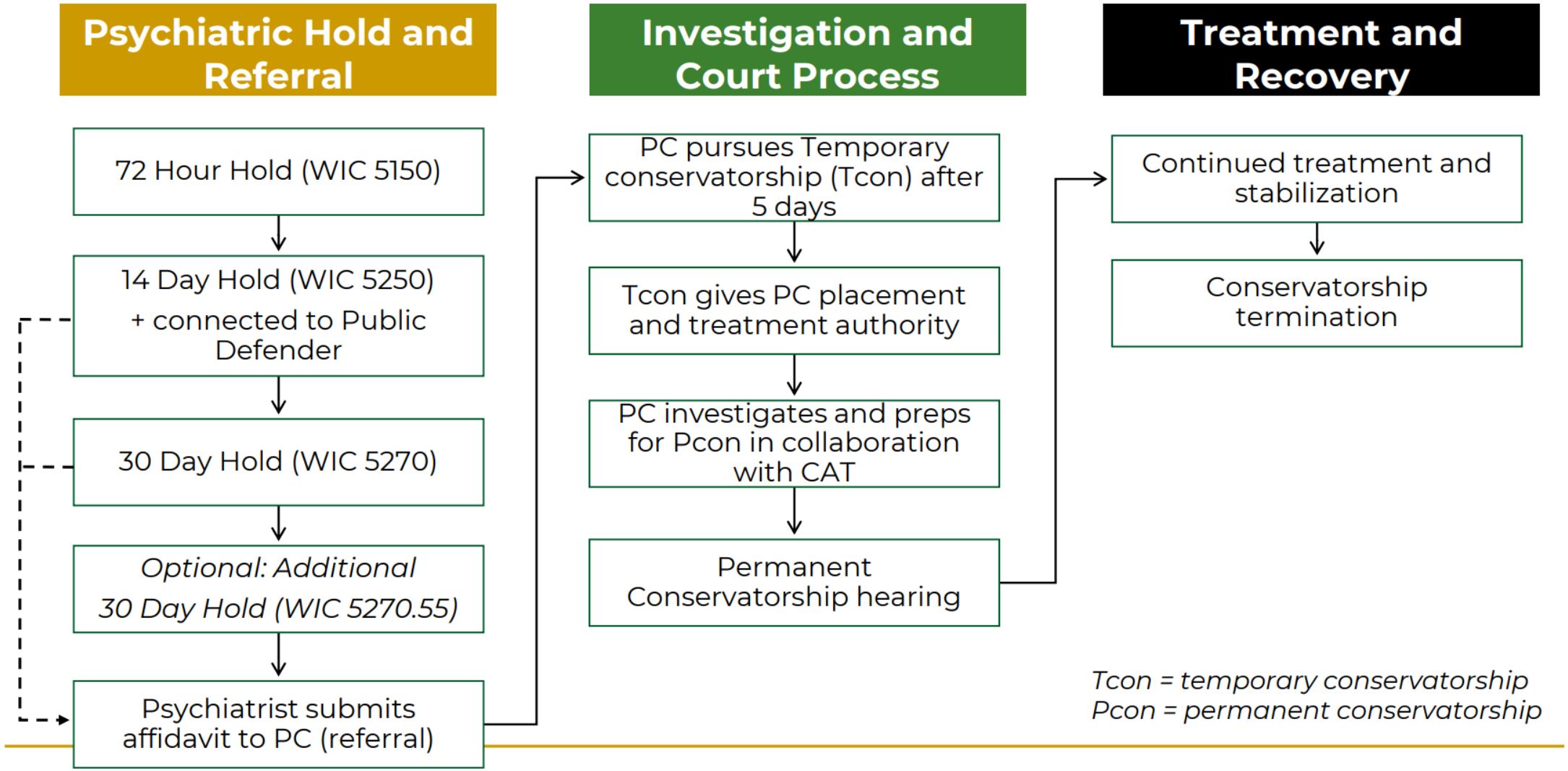
[1]City and County of San Francisco, Budget and Legislative Analyst. (2019).

Role of Deputy Conservator

- Investigate referrals for Conservatorship and make recommendations to the Probate Court
- Serve as court-appointed Conservator when a family member is not available
- Prepare court reports, work with the City Attorney's Office to prepare for contested hearings, and appear in court when needed.
- Recommend clinically appropriate levels of care
- Advocate for clinically appropriate treatment, placement, and benefits on behalf of Conservatees
- Monitor psychiatric care and medication in collaboration with treatment teams, including requesting involuntary medication orders from the court and consenting to psychiatric treatment on behalf of Conservatees.
- Provide case management services for clients placed out-of-county
- Collaborate with the Community Placement/Care Coordination Team (DPH) for placement in the least restrictive setting and for in-county case management services

