California Health and Human Services Agency
Community Assistance, Recovery & Empowerment (CARE) Act
Working Group Meeting Minutes
August, 21, 2024

Working Group Members in Attendance:

- **Beau Hennemann**, RVP of Local Engagement & Plan Performance, Anthem
- **Bill Stewart**, San Diego County Behavioral Health Advisory Board, Chair
- **Dr. Brian Hurley**, Medical Director, Substance Abuse Prevention and Control, LA Dept of Public Health
- **Dr. Clayton Chau**, National Healthcare and Housing Advisors
- **Deb Roth**, Disability Rights California
- **Hon. Ebrahim Baytieh,** Judge, Superior Court of California, County of Orange, standing in for Hon. Maria Hernandez, Assistant Presiding Judge, Superior Court of Orange County
- **Harold Turner,** Executive Director, NAMI Urban Los Angeles
- **Ivan Bhardwaj,** Chief, Medi-Cal Behavioral Health – Policy Division, DHCS
- **Jenny Bayardo**, Executive Officer, California Behavioral Health Planning Council
- **Keris Myrick**, Person with Lived Experience of Schizophrenia Diagnosis
- **Ketra Carter**, Director, Homelessness Strategies and Solutions Department
- **Lauren Rettagliata**, Family Member and Co-Author of *Housing That Heals*
- **Monica Morales**, Office of Second District Supervisor for Santa Cruz County
- **Tim Lutz**, Director of Health Services, Sacramento County
- **Ruqayya Ahmad**, Policy Manager, CPHEN
- **Stephanie Welch**, Deputy Secretary of Behavioral Health, CalHHS
- **Dr. Veronica Kelley**, Chief of Mental Health and Recovery Service, Orange County
- **Zach Olmstead**, Chief Deputy Director, Department of Housing and Community Development

Working Group Members in Attendance Online:

- **Al Rowlett**, Chief Executive Officer, Turning Point Community Programs; Commissioner, MHSOAC
- **Charlene Depner,** Director, Center for Families, Children & The Courts, Judicial Council of California
- **Dhakshike Wickrema,** Deputy Secretary of Homelessness, Cal BCSH
- **Hon. Maria Hernandez**, Assistant Presiding Judge, Superior Court of Orange County
- **Jodi Nerell**, Director of Local Mental Health Engagement, Sutter (greater Sacramento)
- **Lorin Kline,** Director of Advocacy, Legal Aid Association of California
- **Susan Holt**, Behavioral Health Director and Public Guardian, Fresno County

Working Group Members not in attendance:

- **Anthony Ruffin**, Community Center Director 1, LA DMH Concierge Outreach Team

- **Dr. Katherine Warburton,** Chief Medical Officer, California Department of State Hospitals
- **Herb Hatanaka,** Executive Director, Special Services for Groups
- **Matt Tuttle**, President, San Jose Firefighters Union Local 230
- **Tracie Riggs**, County Administrator, Tuolumne County
- **Tim Lutz,** Director of Health Services, Sacramento County
- **Xóchitl Rodriguez Murillo**, Deputy Secretary, Minority Veterans Affairs, CalVet

1. Welcome and Introductions

Karen Linkins, Principal, Desert Vista Consulting, welcomed the CARE Act Working Group (WG) members, both those present in person and those who joined online.

Linkins asked all members to introduce themselves briefly. Members present in person and online went around and introduced themselves.

Linkins reminded the group to speak slowly for the ASL interpreters. She reviewed virtual meeting guidelines for the members who joined via Zoom and members of the public. She also reviewed essential operations information for the Working Group. She shared the dates for upcoming meetings and encouraged members to submit agenda item suggestions for future meetings.

2. CARE Act Implementation Update-Department of Health Care Services

Linkins introduced Ivan Bhardwaj from the Department of Health Care Services to provide the department's updates. Bhardwaj provided a brief overview of DHCS' role:

- DHCS has a range of responsibilities related to implementation of the CARE Act, including providing technical assistance to counties, administering certain funds, producing an annual report, and overseeing the independent evaluation.
- DHCS has released several BHIN's to provide guidance on CARE implementation, covering topics such as fine and repayment guidance, reimbursement rates and billing, and data collection and reporting requirements.

Bhardwaj outlined DHCS' upcoming milestones:

- DHCS is in the process of finalizing key performance indicators for the annual report, which will build upon outcome measures laid out in statute.
- DHCS will continue collaboration with RAND on the Independent Evaluation.
- DHCS will publish the Early Implementation report in the coming months.
- DHCS, in collaboration with HMA, will finalize the updated Data Dictionary and issue updated guidance on data collection and reporting.
- DHCS will issue guidance to counties regarding billing for services for participants who have private or commercial insurance.

3. Celebrating and Supporting Recovery: Presentation and Reflections

"From Schizophrenia and Homelessness to Co-Founder of the CURESZ Foundation"

Bethany Yeiser introduced herself and presented on her personal journey of recovery from schizophrenia:

- Yeiser shared that she is now fully recovered from schizophrenia, but previously used to be homeless in Los Angeles County with no clear path to recovery.
- Yeiser stated that even though she was battling hallucinations and delusions, she did not attribute these symptoms to mental illness until she was entered into treatment for schizophrenia on March 3, 2007.
- Yeiser shared that many people who are unhoused and have schizophrenia are choosing to be unhoused because of their delusions, which was true in her case.
- Yeiser's first three psychiatrists told her she was permanently disabled and would be defined by her disability for the rest of her life, unable to live independently.
- During a period of 12 months, Yeiser was put on several different antipsychotics with terrible results. Things started to shift when she began seeing a new doctor who emphasized rapport building and took interest in her background, passions and saw her as a person, not just as her illness.
- Yeiser's doctor, Dr. Henry A. Nasrallah, put her on Clozapine, a drug designed for treatment-resistant schizophrenia.
- Yeiser emphasized the potential of CARE to help people like herself and expressed that if the CARE Act was implemented in 2006-2007, she would have spent less time and money in the hospital and/or incarceration.

Yeiser discussed her academic and professional journey, sharing the following details:

- Yeiser holds a molecular biology degree and has graduated from the University of Cincinnati.
- Yeiser was passionate about helping people in Africa and China. Now she feels her passion is to help those who are vulnerable in the United States.
- Per the suggestion of Dr. Nasrallah, Yeiser published *Mind Estranged: My Journey from Schizophrenia and Homelessness to Recovery* in 2014. Yeiser's mother also published a companion book: *Flight from Reason: A Mother's Story of Schizophrenia, Recovery and Hope* in 2014.
- Yeiser is the President and CEO of the CURESZ Foundation, which focuses on cutting edge underutilized medication for schizophrenia. The organization has a YouTube channel featuring videos for caregivers and facilitates mentoring programs, clubs, ask the doctor events, and a support group.