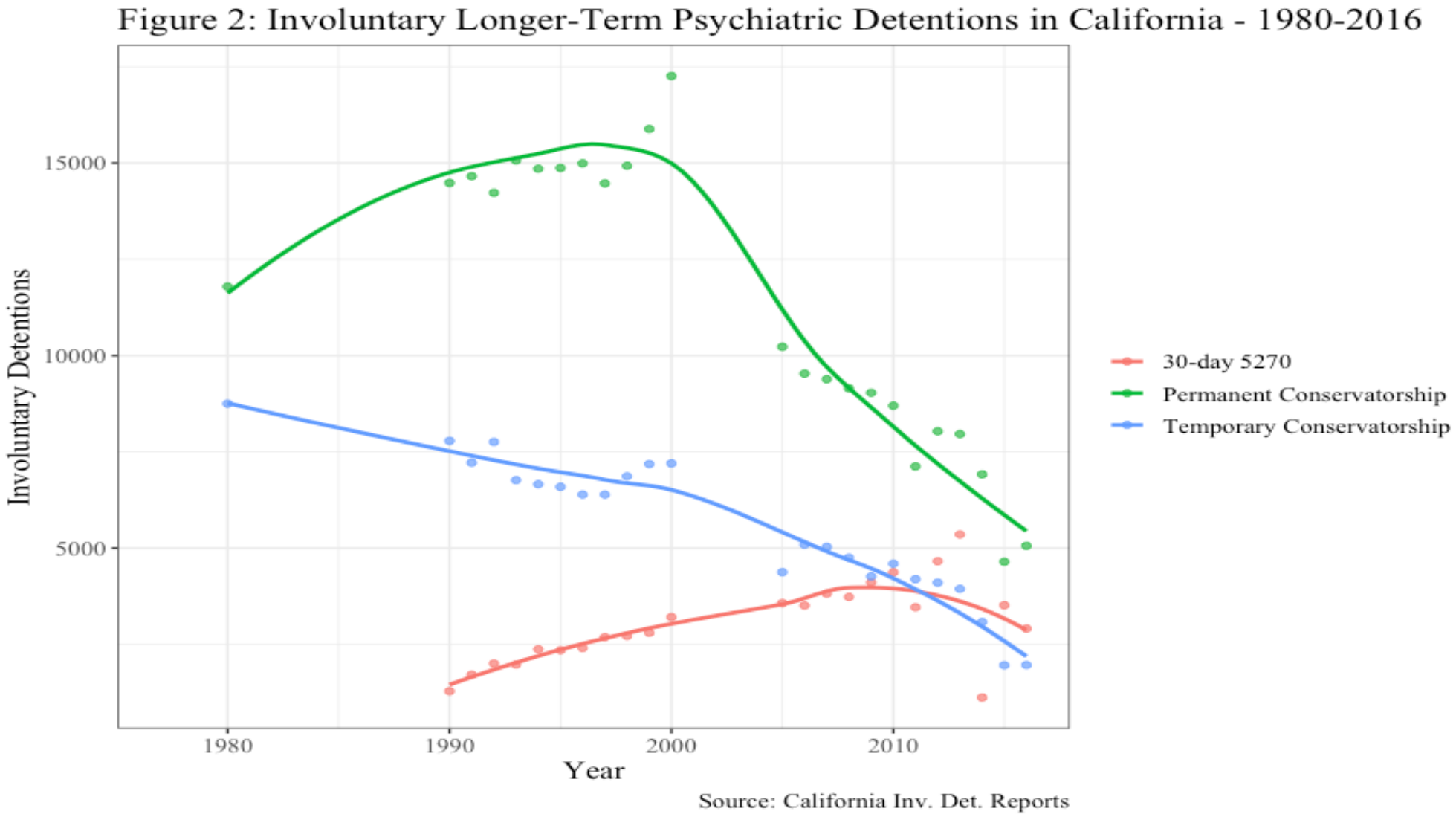
Challenges Across the LPS Continuum

Traditional LPS Pathway from Hospital



Referral for conservatorship may be filed at any point after 5150 hold

Conservatorships Have Been Declining in California*



[2]*Barnard, A. (2023) .*

Why are so few people referred for LPS?

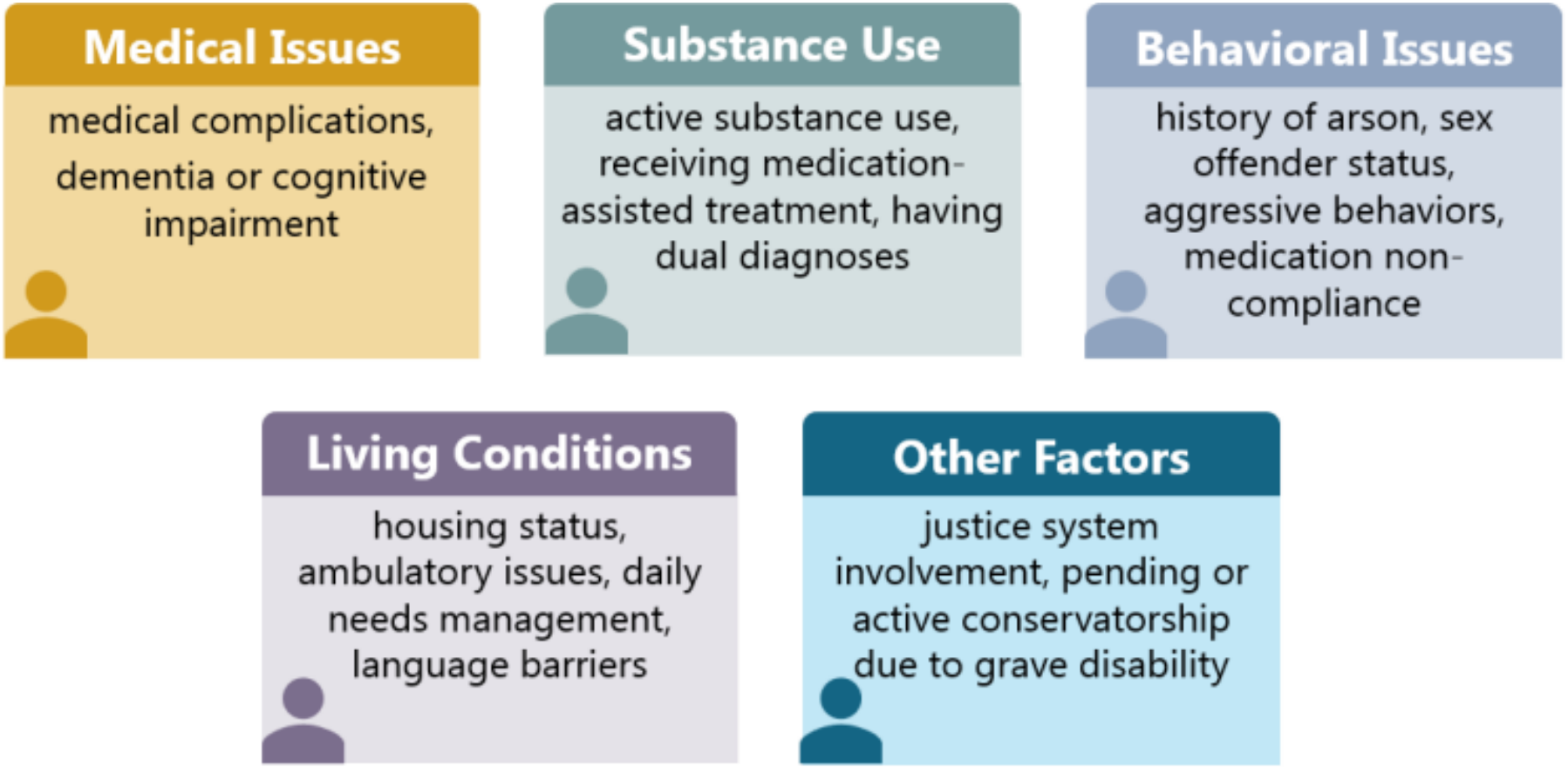
The simplest reason there aren't more people on LPS conservatorships in California is that there aren't enough beds in hospitals willing to conserve them.