Yeiser shared guidance for providers and her wishes for CARE implementation:

- Yeiser stated that some clinicians and various members of the community will need to be challenged to be proactive and file a CARE petition.

- Yeiser emphasized that when rapport is built, medication compliance is maintained. She also stated that going off anti-psychotic medication on your own then getting back on could result in medication becoming less effective.
- Yeiser asked those in the room to reach out to those incarcerated with misdemeanors and felonies as they may have schizophrenia.
- Yeiser stressed the need for more hospital beds to reduce the number of people in jail with psychosis.
- Yeiser would like to see more public awareness and education about brain disorders in elementary schools, high schools and colleges, as these disorders are common and treatable.

Yeiser concluded by discussing the strengths of the CARE process, noting that at its core, CARE is about meeting people where they are at.

Reflections and Conversation

Linkins thanked Yeiser and introduced Vanessa Ramos from Disability Rights California, as well as Working Group members Harold Turner and Keris Myrick, to offer reflections on Yeiser's presentation and insights from their own lived experience.

Harold Turner – NAMI Urban Los Angeles

Turner shared his personal story of his experience as a family member of someone with schizophrenia:

- Turner's daughter was diagnosed at the age of 21 with schizophrenia and was incarcerated for two years due to an incident in which her symptoms led to her harming a family member.
- During the period of his daughter's incarceration, Turner and his family found support through the Public Defender's office who built rapport with his daughter.
- Turner's daughter was remanded to a State Hospital for 17 months and had a six-person care team available around the clock for treatment. While she was there, Turner was able to attend his daughter's treatment meetings and know her prognosis.
- When Turner's daughter was released to Community Outpatient Treatment, neither his daughter's nor his own needs were being met, as the outpatient team did not practice modalities that were effective for his daughter and they did not welcome family input.
- Turner's daughter was placed in a board and care facility, though had an altercation while there that led to her return to the state hospital.
- There were challenges coordinating her care among the hospital, the Community Outpatient Treatment program, and the court system.
- After her second State Hospital stay, Turner's daughter spent no further time in the criminal justice system or inpatient mental health system.
- Now that Turner's daughter is in recovery from schizophrenia, she returned to college, has employment, and is working on getting her degree.

Turner discussed the role that CARE can play for families like his:

- Turner stated that if CARE was implemented back when his daughter was first diagnosed, her incarceration could have been avoided, and the system would have been held accountable to deliver the care she needed.
- If implemented correctly, Turner said that CARE will make a tremendous difference in the lives of individuals and families who are struggling to get their needs met in the current system. He stated that individuals and their families are relying on this CARE to correct the harms of the current status quo.
- Turner emphasized that trying to navigate a mental health system and criminal justice system that are both broken is an incredibly tough job for both families and individuals.

Vanessa Ramos – Person with Lived Experience and Family Member, Disability Rights California

Ramos shared details of her personal story as both a person with a schizoaffective disorder diagnosis and a family member:

- Ramos stated that she shares her own story as part of her recovery from schizoaffective disorder and substance use, which are both highly stigmatized in her culture and religion.
- Ramos discussed her journey supporting her brother, who had lived unhoused for more than 17 years with a lack of intervention for several different reasons and is now facing felony charges after being arrested by a S.W.A.T team at their grandmother's house.
- Ramos said that she is unsure if CARE could have helped her brother. She shared that in reflecting on her own experience of recovery, it seems that further engagement would be needed in the event that respondents refuse to engage in the process.
- Ramos shared that her brother is slowly recovering and she hoping he will be moved to a state hospital.

Ramos discussed her role as an advisor at Disability Rights California (DRC):

- Ramos' role is to work within the investigation unit to investigate, uplift and advance the rights of people with disabilities. That includes combating stigma and discrimination and fighting against unnecessary institutionalization and incarceration, along with advocating for trauma-informed and culturally responsive services for people with disabilities.
- Ramos is in pursuit of more effective and humane solutions for individuals in the CARE process.
- Ramos expressed her belief that it is essential to develop intersectional approaches that consider unique needs and experiences of those involved in the justice system and mental health system. She expressed concern that CARE is being implemented without considering the varying mental health needs of its participants.
- Interventions today, Ramos stated, are very different from what they were in the height of her substance use and may not have been suitable for at different stages of her recovery.
- Ramos voiced that her colleagues at DRC are opposed to some of the interventions being rolled out by the State.
- Ramos expressed the disconnect she feels with the State's approach, as she felt that interventions were developed without all relevant parties in the room. She said that this

approach did not create space to leave ideologies at the door and collectively think through adequate solutions for a range of people's needs.
- Ramos stated that family members, loved ones and people impacted and living in recovery may come up with better solutions. She also expressed that policy sometimes ends up looking very different when implemented than it did on paper.
- Ramos said that inclusive and true representation of California's values and diverse populations calls for CARE resource materials to be developed by community, not by the State.

Ramos discussed her views of the California Conditional Release Program (CONREP), CARE, and other statewide initiatives:

- Ramos stated that CONREP is currently disorganized, particularly in Los Angeles, and has been implemented without consistency across counties.
- Ramos shared that if she were to navigate CARE as a respondent before her recovery, she does not know if she would have been able to receive or accept services because of the severity of where her illness was at the time.
- Ramos suggested that more intersectional solutions need to be developed, led by the SUD and mental health advocacy communities, rather than by the legislature. Ramos stated that the legislative system has many bills that they're reading and that even the most ethical legislature may have a hard time reading and understanding the specifics of each bill.
- Ramos added that she does not think that the Los Angeles guardian system is currently at a place where conservatorship is beneficial, though she has heard it has been for some people in other counties.

In closing, Ramos expressed additional concerns and hopes for ongoing CARE implementation:

- Ramos suggested that Working Group meetings include a larger and more diverse range of presenters.
- Ramos emphasized that the State cannot develop interventions appropriately in isolation.
- Ramos expressed hope that the reflections shared by both her and Turner are able to motivate changes to the systems they discussed, as well as help the group gain clarity on who they are speaking to and about in discussions of CARE.
- Ramos emphasized the need for alternate, non-carceral forms of engagement for people who are refusing care. She suggested that these be developed with family members and people living in recovery collectively, rather than being pushed through the California legislative system.

Keris Jän Myrick – Person with Lived Experience of Schizophrenia Diagnosis

Myrick stated earlier that recovery is about health, home, purpose and community, not just absence or reduction of symptoms.

In closing, before questions and discussion, Myrick mentioned the common things heard was the power of rapport, developing relationship and trust of the provider and CARE team.

Questions and Discussion:

Working Group members shared questions and reflections:

- Bill Stewart thanked the panel and shared the importance of finding ways to connect with loved ones. He stressed that consistency of support goes a long way with building rapport.
- Myrick shared that it took meeting someone who looked like her and been through the very same things that she had been through to believe that it was possible to get better. She needed to know which elements of what she was experiencing were delusions and which were the reality of racism, and she needed someone who looked like her to know the difference between the two. Myrick asked the group to consider access to people that look like or speak the same language as the person needing help in discussions about rapport and support.
- Lauren Retaggliata asked if courts will have the power to consider conservatorship in cases where respondents are refusing engagement attempts, even after many touches. She shared her personal experience as a family member and asked why something terrible must happen before someone receives the level of help they need.

Deputy Secretary Stephanie Welch reiterated that the Working Group is a space for important difficult conversations to be had and different perspectives to be shared. She said that now that Cohort 2 is launching, these important conversations are especially needed to figure out how to move forward constructively with implementing all the complex pieces of CARE.

Deputy Secretary Welch wrapped up the reflections discussion and noted that more and more people in the field are doing the work of building rapport every day. She said that in counties that have already launched, increasing numbers of people are getting help because of CARE, which sometimes occurs outside of the formal court process. She explained that people are still getting connected with services they need who don't meet the criteria for the CARE process and many people are saying yes to help for the first time now that care is being offered.

4. Panel Discussion of CARE Act Implementation Updates

Linkins introduced panelists from San Diego, Stanislaus, and San Mateo Counties. She asked the panelists to provide a general update on their county's implementation of CARE.

San Diego County Representative Amber Irvine

- Irvine shared that San Diego County received 165 petitions and formed 55 CARE agreements. The second CARE graduation was held that morning.
- Irvine reported that implementation has been consistent, with thoughtful adjustments to streamline the process and honor CARE's purpose—empowering individuals and meeting them where they are at.
- Irvine shared that the CARE courtroom fosters a hopeful environment.

San Diego County Representative Christopher Guevara

- Guevara stated that his role is to support San Diego's CARE project management and data components.

- Guevara is collaborating with HMA to streamline data collection and analyze trends in San Diego.
- Guevara is working with University of California, San Diego on client, family, and clinician surveys.
- Guevara praised Irvine's team for quickly connecting clients to treatment.

Stanislaus County Representative Chandra Campbell

- Campbell shared that as of July, 44 petitions were received by Stanislaus BH, with 18 CARE agreements formed.
- Campbell shared that 70% of their effort focuses on building rapport and identifying each individual needs. She emphasized that engagement is often a non-linear process.

San Mateo County Representative Jei Africa

- Africa shared that BHRS implemented CARE in San Mateo County early in July 2024.
- Africa stated that the AOT and therapy teams collaborate to engage individuals who don't meet AOT criteria but qualify for CARE, focusing on encouraging voluntary participation and self-determination.

San Mateo County Representative Ally Hoppis

- Hoppis shared that San Mateo County created referral phone lines and email addresses for CARE, and are accepting referrals from family members, CBOs, law enforcement, and others.
- Ineligible cases are still reviewed by a blended team and AOT to ensure service access.
- Hoppis reported that 19 referrals have been received, with two petitions submitted and the first hearing scheduled for next week.

Expanding petition pathways

Linkins asked panelists what strategies they are using to engage system partners and community entities as eligible petitioners.

- Irvine reported that 54% of petitions have come from family members, while treatment providers, first responders, and CBOs are hesitant to petition due to concerns about attending court and administrative burdens.
- San Diego offers educational presentations to partners and works with CBOs to streamline the process. The BHS team collaborates with hospitals and first responders, providing virtual hearing reminders to ease petitioners' anxiety. Legal Aid assists with petition completion.
- Campbell shared that Stanislaus County held several town halls so the CARE team could educate the community and answer petitioning questions. They have also worked to raise awareness about CARE through training sessions, informational videos, collaborations with NAMI, and social media campaigns.
- A separate Stanislaus County CARE Team (no association with the CARE Act), created in 2018, includes probation, law enforcement, and health agencies, is acting as a liaison for connecting individuals to the behavioral health CARE team.
- Africa shared that efforts to spread the word about CARE in San Mateo continue, but confusion still remains. Outreach has been done to San Mateo County City Councils, NAMI, Behavioral Health commissions, law enforcement, and community meetings to explain the process.

- Hoppis shared that San Mateo's Field Crisis Committee, like the Stanislaus CARE Team that Campbell described, includes law enforcement, the DA, Probation, CBOs, and mental health teams.
- San Mateo County law enforcement has requested assistance for individuals they repeatedly encounter in different cities.

Working Group Discussion:

Ketra Carter advised that the San Diego LIFT Team provides support through homeless services for those that frequent the emergency response system at high rates so there is consultation on all levels. She observed that CARE is approaching the one-year mark in Cohort 1 counties and people in San Diego are graduating. She asked if there are plans to extend CARE agreements for longer durations in cases in which participants require ongoing support.

- Irvine replied that this population often requires more time due to co-occurring needs. The County can extend support for an additional year. Irvine said that post-graduation treatment will differ based on the needs of each individual, with ongoing connections to care and services per their CARE agreement. Individuals may continue to receive assertive community treatment or step down to strength-based case management, dependent on their needs assessed at graduation.
- Campbell shared that Stanislaus County has a similar approach and will see its first graduate in the coming months.

Stewart stated that it has only been a year since CARE went live in Cohort 1 counties and CARE is still developing throughout the state. He asked if any benefits have been seen because of the increase of MCRT vehicles in regard to engaging and referring individuals in San Diego.

- Irvine stated that San Diego is working on increasing petitions from crisis response teams, such as MCRT and psychiatric emergency response teams, who face administrative burdens that have deterred them from filing. She shared that these teams have shared data with her team that CARE is effectively reducing crisis calls and emergency service utilization.
- Campbell shared in Stanislaus County they are also collaborating with crisis response with the shared goal of getting people connected with CARE or other programs.
- Hoppis said that San Mateo County behavioral health staff are excited to work with partners and community.

Rettagliata shared her concern that Housing First approaches are not always effective for people in crisis. She asked if housing has been a barrier in counties, as well as how the unique housing needs of those with serious mental illness or substance use disorder with psychosis are being addressed.

- Campbell stated that housing has been an issue in Stanislaus, though it has not created the barriers that she was initially anticipating. She shared that each individual's needs are unique and the county is focused on expanding housing options. She added that full continuum of services is available to CARE respondents based on their needs.
- Irvine shared that barriers to housing exist, even with a range of housing resources available in the county. She said that individuals experiencing active psychosis often prefer individual living environments over shared options, but availability of individual living environments is more limited. She added that although recovery progress involves goals of social connectedness and belonging, individuals ultimately have the freedom to

choose their housing. While clinicians may recommend board and care facilities, many respondents refuse these placements due to personal preferences. In some cases, individuals have been placed in temporary motels or hotels when appropriate.
- Hoppis shared that a supportive housing campus funded with Behavioral Health Bridge Housing dollars will be opening in San Mateo in a month. She said that the homeless outreach team will assist with CES assessments for shelter placement, while the county explores funding for motel vouchers, shelter beds, and board and care options based on individual needs.