[2]Barnard, A. (2023), Page 100.

The first critical feature of discretion in the conservatorship system is that each actor exercises only negative discretion. ***Many people can say "no" to conservatorship, but no one exerts authority to make these actors, collectively, get to "yes".***

[2]Barnard, A. (2023), Page 20.

Placement Challenge – Complex Client Characteristics



[3]City and County of San Francisco, Office of the Controller. (2025)

Placement Challenge – Counties Competing for Scarce Beds

Daily Patch Rates among California Peer Jurisdictions							
	San Francisco	**Alameda**	**Napa**	**Sacramento**	**San Diego**	**San Mateo**	**Santa Clara**
ARF/ RCF-E	$46-$250 *ARF avg: $130* *RCF-E avg: $111*	$33-$230 *4 Tiers*	$173-$241 *Avg: $201*	$65	Base: $46 Enhanced: $60	In County: $40.56 Avg. Enhanced: $184	Base: $104
MHRC	$313-577 *Avg: $506*	$510-$575	$261-$504 *Avg: $363*	$350	$345-$485 *3 Tiers*	$280-$460	$350

[3]City and County of San Francisco, Office of the Controller. (2025)

Placement Challenge – Declining DSH Beds

San Francisco State Hospital Clients from Fiscal Year 2020 to Fiscal Year 2024[12]

Fiscal Year (FY)	Average Annual Total of San Francisco County Patients	# of San Francisco County Patient Admissions	# of San Francisco County Patient Discharges	Estimated Overall State Hospital Census[13]
FY19-20	42.1	2	2	6,317
FY20-21	38.6	2	7	6,270
FY21-22	28.1	3	16	5,913
FY22-23	22.4	4	6	5,740
FY23-24	22.0	1	4	5,724

[3]City and County of San Francisco, Office of the Controller. (2025)

Declining Effectiveness of LPS as an Intervention

Legal authority granted via conservatorship is not helpful to the individual if . . .

-A hospital is not willing to admit a client who is decompensating and in crisis;

-There are no available treatment beds;

-The county cannot afford whatever treatment bed may be available;

-There is no available facility willing to accept a client with complex behaviors;

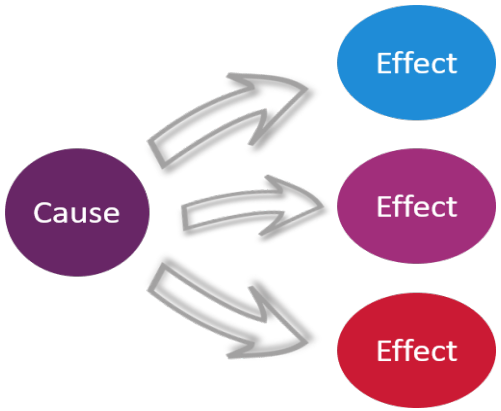
-There are no regulatory protections to ensure a client who is challenging to serve receives care by a treatment provider;

-Treatment on an outpatient basis is not effective.

SB43 – Grave Disability Redefined

Grave Disability

- 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 severe substance use disorder, is unable to provide for their basic personal needs for food, clothing, shelter, personal safety, or necessary medical care. (Welfare and Institutions Code 5008(h)(1)(A))
- Two legal criteria, plus "cause and effect" connecting them
  - Diagnosis – Mental Disorder **OR** Severe Substance Use Disorder **OR** Both
  - Inability to provide for food, clothing, shelter, personal safety, **OR** necessary medical care
  - Cause and effect – symptoms of the disorder must cause the inability to provide
    - Specific facts (arrows) must show that the diagnostic symptoms and inability to provide are connected



Examples

- Personal Safety
  - Similar to danger to self and danger to others
  - 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

SB43 continued

- This new definition applies to the three primary LPS Act processes: - Crisis Intervention: Assessment, evaluation and crisis intervention or placement in an LPS-designated facility for evaluation and treatment for up to 72 hours (W&I Code § 5150).
- Intensive Treatment: Up to 14 days (W&I Code § 5250); if necessary and appropriately authorized, the intensive treatment period for grave disability may be extended for up to two periods of 30 days each (W&I Code § 5270.15, 5270.70).
- Conservatorship: Up to one year, and renewable, for ongoing behavioral health treatment and support (W&I Code § 5350)

https://www.dhcs.ca.gov/provgovpart/Documents/SB-43-FAQs.pdf

Statewide Implementation of SB43

- Counties have until January 2026 to implement the law
- CBHDA and CAPAPGPC created a workgroup of county subject matter experts and have produced templates and tools for counties to use
- CAPAPGPC has provided training at annual conference
- DHCS issued *Behavioral Health Information Notice No: 24-011*

What is lacking?