Deb Roth asked what data are being tracked for the individuals receiving voluntary treatment outside of the CARE process. She also asked what happens to CARE graduates and said that recovery is an ongoing journey without a clear end date.

- Irvine pointed out that by law, counties must track specific data on CARE participants for one-year post-graduation. She said that San Diego County plans for graduates to transition to full-service partnerships, receiving assertive community treatment and being monitored through the Data Reporting Center as required by MHSA. She added that the county also tracks some pre-petition data for individuals linked to voluntary services before a petition is filed. San Diego County offers a crisis line and Legal Aid Society for information and tracks calls related to CARE to ensure treatment connections. She said that the Single Point of Access for full-service partnerships reviews their waitlist, identifies individuals who meet CARE criteria, and connects them to available treatment slots without a petition being filed. Irvine added that some respondents have chosen to enroll in Assertive Community Treatment outside the CARE process.
- Hoppis shared that San Mateo tracks data through the referral system they set up to determine CARE eligibility and connect individuals to services. San Mateo has not had a court hearing yet. Hoppis stated that their goal is to facilitate voluntary engagement outside of the court process. She said that since 2016, San Mateo has provided outpatient treatment without filing AOT petitions in order to preserve individual choice in treatment. The San Mateo CARE behavioral health team includes clinicians, mental health counselors, and peers from diverse backgrounds, reflecting the community.

5. Lunch

6. Updates on Independent Evaluation of CARE Act

Linkins introduced Andy Potter, Program Evaluation Section Chief at DHCS, to introduce representatives from the RAND evaluation team. Potter provided the following introduction and background:

- DHCS selected RAND for their expertise in evaluating projects at the intersection of behavioral health and the justice system, including work in California.
- Potter noted that while HMA is responsible for providing snapshots of CARE implementation, RAND's independent evaluation focuses on assessing whether CARE is achieving its intended impact, including increased recovery and reduced justice system involvement and LPS conservatorships.
- RAND has benefitted greatly from this group’s input at prior meetings, as well as from feedback they received from the Data Collection, Reporting and Evaluation ad hoc group, which RAND has presented to several times.

- Potter said that RAND's presentation at today's meeting will include their plans to gather the perspectives of stakeholders on the CARE process and their plans to incorporate more elements of the implementation process in the evaluation.

Potter and Linkins welcomed Nicole Eberhart, Senior Behavioral Scientist at RAND to present. Eberhart presented the following information:

- RAND is a nonprofit nonpartisan research organization whose headquarters is in California.
- One of RAND's first CARE deliverables was to document the theory of change through the creation of a logic model for the CARE Act.
- The logic model shows how various elements of CARE are designed to lead to target process or interim outcomes, and ultimately to impact outcomes. The logic model also sketches the framework RAND will use to evaluate implementation, accomplishments, and outcomes.
- As part of the evaluation, RAND will also document lessons learned from the CARE model. Eberhart said that they aim to ensure that both California and others outside of the state can learn from the work that has gone into CARE implementation.
- RAND will provide recommendations for ongoing implementation of the CARE Act, identifying lessons to improve the process as it evolves.

Eberhart shared evaluation progress to date:

- RAND completed the logic model.
- RAND added a process evaluation component based on feedback from the Working Group. Initially, the focus was solely on outcomes, but many raised concerns that RAND would miss important insights without evaluating the process, such as the various barriers and facilitators of successful implementation. RAND is excited to include a process evaluation, as it helps them better understand outcomes.
- An evaluation plan and a CARE participant survey have been drafted, which is currently being revised.
- Eberhart's team received initial approval from the RAND Human Subjects Protection Committee IRB, which will allow them to access the data HMA is collecting from the counties.

Eberhart shared that the draft evaluation plan centers equity throughout the evaluation design and implementation. This includes:

- Ensuring underrepresented and marginalized groups participate
- Accommodating preferred languages
- Prioritizing inclusivity in stakeholder engagement by seeking diverse voices
- Analyzing data to identify disparities by race, ethnicity, and other factors
- Measuring outcomes across different demographics and service groups
- Embedding equity in every aspect of the evaluation to address the needs of California's diverse communities

Eberhart presented more detail on the logic model and how RAND will approach evaluating the theory of change that it lays out:

- The logic model outlines key evaluation questions. In regards to implementation components, RAND aims to assess how prepared counties were to adopt the CARE Act

model, how it was implemented, and the factors affecting its effectiveness and cost, including barriers and facilitators. For expected outcomes, RAND seeks to determine if CARE participants increased their engagement with services, whether access was equitable, and if participants experienced improved mental illness recovery and empowerment.

- Eberhart reiterated that the evaluation will assess whether recovery and empowerment outcomes were experienced equitably.
- RAND will examine strategies and activities at both the individual and system levels. At the individual level, they will look at petition participation, including pre-petition engagement, the court process, CARE plan development, service connection, delivery, and advocate involvement. At the system level, they will evaluate broader impacts and structures.
- County workflows that support CARE Act implementation will be examined, such as system coordination across county behavioral health, public defenders, courts, and County Counsel, as well as the accountability mechanisms in place.
- Using individual level data, different CARE pathways will be assessed, including voluntary, elective, and court-ordered care. Evaluators will also look at factors like perceived appropriateness of care, quality of care, choice, satisfaction, social support, and service awareness.
- Evaluators anticipate that CARE will be associated with increased service engagement, medication stabilization, and access to safe, stable, and preferred housing. They will evaluate these outcomes using various measures, including the CHIME framework and the personal care goals of participants.
- Evaluators will also assess certain outcomes that are laid out in statute, such as reductions in emergency department visits, hospitalizations, arrests, incarcerations, and conservatorships.
- Equity will be assessed across all outcomes.

Eberhart discussed which data sources and methods RAND will be using to inform the evaluation:

- RAND will be conducting implementation partner interviews, which will involve speaking with county representatives about their experiences.
- RAND will also be conducting interviews with CARE participants and petitioners, as well as fielding a participant survey.
- HMA will provide administrative data, in collaboration with counties, which RAND aims to supplement with additional data sources to address all the evaluation questions.
- RAND will be using mixed-methods evaluation, meaning combining quantitative approaches like data analysis with qualitative methods like interviews.
- For the qualitative methods, RAND will use in-depth interviews with representatives from 12 Cohort 1 and 2 counties to assess how prepared counties were to implement the CARE model, how it was implemented, and the factors influencing its effectiveness.
- RAND aims to draw conclusions about implementation at both local and state levels. In addition to interviews with county representatives, state partners, including DHCS, HMA, CalHSS, and the Judicial Council will be engaged. They will be asked about staffing and training, the implementation process, efforts to ensure equity and access to care, as well as the facilitators and challenges of implementation.
- A range of CARE participants will be interviewed, including elective clients, those with CARE agreements, and those with CARE plans. They will be asked about the initiation

period, barriers and facilitators to participation, their satisfaction with the process, and their suggestions for improvement.
- Petitioners will also be interviewed to understand their views on the petition filing process, their perceptions of the care received by the individual, and their insights on equitable access to services and support for the respondent.
- Quantitative methods will be leveraged to address several evaluation questions, particularly those relating to engagement in care and measurable recovery outcomes.
- Key quantitative data sources include county data collected with HMA support, which capture variables such as the total number of CARE respondents, volunteer supports, completion of psychiatric advance directives, service engagement, medication stabilization, housing, conservatorships, arrests, incarcerations, and emergency department visits and hospitalizations.
- RAND will augment the HMA-facilitated data with supplemental sources, including HCAI hospitalization data, Medi-Cal claims data, state hospital data, and incarceration data.

Eberhart provided more detail on the respondent survey:

- CARE participants across all three CARE pathways will be surveyed at two different points in time.
- The survey will be in three different formats: web-based survey, phone interviews, and in-person field interviews.
- The survey will cover individual-level outcomes. Key outcomes include perceived choice and appropriateness of CARE, perceived quality of care, satisfaction with the CARE process, awareness of service options, and social support. This also will include engagement in services, medication stabilization and safe, stable and preferred housing.
- RAND will examine recovery through the CHIME model, focusing on connectedness, hope, identity, meaning, purpose, and empowerment.

Eberhart discussed RAND's plan for data analysis:

- RAND will analyze the qualitative data from interviews to address process evaluation questions 1-3.
- Using thematic analysis, they will summarize data within and across counties and apply a consistent framework to create a cohesive narrative.
- RAND will analyze quantitative data to address both process and outcomes evaluation questions (1-5), aiming to identify changes attributable to the CARE Act model. This will involve examining administrative data while controlling for various variables.

Eberhart shared information on RAND's planned stakeholder engagement process:

- RAND's stakeholder engagement to date has been vital for ensuring RAND's complete understanding of CARE and accurately reflecting it in the logic model. Stakeholder feedback has helped shape the updated evaluation methods, including sampling plans, implementation partner selection, and survey design.
- RAND plans to share interim findings with stakeholders, including all members of the Working Group, to facilitate identification and discussion of key insights.
- As part of the ongoing stakeholder engagement process, RAND will ensure they hear from a diverse representation of stakeholders, including county and state departments, individuals with lived experience, family members, potential petitioners, and racial equity experts.

Eberhart discussed key deliverables and next steps:

- RAND's draft evaluation plan and participant survey have both been submitted and are currently being revised in collaboration with DHCS. Revisions to the survey are focused on shortening the survey to reduce participant burden while retaining essential content.
- The interim evaluation report on early findings is will be shared in September of 2026.
- The final evaluation report will be submitted by September 1st, 2028.
- RAND will be putting together quarterly progress reports.
- RAND is currently finalizing the stakeholder engagement plan and anticipates receiving a second round of feedback on the evaluation plan.
- The evaluation team is developing a survey distribution plan in collaboration with counties, HMA, and others.
- RAND is preparing to begin data collection and analysis by developing interview protocols, selecting sites, completing the sampling process, and identifying any additional supplemental data sources.

Linkins thanked Eberhart for providing RAND's updates.

Questions and Discussion:

Deputy Secretary Welch inquired if the quarterly progress reports will include a written version of the slide deck that was presented, as she wants this body to receive regular updates. She asked if someone could provide those updates and when that would be possible. Deputy Secretary Welch expressed appreciation for the logic model and evaluation approach and asked Eberhart if she would be comfortable sharing initial findings with the group. She said that their interim report will fulfill statutory requirements but emphasized the value of real-time updates on findings.

- Eberhart confirmed that engaging with this group is a key aspect of stakeholder involvement and that RAND will share findings along the way while seeking feedback. She said that the quarterly progress report isn't the best way to communicate findings, as it mainly focuses on completed deliverables.

Deputy Secretary Welch asked how RAND is managing the fact that CARE currently has 8 counties that started early, putting them on a different timeline.

- Eberhart responded that RAND is finalizing the sampling plan, which will include all counties and identify their respective cohorts. For in-depth aspects like interviews, they will sample from both cohorts. Initially, RAND aimed for a more even distribution to gather insights from early counties, but concerns were raised about the early model's maturity. Therefore, RAND plans to weigh the later counties more heavily.

Deputy Secretary Welch asked how RAND will manage the variability in county size and demographics, given the many relevant differences between rural counties and large, urban counties like LA.

- Eberhart responded that for the RAND sampling strategy, they aim to balance county selection based on size and geography to ensure full representation. They will also draw conclusions that compare smaller vs. larger counties and urban vs. rural areas, with potential county-specific findings, as RAND recognizes that some findings will be generalizable while others won't.

Ruqayyah Ahmad asked if there have been any discussions about creating an online dashboard that stakeholders can access.

- Eberhart responded that RAND has not yet had that conversation but can discuss the possibility of an online tool to make findings more accessible, like presenting interim results by county. She noted that the development of such a tool may be a better fit for HMA's scope since they're handling the raw data, while RAND focuses on synthesizing and drawing conclusions. She also shared that RAND's extensive quality assurance process makes rapid updates challenging.

Beau Hennemann asked if there has been any further discussion about including a comparison group in the evaluation, such as individuals who were referred but didn't enroll, or those with similar diagnoses and housing situations. He said that this concept came up in the Data ad hoc group, and while it may not capture the full program experience, it could provide insights on utilization patterns.

- Eberhart replied that RAND has given it a lot of thought and decided not to recruit a comparison group entirely outside the CARE process. Instead, the evaluation will focus on natural comparisons between CARE participants, such as people with CARE plans, those with CARE agreements, and those voluntarily served.
- As for individuals outside these groups, there is not a way to identify or collect data on them, so RAND is hesitant to spend project resources on that when they have already had a built-in comparison. The evaluation design allows for two types of comparisons: between the three groups (voluntary, agreement, and plan) and comparing individuals to their own baseline.
- Since RAND will be examining two time points in individuals' CARE journeys, they can assess change over time using a within-subjects design. This approach is well-suited for evaluating changes and determining if they result from participation in the CARE process.

Potter thanked Eberhart for her presentation. Potter added that DHCS and RAND will continue to explore the ideas raised by Working Group members, particularly regarding how to share interim findings. RAND is examining early data on CARE participants to determine if they match expectations and if there are individuals who could benefit but are not being reached. This analysis falls outside the timeline presented by Eberhart.