- Implementation funding for counties
- Oversight body
- Formal communication channels between DHCS and counties
- Evaluation plan

LPS and CARE

CARE, AOT, and LPS Conservatorship

	CARE Court	AOT	Conservatorship
Accepts referrals from hospital facilities	X	X	X
Accepts referrals from first responders	X		
Accepts referrals from family	X	X	
Accepts referrals from behavioral health providers	X	X	X (only certain types)
Involuntary treatment			X
Involuntary medication			X
Court ordered treatment	X	X	X
Requires prior negative outcomes		X	
Allows for Respondent-identified Supporter to assist in the process	X		

Public Conservator's Role with CARE

Referent

- Step-down option for stable conservatees
- Complete the BHS referral form; BHS files petition for CARE; warm transition of conservatee

Petitioner

- File a petition for CARE for your Conservatee
- Better for BHS to file – PC completes court papers, attends court, and process is longer

LPS Conservatorship Investigation

- Required to consider if the person is better-suited for CARE during LPS investigation
  - Work with BH if you think this is a possibility in lieu of PCon

Referral for LPS Conservatorship from Qualified Clinician

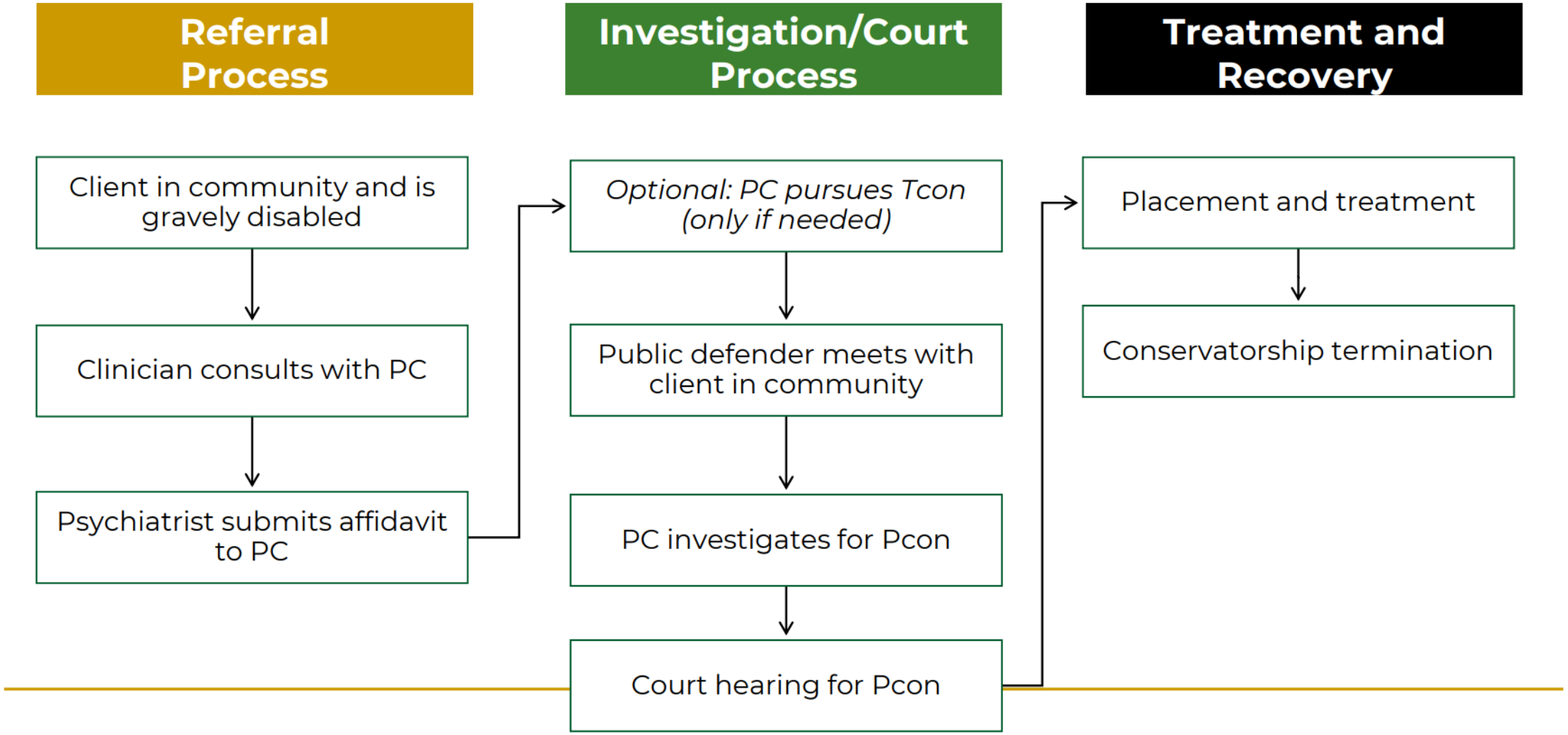
- Referring physician/psychologist must confirm CARE not an option

Court Referral

- Law allows probate court to make referral for a conservatee

Promising Practices in LPS

Outpatient LPS Pathway From the Community



Outpatient Referrals

- LPS Conservatorships that are initiated while the individual is in the community instead of an acute care setting
- Outpatient Psychiatrists **refer directly** to the Public Conservator and the individual does not need to be on an involuntary hold at the time of the referral
- Eligibility is still based on ***grave disability*** –the inability to provide for one's food, clothing, and shelter as a result of serious mental illness or chronic alcoholism
- Psychiatrists may only refer clients who do not need to be hospitalized in order to determine their grave disability

"(b) the professional person or another professional person designated by him or her has determined that future examination on an inpatient basis is not necessary for a determination that the person is gravely disabled" WIC 5352

Recommendations

State Engagement with the LPS Program

Under the previous Department of Mental Health there was a liaison for LPS services who coordinated with counties. Since 2012 and the state's transition to DHCS, there has not been a point person for the LPS program.

". . . guardians are marginalized, much like the people they serve."

[2]*Barnard, A. (2023), Page 106.*

LPS needs to be included in California's Behavioral Health transformation.

Recommendations

1. Intentionally **include** LPS conservatorship in state and local **policy and resource discussions and decisions**.
2. Provide **dedicated state funding** that may only be used for county LPS program operations and conservatorship related services.
3. Provide counties with **funding and technical assistance**, similar to CARE, to **ensure effective implementation of SB43**.
4. Create and fund a **robust research agenda** to develop evidence-based practice for LPS programs to help guide conservatorship and related services.

Recommendations Cont.

4. Create **grant programs** combined with **technical assistance** to incentive counties to implement **promising practices**.
5. Create a **unit within DHCS** that is responsible for gathering, tracking and resolving resource gaps, problems within the LPS continuum, and assisting counties to problem solve around challenging placement problems.
6. Pass **regulatory protections** to ensure that clients with complex behaviors are able to access care at the appropriate level, in a licensed care facility and to prevent the practice of client “creaming”.

References

1. City and County of San Francisco, Budget and Legislative Analyst. (2019). *Review of Lanterman-Petris-Short (LPS) Conservatorship in San Francisco.* https://sfbos.org/sites/default/files/SF_Conservatorships_BLA_Policy_Report.pdf

2. Barnard, A. (2023). *Conservatorship - Inside California's System of Coercion and Care for Mental Illness; Columbia University Press*

3. City and County of San Francisco, Office of the Controller. (2025). *Expanding Behavioral Health Placements for a Complex Population - Findings and Recommendations of the Residential Care and Treatment Workgroup.* https://www.sf.gov/sites/default/files/2025-01/Residential%20Care%20and%20Treatment%20Workgroup%20Report%20FINAL%201.7.25_Report%20and%20Appendix.pdf

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Department of Disability and Aging Services

Thank You!

Jill.Nielsen@sfgov.org

Implementation Updates and Discussion Part 1: The Alameda CARE Team Approach

Kara Palmer, Senior Program Specialist, Alameda County Behavioral Health

Nicole Avshalomov, BACS/Care Court Program Manager

Renee Pace, Program Specialist, Alameda County Behavioral Health

Roberta Chambers, PsyD, Indigo Project Founder

Hon. Sandra K. Bean, Supervising Judge, Probate, Alameda County Superior Court

LUNCH!

neimand/
collaborative

Sharing Stories of CARE Act Progress

Presented by Sarah Hutchinson

May 21, 2025

n/collaborative

What we learned through research

An online focus group with CARE implementers informed us that:

- Concerns about CARE are mostly about practical implementation: How will it work and can it deliver services promised.
- The overriding motivation is providing a pathway to safety and well-being that works with people, not on them.
- Focus on what stakeholders want: Better outcomes for clients delivered with respect for them.
- Stories about how counties have adapted care to their needs educate and motivate—more variety is needed to reflect diversity across counties, so everyone can see themselves in CARE.
- Hesitancy about CARE court is assuaged when it is described as a compassionate court that is an advocate for the client and their journey.
- Availability of additional resources and tools for counties resonate.

How we apply it

- Messaging and outreach should communicate a willingness to work with counties, not direct them.
- Recognize that stakeholders are at different points in their journey and meet them where they are.
- Understand that hesitancy, doubt and resistance comes from an overriding concern for clients and are an opportunity to engage and build trust.
- Practice relentless outreach and communication.
- Communicate the unique, client-focused aspect of CARE court.
- Tell a variety of stories—include the clients' voices as much as possible.
- Be real—incorporating challenges and setbacks in storytelling will build trust and encourage people.
- Be realistic—there is no magic message that suddenly transforms behaviors. Messaging opens the door to dialogue, collaboration and success over time.
- Double down on technical communication—counties still need it.

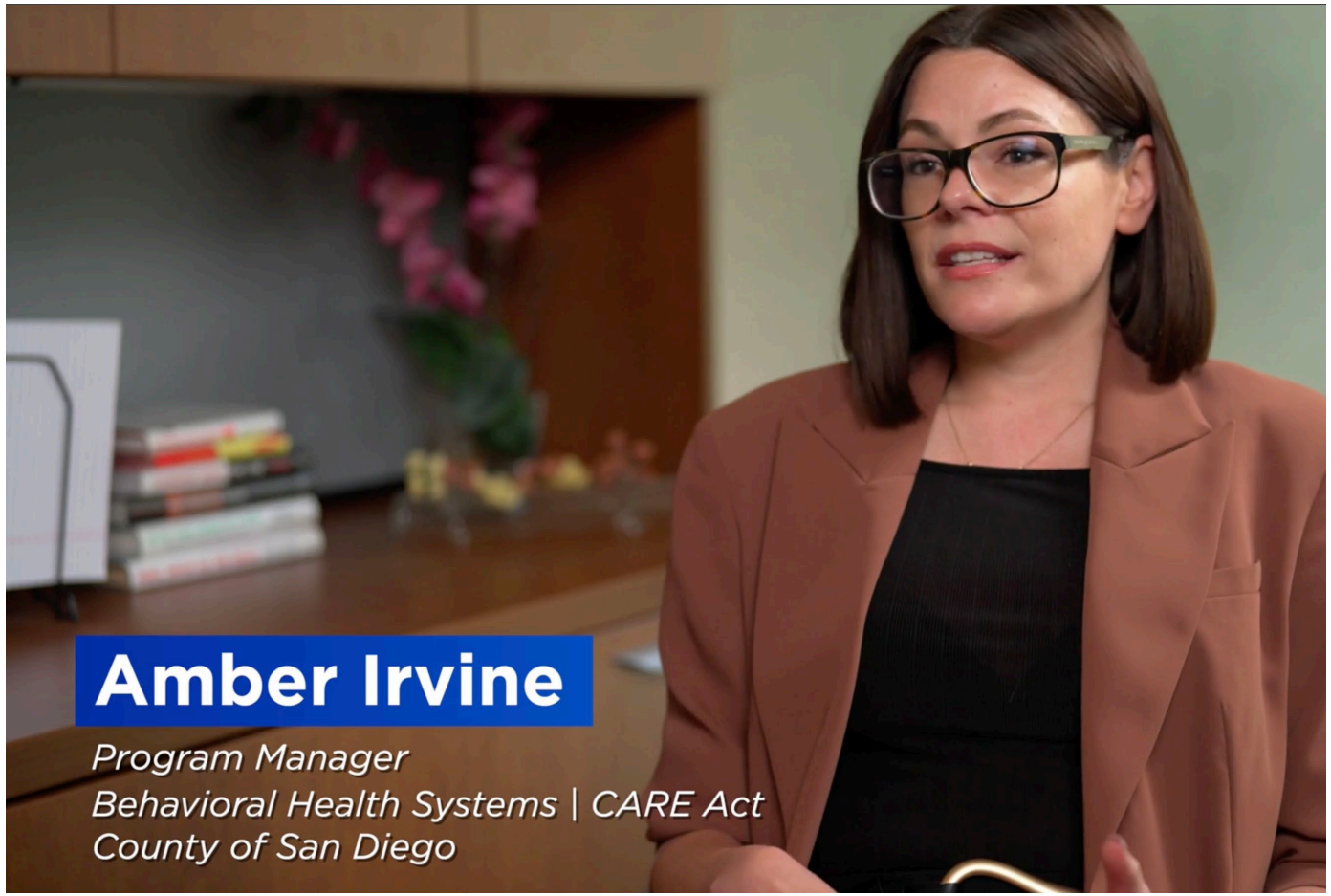
n/collaborative

New videos from The California Health and Human Services Agency (CalHHS) share how CARE is making a difference in Californian's lives by providing wrap-around services—focusing on the dignity and personal goals of the people served.