Linkins expressed appreciation for the time and care that RAND put into the evaluation design, including their work to incorporate much of the feedback received from this group in May.

7. Updates on Ad Hoc Sub-Groups (Data Collection, Reporting, and Evaluation; Services and Supports; and Training, Technical Assistance, and Communication)

Deputy Secretary Welch stated due to time constraints, the group will not be able to cover all agenda items, but they will be addressed during the ad hoc group reports. She briefly shared that on the communications front, the focus of recent state efforts has been on connecting with individuals involved in CARE implementation—both those working in the field and those directly affected by it. She added that valuable insights can be gleaned from county feedback, but it's essential to engage directly with those implementing CARE to ensure we're accurately capturing how it's working. She emphasized that it is crucial to provide communities with clear information on CARE, including the eligibility criteria and the benefits of the process.

Services & Supports

Deputy Secretary Welch introduced Jodi Nerell to provide an overview of recent meetings of the Services and Supports ad hoc group. Nerell shared the following updates:

- In June, Dr. Susan Partovi, a family physician and addiction specialist practicing street medicine in Los Angeles, delivered a presentation on her work and the petitioning process.
- Dr. Partovi's presentation led to a broader discussion on housing options for CARE respondents, covering availability differences across counties and the varying housing portfolios in rural versus urban settings. As part of this discussion, Brock Kolby provided insights into the housing challenges that he observes in Tuolumne County.
- On July 18th, the group continued discussions from a prior HMA training on transitional and permanent housing options. The conversation covered various forensic residential, mental health, and HUD housing options. The meeting also included a conversation with the Los Angeles County CARE outreach team.
- In the July meeting, group members shared insights on building rapport, providing services, and connecting with both respondents and their families as part of CARE plan and agreement creation.

Deputy Secretary Welch asked how insights from ad hoc meetings are shared with HMA. She stated the importance of this real-time learning to shape technical assistance.

Laura Collins with HMA responded to Deputy Secretary Welch's question:

- The housing conversation in the Services and Supports ad hoc helped HMA's housing team shape a broader resource, initially planned to be more narrowly focused around the assisted living waiver, to better support counties' needs.
- Throughout 2024, HMA has been pulling input from Cohort 1 counties and insights from all three ad hoc groups to directly inform HMA trainings.
- HMA appreciates the engagement of the Working Group and Cohort 1 as HMA continues incorporating real-time learnings and practical tips, moving from last year's focus on theory to actionable strategies as more counties implement the program.
- HMA representatives attend all ad hoc meetings.

Myrick asked to Nerell to clarify whether the community health workers (CHWs) that presented in the ad hoc from LA County are certified peer specialists (CPS) operating under a CHW title or if they are CHWs without CPS certification. She said that this distinction is important as it affects the practices, requirements, and pay structure.

Myrick also stated that she was reviewing a Human Rights Watch report that highlights a lack of permanent supportive housing and independent living options compared to interim or shelter housing. This shortage forces people, especially those with lived experience of being unhoused, into frequent relocations, which is reportedly very disruptive and traumatizing. Myrick asked if Nerell is hearing similar feedback about the need for housing stability versus simply having shelter space.

Nerell responded to Myrick's questions:

- A presenter from one of LA's outreach teams identified himself as a senior community health worker (CHW) and not as a peer. He works with the Department of Mental Health's outreach team. This may clarify the distinction, as he identified strictly as a CHW rather than a certified peer specialist (CPS).
- Regarding housing, the group did not go deeply into the imbalance in housing availability, but did discuss the disruptions caused by the transactional nature of current housing arrangements. Specifically, the group talked about the possibility of "cohorting" individuals, keeping those who want to stay together, like those from the same encampments, housed in the same spaces. They also talked about the various challenges and gaps in the housing and treatment continuum, such as how some people who are ready to step down from higher levels of care can't be moved due to capacity or staffing shortages, while those needing higher care struggle to access it.

Data Collection, Reporting & Evaluation

Hennemann presented updates from the Data Collection, Reporting and Evaluation ad hoc group:

- The group had only one meeting since the last full Working Group meeting. At that meeting, RAND presented earlier versions of some of their evaluation plans.
- RAND has since made some revisions based on that conversation, which were reflected in their updated presentation to the Working Group. Hennemann noted that their responsiveness has helped the Working Group feel valued and engaged in the process.

Linkins said that these three subgroups are "Ad Hoc," meaning they meet as needed rather than on a set schedule. Due to the current phase of data and evaluation work, it's unlikely the data group will meet in September or October—though this could change if issues arise, such as matters related to the Data Dictionary, that would justify a meeting.

Training, Technical Assistance & Communication

Susan Holt provided updates on the Training, Technical Assistance and Communication group:

- The June meeting covered key updates, including a well-received family resource guide. Much of the meeting discussion emphasized recent trainings, the value of newly established affinity groups for counties, and how to shape communication about CARE to highlight compassion and take into account the impact of people's past experience of the behavioral health system. Additionally, there was a discussion and presentation with HMA's communications partner, Meritt and Grace, on the county communications toolkit.

- In July, the group had an in-depth discussion about highlighting the positive experiences and successes of counties, community partners, individuals served, and their families. As the first cohort approaches its one-year mark, there was a focus on celebrating achievements, including the many individuals who engaged voluntarily.

Deputy Secretary Welch noted the importance of sharing these success stories, especially since some public perceptions focus narrowly on petition numbers rather than broader impacts.

- Irvine emphasized that success lies in connecting people to care and services, not just in meeting numeric goals. This includes the engagement of individuals who may not have succeeded with commercial insurance but, through petitions, were able to enter public behavioral health services—sometimes for the first time.
- Holt said that the group discussed proactively sharing these stories of success, including the commitment of providers and peer outreach workers, to counteract media narratives that may misrepresent CARE's impact. This approach allows the focus to remain on meaningful, real-life outcomes rather than reacting to misinformation.
- In conclusion, Holt stated that CARE is in its early stage of implementation, and having meaningful, cross-sector conversations is essential.

Deputy Secretary Welch agreed with Holt. She expressed excitement about sharing success stories of those who are graduating from the process, along with other success stories more proactively in the coming months. Deputy Secretary Welch also thanked the ad hoc members for their work and for bringing inspiration to the broader team.

Deputy Secretary Welch shared reflections on the three ad hoc subgroups, acknowledging the emotional intensity of the morning's discussions. She noted that the subgroups were always intended to evolve based on ongoing learning. She said that given today's discussion, it might be beneficial to conduct a brief analysis to assess whether the current committees are effectively structured and addressing the right focus areas.

Deputy Secretary Welch expressed interest in focusing more on the supporter role within the Working Group or ad hoc subgroups. She acknowledged that while this was a new area with significant potential in statute, there hasn't been enough time or capacity dedicated to it so far. She suggested it could be a valuable focus for the group moving forward. Deputy Secretary Welch added that she views the supporter role as similar to court-appointed child advocates who assist children in the foster care system, acting as independent advocates throughout the process. She said that revisiting the topic of supportive decision-making, assessing its current use, and identifying any gaps would also be valuable.

Linkins stated that Deputy Secretary Welch's suggestions can be incorporated into the Services and Supports group's upcoming discussions.

8. Implementation Updates and Discussion

Stephanie Welch, Deputy Secretary of Behavioral Health, CalHHS

Deputy Secretary Welch said that as Cohort 2 prepares to launch, she wants to emphasize that the CARE Act aims to enhance the broader system by providing a new tool. She said her hope is that people are attending HMA's trainings on effective outreach strategies, which can benefit field workers, even those not directly involved with CARE participants, by building their skill set. She reminded the group that CARE is a process, not a program, focused on strengthening the behavioral health system for individuals with serious behavioral health needs.

Deputy Secretary Welch shared that nearly 650 petitions have been filed statewide, with a growing diversity in petition sources beyond family members, which aligns with CARE's goals. Initially, behavioral health providers, especially system workers aware of high-risk individuals (e.g., those facing repeat hospitalizations, risk of incarceration, or long-term conservatorships), were expected to be primary petitioners. Moving forward, efforts will focus on supporting these professionals in filing petitions or referring cases to County Behavioral Health.

In conclusion, Deputy Secretary Welch provided an update on Senator Umberg's recent amendment to the CARE Act (SB42), which aims to refine the original legislation. This amendment, still pending, proposes extending the report submission deadline to the courts from 14 days to 30 days, allowing more time for completion. Additionally, LPS designated facilities would be able to refer individuals who may meet CARE criteria to county behavioral health for further assessment and potential petition submission. This change addresses challenges with petition filing, as noted in feedback from counties.

Deputy Secretary Welch took questions from group members:

- Roth expressed her opposition to CARE but noted her commitment to collaborate for its success. She raised concerns about the lack of transparency on the new bill, with the legislative session ending soon. Roth asked Deputy Secretary Welch if she would consider supporting minor adjustments, acknowledging it's not Deputy Secretary Welch's bill but suggesting that CalHHS' input could encourage further improvements.

Helen Yu, Senior Program Analyst and the Office of Access and Inclusion, State Bar of California

Yu provided an update regarding the 2024/2025 awards for County Public Defender offices:

- On April 11, 2024, the Legal Services Trust Fund Commission's CARE Court Grants Committee approved the RFP for these grants.
- The application period closed on May 10, 2024. During its July 15, 2024 meeting, the Commission approved four grants totaling over $1.1 million for Qualified Legal Services Projects (QLSP) in San Bernardino, San Francisco, and San Mateo Counties for respondent representation. Notably, the two QLSPs awarded in San Francisco are currently representing respondents there. Additionally, one grant was approved for a support center providing legal training and technical assistance statewide.

Yu presented additional updates on Cohort 1 and 2 funding and technical assistance:

- Cohort 1, Los Angeles and San Mateo counties, began their funding period on July 1, while the remaining counties' funding starts on October 1. This October start date allows for approximately two months of startup costs for those counties. All counties will have until January 1, 2026, to spend down their allocated funds.
- Yu advised that in the upcoming months, the State Bar will be setting up Cohort 2 with access to their portal to access resources and report their activities, expenditures and services.

In conclusion, Yu noted that the State Bar has been and will continue outreach to public defender offices to offer technical assistance and execute the funding agreements for each remaining county. Once this is completed, there will be a webinar held to present the reporting portal and reporting requirements.

Yu took questions from Working Group members:

- Myrick asked for clarification of the acronym LSTFC.
- Yu clarified several acronyms: LSTFC stands for the Legal Services Trust Fund Commission, which oversees the Office of Access and Inclusion and administers grants, including those for CARE. QLSP refers to Qualified Legal Services Projects, the legal aid nonprofits applying for grants to represent respondents. RFP stands for Request for Proposals, which is the document that calls for applications for the grants.

Judicial Council

Linkins thanked Yu and then provided a brief update of the Judicial Council on behalf of Charlene Depner who had to leave.

- Linkins stated that the Judicial Council has been collaborating with HMA to develop training items to build capacity in the Cohort 2 counties.
- The Judicial Council is also focusing on enhancing self-help centers and ensuring that infrastructure for data collection is in place for these counties.
- Lastly, they are working on modest changes to the rules and forms, which Depner will provide an update at the next meeting.

9.Update on Recent and Upcoming Training and Technical Assistance Activities

Linkins introduced Amanda Ternan from Health Management Associates (HMA).

Ternan shared a PowerPoint presentation showing a few updates on the HMA/DHCS TTA implementation readiness survey for Cohort 2 counties, along with details on upcoming technical assistance (TA) sessions and outreach efforts:

- Starting in January 2024, HMA/DHCS developed an implementation readiness survey for Cohort 2 counties. This survey gathered feedback on their completed activities and assessed their confidence in their readiness for implementation.
- The Q1 to Q2 survey summary showed positive feedback regarding county progress toward CARE implementation. 46 out of 50 Cohort 2 counties responded, and notably, no counties reported in Q2 feeling unable to implement CARE on time.
- The number of counties indicating they were "behind schedule but confident in timely implementation" also decreased, which is a positive trend. Furthermore, the percentage of counties stating they are on track to implement increased from 62% to nearly 74%.
- HMA/DHCS plans to administer this survey again in the third quarter, September 2024, through the counties' HMA liaisons.
- Notably, collaboration efforts were identified as the greatest success factor for implementation. HMA/DHCS received reports from 25 counties emphasizing that fostering collaborative relationships with the courts and other partners had significantly advanced their implementation efforts. Additionally, 19 counties noted that regular meetings, whether in large groups or subgroups, have been beneficial in supporting implementation.
- Counties had the chance to respond to open-ended questions about the most common challenges faced in Q2. A few key issues emerged consistently: data collection and reporting were identified as significant burdens for counties, along with staffing shortages and competing priorities from other state initiatives. Additionally, counties expressed concerns about the variability and unpredictability of the number of petitions they might expect.

- Counties requested various resources through the survey, including implementation resources and workflows from other counties, support for cross-sector collaboration with the courts and other stakeholders, additional resources for data collection and reporting, guidance on the claims and sanction process (discussed by Bhardwaj) regarding the released BHIN, and higher-level technical assistance topics.