n/collaborative

Four videos, in both full-length and social-length, will be available:

- **The CARE Act at Work**
  (full-length and social cut)
- **The CARE Act at Work: San Diego**
  (full-length and social cut)
- **The CARE Act at Work: Riverside**
  (full-length and social cut)
- **The CARE Act at Work: Fresno**
  (full-length and social cut)



n/collaborative

Take action

- Links to shareable videos on YouTube
- Social media graphics and posts
- Sample copy to use to communicate with your own organizations, listservs, etc.

n/collaborative

Discussion

As we prepare to share these videos:

- Who can you distribute them to?
- Who else should we make sure to share them with?
- Are there any tools missing from the currently planned toolkit?

n/collaborative

Thank you

Implementation Update Part 2: CARE Act Respondent's Counsel

Jennifer Bender, Supervising Deputy Public Defender, Riverside County

Katrina Steiner, Attorney, San Mateo County Private Defender Program

Kellie Simon, Deputy Public Defender, Alameda County

Stephanie Regular, Assistant Public Defender, Alameda County

Implementation and Training and Technical Assistance Updates

Laura Collins

Principal, Health Management Associates (HMA)

CARE ACT WORKING GROUP

May 21, 2025

Training and Technical Assistance Updates

CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES

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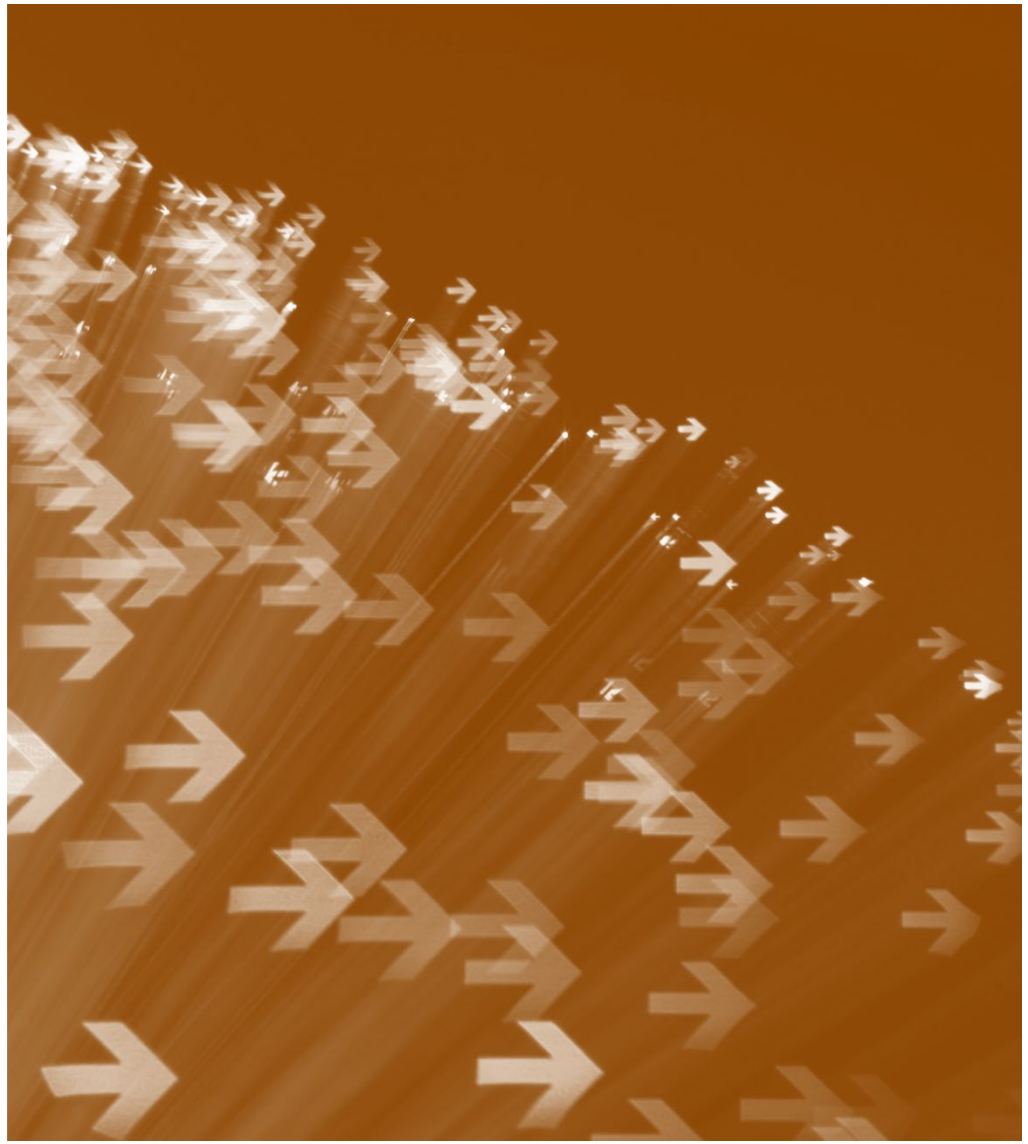
HMA



Agenda

What We've Been Up To

- HMA/DHCS TTA resources since last Working Group; Spotlighting TTA resource for Respondents

Routes to Deliver TTA

- Review of the array of approaches to TTA for counties; Spotlight on focused TA activities

CARE Act Implementation Survey Results

- County reported successes; TTA needs/opportunities

Looking Ahead and Open Discussion

- Upcoming TTA activities; open discussion to share other ideas and suggestions.

DHCS | HMA

What We've Been Up To

TTA resources and activities since the last Working Group in February include:

- Updated trainings to reflect process updates and learnings.
- New trainings on referrals and assessments.
- Resources on referral forms and engaging with system partners.
- Hosted a panel session on housing in CARE.
- Resources aligned with Data Dictionary 2.0.
- Added FAQs on key topics.
- Hosted TA sessions with counties.
- Created a peer-led video for respondents.

DHCS | HMA

Resource for Respondents

How the CARE Act Can Help You Access Support and Treatment: A Peer's Perspective

https://www.youtube.com/watch?v=xelsrnCYyQc

- The Working Group identified a need for a peer video for BH teams when engaging respondents on CARE.
- Created a 4-minute overview with input from County BH, peer subject matter experts, and state partners.
  - Shared lived experience with schizophrenia, and his belief in the recovery model.
  - Introduction to CARE Act as a civil process, promotes access to treatment and support, including housing.
  - Introduces the court process
  - Speaks about the supporter role, the respondent's lawyer, the judge's role.

Meeting TA Needs Through Multiple Support Methods

- Liaisons offer real-time support, coordination, and connections to subject matter experts.
- Flexible TA formats match needs and preferences.
- Focused on practical, responsive implementation support.

DHCS | HMA

Spotlight on Focused TA Activities

Small County Meetings

- Opportunity for small/rural/frontier counties to discuss unique challenges and innovative solutions.
- Common discussion topics:
  - Claiming
  - Outreach & engagement strategies
  - Data collection & reporting
  - Housing
  - CARE process flow (e.g. referral or petition nuances)
  - Community education/outreach.

County to County Connections

- Imperial and Glenn County discussions
  - SmartCare EHR insights
  - Promoting efficiency for CARE Act documentation and data collection & reporting.
- Innovative program discussions
  - Planning for jail-based competency treatment (JBCT)
- Facilitation of county-developed template sharing amongst multiple counties.

CARE Act Post-Implementation Survey

Purpose: To assess the status of CARE Act implementation

Captured data from January – March 2025

52 out of 58 counties participated

DHCS | HMA

Reported County Successes

01 **Strengthened Cross-System Collaboration**
Stronger partnerships, better stakeholder communication, and greater community engagement through ongoing collaboration and outreach.

02 **Successful Client Engagement**
Voluntary client engagement, successful CARE graduations, transformative outcomes, and increased linkage to services.

03 **Infrastructure Development**
Successes related to staffing, workflows, referral systems, and data infrastructure.

04 **Petition Progress**
Steady increase in filed and accepted petitions, with growing numbers of CARE agreements.

05 **Systemic and Community-Level Wins**
Improved service coordination, stronger family engagement, successful early interventions, and better housing and care continuity for high-need individuals.

DHCS | HMA

Engagement with System Partners

Notable Engagements

- CARE Act presentations, town halls, and trainings for system partners
- Mobile Crisis and Co-Response Teams as primary referral points
- Strong relationships with law enforcement, jails, courts, and hospitals
- First responder referrals from local police and mobile crisis units
- Streamlined referrals through case-by-case approaches and long-term relationships

Engagement Opportunities

- Build confidence of partners who may be hesitant to submit CARE petitions
- Opportunities to build stronger pathways with EMS, fire, and probation
- Provide education to law enforcement on CARE eligibility and benefits
- Developing referral infrastructure, especially with new or minimally-involved partners

DHCS | HMA

Assessing Effectiveness

CARE Process

- Reported effectiveness in core CARE processes (e.g., court collaboration and eligibility assessments)
- Need support with workforce, billing, and graduation planning.

Serious Mental Illness & Evidence-Based CARE

- Moderate success with peer and family support.
- Some counties indicate TTA needs around psychiatric advance directives and how to apply the ACT model to CARE.

Housing/Community Supports

- Effectiveness related to collaborating with service providers.
- Areas of need include innovative solutions and resource gap analysis.
- Barriers include lack of available housing and lack of housing options at the right level of care.

Equitable and Person-Centered Care

- Opportunities persist related to organizing around the volunteer supporter role.

Sustainability Efforts

- Making progress on CARE sustainability efforts (e.g., onboarding, training, and community outreach).
- Staff retention strategies remain largely undeveloped.

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Training & Technical Assistance Needs

- County BH noted specific TTA topics and resources to support CARE implementation.

- Legal & Court Processes
- Housing
- Data & Reporting
- Billing & Claiming
- Engagement
- Best Practices
- Cross-System Coordination
- Workforce

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Upcoming TTA Activities

Office Hours

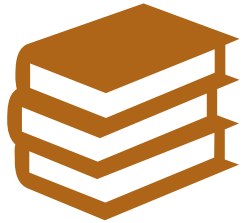
- Statutory Referrals
- Data Collection & Reporting
- Targeted topics

CARE in Practice

- Building a Culture of Support

Trainings

- Paths Out of CARE
- Updates to Petitioning series
- Updates to Claiming
- Data Collection and Reporting



Resources

- Claiming Guide for Counties
- Updates to Petitioning Resources

Ongoing TA

- Stakeholder Communications
- County Liaison activities
- Ad hoc and scheduled TA Activities