Collins continued with the PowerPoint presentation and provided updates on the progress made since the last meeting of the Training and Technical Assistance group:

- HMA's county affinity groups have been active, with HMA conducting a couple of successful TA calls for rural affinity groups this month. These calls facilitated meaningful conversations among the counties, fostering collaboration as they ramp up their efforts. There is a positive trend in the rural counties working together and expressing interest in additional TA calls.
- There has been extensive training and technical assistance focused on data collection and reporting, including an affinity group dedicated to this topic. A Data Dictionary walkthrough was also conducted in response to feedback from the Ad Hoc groups.
- HMA recently conducted a live training session for First Responders in the CARE process, which included an open forum for discussion.
- HMA also recently conducted a training on outreach and engagement, which saw participation from representatives of various counties in both training sessions.
- The Cohort 2 implementation readiness open forum was held yesterday, August 20.
- For asynchronous training, HMA provided resources on sanctions and claiming, along with office hours for support. In partnership with Dr. Warburton, they developed a series on schizophrenia spectrum disorders, offering valuable content for behavioral health teams and non-clinical professionals, such as those in the courts. Additionally, there are numerous resources available on HMA's resource site focused on family integration strategies within CARE, including the family resource guide and county-level strategies for supporting families, tailored specifically for county behavioral health audiences.
- In regards to the emphasis on the volunteer supporter role, HMA translated the toolkit and worksheet, along with many other fact sheets, into seven languages.
- This year, HMA has shifted its focus based on extensive feedback, dedicating more resources to the petitioning process. They are developing materials for counties, stakeholders, and eligible petitioners related to petitioning. Currently, HMA is creating short videos, takeaway sheets, and flyers as part of a petitioner series to support this process. Additional content will be developed to enhance training and resources for petitioners.

Collins reminded the group that each county has an assigned HMA liaison who plays a crucial role in fostering connections. These liaisons are responsible for triaging questions to the appropriate subject matter experts and resources. Many liaisons have established regular meetings with their counties, with reports indicating that 50% to 90% of counties are meeting consistently. Overall, 100% of counties have connected with their liaison.

Linkins thanked Ternan and Collins and shared that the Judicial Council is collaborating with HMA on relevant trainings.

10. Public Comment

Linkins opened the Public Comment period and requested that participants limit their comments to 2 minutes. She explained that comments can be made verbally in person or via Zoom and in writing in the Zoom chat or via email.

- An in-person member of the public shared that she appreciated the hybrid and audio accommodations which made it much easier to stay informed without transportation concerns, as well as the work that is being done. She expressed gratitude for the statewide collaborative approach, as pulling together these resources and perspectives is challenging even for larger counties like Sacramento. She said that the lived experience panel was particularly impactful, as her family's situation is similar to Stewart's; her loved one is currently facing a felony and deemed incompetent to stand trial. She is hoping that CARE will be there to prevent her loved one from falling into a cycle of being passed around without support. She also expressed her support for Deputy Secretary Walsh's point about the need for an independent support person, noting that not every family can provide this and it is often due to circumstances beyond their control.
- Laurel Benhamida from the Muslim American Society Social Services Foundation in Sacramento and REMHDCO (Racial and Ethnic Mental Health Disparities Coalition), said that she hoped for a transcription of the first part of the session, as they missed the initial presenter. Benhamida requested updates from San Diego, Stanislaus, and San Mateo counties, particularly regarding handling petitions involving non-English speakers. She raised a concern about the RAND evaluation's focus on only 17 to 18 counties, citing potential moral hazard for counties that know they won't be sampled. She also expressed concern over San Mateo County taking "referrals" for those unable to file petitions, suggesting Disability Rights California might review this practice for legality, given potential issues despite good intentions. Benhamida asked if there were cases of petition threats used abusively, especially against immigrants, who may feel vulnerable to threats of deportation or eviction. She also asked if outreach specifically targets immigrant and refugee communities and inquired whether CARE might address severe PTSD, particularly in refugees and immigrants experiencing cyclical challenges, should they wish to pursue that support.
- Marcy Fernandez asked for guidance on helping her daughter with schizoaffective disorder, bipolar disorder, and anosognosia who has been homeless for 20 years and was recently deemed gravely disabled. The county has not taken action, and while professionals say she must agree to treatment, her delusions and strong resistance to medication prevent this. She said there need to be options for her daughter that might allow for mandatory treatment, given her condition and inability to recognize her need for help.
- Steve McNally, a family member of a son with schizophrenia and a county behavioral board member, expressed appreciation for the panels highlighting the compassionate side of county behavioral health, which he feels is often unseen by the community. He said that he plans to share the panels widely once the recordings are posted. McNally noted that an unintended benefit of the CARE Act has been improved access to services for more people than just those going through the court process, though it may not have been clear initially. He suggested that, to support real-time reporting and information sharing, additional or reallocated funding might be necessary. He said that such reports could help both county providers and community members understand the CARE

process, guiding them on whether to petition or pursue other services. McNally emphasized the importance of scalable data systems, as seen in UC San Diego's work, to help other counties enhance their capabilities in documenting and sharing outcomes.

Linkins thanked the members of the public who offered comments.

11. Closing Thoughts

Linkins shared that feedback on topics the public would like the group to address in these meetings are welcomed and are very helpful. She noted the request to include more perspectives on the petitioner experience and insights on navigating the petition process.

Linkins took additional requests from Working Group members:

- Stewart emphasized that the support component Deputy Secretary Welch highlighted for the CARE Act was initially a major focus and, despite adjustments, remains beneficial for fostering connection for participants.
- Myrick proposed revisiting the concept of supportive decision-making in relation to the supporter role, noting that there may have been misunderstandings about its purpose and function during the initial presentation. She suggested clarifying what supporters do within the decision-making process. She also distinguished today's discussion, which focused on the recovery process and various perspectives, from a future conversation that could explore the petitioning process. She advocated for hearing from both respondents and petitioners about their experiences.
- Collins responded to Myrick's comment about the supportive decision-making role by reminding the group that training resources are available on the website. While acknowledging that Myrick is considering this for the current group, Collins encouraged participants to explore the existing materials in the meantime.

Linkins thanked everyone for attending and shared that the next meeting is scheduled for November 6th.

Appendix I: Public Zoom Chat

01:01:40 John Freeman: Good morning everyone

01:01:56 John Freeman: We are having some audio issues, but hope things are working for folks online to hear

01:02:44 ASL #2: ASL interpreters unable to hear or understand the speaker

01:04:15 John Freeman: Apologies to all. We are working on the audio

01:04:26 ASL #2: Please let the ASL interpreters know when you have this figured out. We will stand by

01:25:54 Jennifer Brya: We are recording the meeting and this presentation and will be able to share this with you.

01:38:56 Jennifer Brya: Apologies to everyone for the audio problems in the room today.

03:16:35 John Freeman: Thank you to our panelists and to everyone who is sticking with us through the technical difficulties

01:35:17 John Freeman: Links to County and Court CARE sites.