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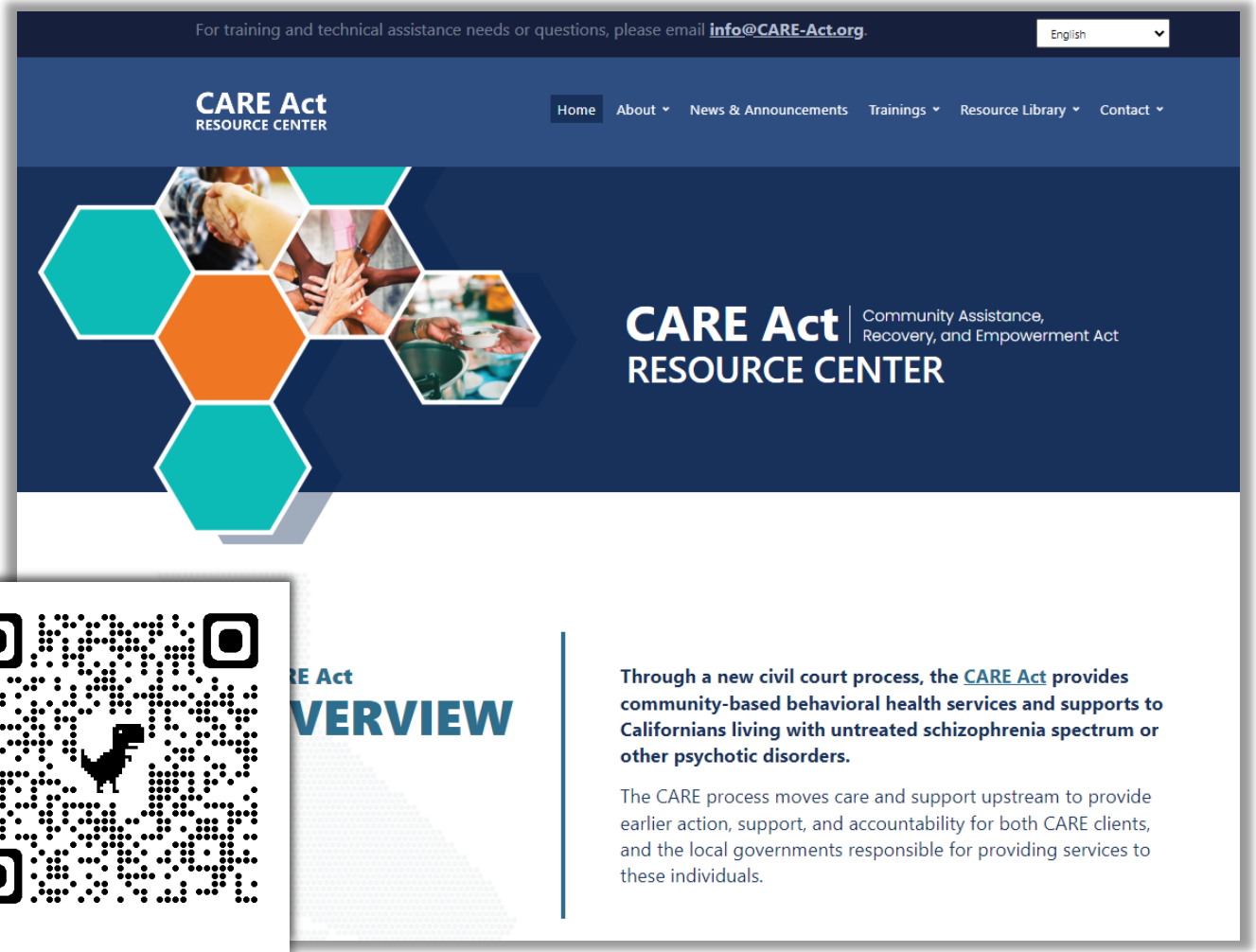
CARE Act Resource Center

- Training & Resource Library
- Volunteer Supporter Toolkit
- Family Resource Guide
- Resources for Petitioners
- Data Collection & Reporting
- County Directory
- FAQs



CARE-Act.org

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Connect with Us!

- Listserv
- Visit **CARE-Act.org**
- TA request form
- Data TA request form
- Stakeholder feedback form
- Email: info@CARE-Act.org

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Implementation and Training and Technical Assistance Updates

Cassie McTaggart
Judicial Council of California

Trainings, TA, and Resources

- **Recent Trainings and Technical Assistance:**
  - CARE Act Court Referral Pathways (Judicial Officer)
  - California Association of Collaborative Courts Conference Presentation
  - Quarterly office hours (January and April)
- **Upcoming Training:**
  - Judicial Officer Training: Best Practices for CARE Act Proceedings (June)
  - CARE Act, Serious Mental Illness, and De-escalation Training (TBD)
  - Motivational Interviewing (TBD)
  - On Demand training for judges with CARE Act court assignments
  - Beyond the Bench Pre-Conference (November)
- **Resources:**
  - Judicial Benchguide

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Judicial Council Rules & Forms Update

- New and revised rules, forms, and standard will be effective on July 1, 2025.
- Highlights of the new and revised forms include the following:
  - The petition is now shorter and simpler with improved the readability
  - New alternative petition, CARE-102, which combines elements of both forms CARE-100 and CARE-101 to be completed only by licensed behavioral health practitioners
  - New forms to provide notice to original petitioners who are family members and roommates for continuances and dismissals
- Rules revised:
  - Revisions to rules regarding communication between a referring court and the CARE Act court
  - New standard of judicial administration provides guidelines regarding the unique roles of the court and judicial officers in CARE Act proceedings

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CARE Act Trial Court Data

- As of the April 2025 reporting period (please note data are subject to change):
  - **1,808** cumulative petitions filed
  - **1,030** active petitions
  - **378** CARE agreements
    - 48 CARE agreements were approved in April 2025 (the highest number of CARE agreements for a reporting month to date)

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Updates on CARE Act Working Group Ad Hoc Groups

Stephanie Welch, MSW, Deputy Secretary of Behavioral Health, CalHHS
Dr. Kate Warburton, State Medical Director, DSH
Karen Linkins, Principal, Desert Vista Consulting

Closing Thoughts

Stephanie Welch, MSW, Deputy Secretary of Behavioral Health, CalHHS

2025 Working Group Meetings

August 27, 2025

November 19, 2025

Recap of Our Day

- Welcome and Opening Remarks
- Featured Topic: The Role of Public Guardians and Public Conservators in CARE Implementation
- Implementation Updates and Discussion Part 1: The Alameda CARE Team Approach
- Lunch (and videos)
- Implementation Update Part 2: CARE Act Respondent's Counsel
- Implementation and Training and Technical Assistance Updates
- Updates on CARE Act Working Group Ad Hoc Groups

CalHHS
California Health & Human Services Agency

Public Comment

Public Comment will be taken on any item on the agenda

There are 3 ways to make comments:

1. In person, please come to designated location
2. Raise hand on zoom to speak. If joining by call-in, press *9 on the phone.
3. We encourage email comment to CAREAct@chhs.ca.gov

NOTE: members of the public who use translating technology will be given **additional time**.

CalHHS
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Thank You!

California Health & Human Services Agency

Person Centered. Equity Focused. Data Driven.