



**California Health and Human Services Agency  
Community Assistance, Recovery & Empowerment (CARE) Act  
Working Group Meeting Minutes  
May 17, 2023**

**Working Group Members in Attendance:**

- **Al Rowlett**, Chief Executive Officer, Turning Point Community Programs; Commissioner, MHSOAC
- **Allyson Violante** (attending on behalf of Zach Friend), Chief of Staff for Supervisor Friend
- **Anthony Ruffin**, Community Center Director 1, LA DMH Concierge Outreach Team
- **Beau Henneman**, RVP of Local Engagement & Plan Performance, Anthem
- **Bill Stewart**, San Diego County Behavioral Health Advisory Board, Chair
- **Charlene Depner**, Director, Center for Families, Children & The Courts, Judicial Council of California
- **Chevon Kothari**, Deputy County Executive, Sacramento County
- **Dhakshike Wickrema**, Deputy Secretary of Homelessness, Cal BCSH
- **Dr. Fadi Nicholas**, Chief Medical Officer at Sharp HealthCare in San Diego
- **Dr. Veronica Kelley**, Chief of Mental Health and Recovery Service, Orange County
- **Eric Harris**, Director of Public Policy, Disability Rights California
- **Hafsa Kaka**, Director of Homelessness Strategies and Solutions, City of San Diego
- **Harold Turner**, Executive Director, NAMI Urban Los Angeles
- **Herb Hatanaka**, Executive Director, Special Services for Groups
- **Hon. Maria Hernandez**, Assistant Presiding Judge, Superior Court of Orange County
- **Jenny Bayardo**, Executive Officer, California Behavioral Health Planning Council
- **Jodi Nerell**, Director of Local Mental Health Engagement, Sutter (greater Sacramento)
- **Keris Myrick**, Person with Lived Experience of Schizophrenia Diagnosis
- **Khatera Aslami Tamplen**, Consumer Empowerment Manager, Alameda County Behavioral Health Care Services; Commissioner, MHSOAC
- **Kiran Savage-Sangwan**, Executive Director, California Pan-Ethnic Health Network
- **Lorin Kline**, Director of Advocacy, Legal Aid Association of California
- **Matt Tuttle**, President, San Jose Firefighters Union Local 230
- **Paula Wilhelm**, on behalf of Tyler Sadwith, Deputy Director of Behavioral Health, DHCS
- **Sarah Jarman**, Director of Homelessness Strategies and Solutions, City of San Diego
- **Stephanie Welch**, Deputy Secretary of Behavioral Health, CalHHS
- **Susan Holt**, Behavioral Health Director and Public Guardian, Fresno County
- **Tomiquia Moss**, Founder & CEO, All Home CA
- **Tracie Riggs**, County Administrator, Tuolumne County
- **Xóchitl Rodríguez Murillo**, Deputy Secretary, Minority Veterans Affairs, CalVet
- **Zach Olmstead**, Chief Deputy Director, Department of Housing and Community Development

### **Working Group Members Not in attendance:**

- *Christina Roup, Executive Director, NAMI Fresno*
- *Vitka Eisen, CEO, HealthRIGHT 360*
- *Zach Friend, County Supervisor, Santa Cruz County (represented at this meeting by Allyson Violante)*

## **1. Welcome and Introductions**

**Karen Linkins, Principal, Desert Vista Consulting**, welcomed the CARE Act Working Group (WG) members and members of the public and briefly reviewed details of the meeting agenda and space. She invited all new members (Anthony Ruffin, Bill Stewart, Keris Myrick, Sarah Jarman, Vitka Eisen, Zach Friend) to introduce themselves. The six new members, as well as member Harold Turner who was unable to make an introduction last meeting, introduced themselves to the group and shared their motivations for participating. Karen Linkins reviewed WG meeting logistics and the virtual meeting guidelines for both WG members and members of the public, including the following details:

- The meeting is being recorded on Zoom
- ASL interpretation is available in the pinned video feed and a link for live captioning is provided in the chat
- WG members on Zoom should remain on camera, if possible, and stay on mute unless speaking. The “raise hand” feature should be used to indicate a question or comment.
- A chat transcript will be part of the meeting record
- Members of the public will be invited to share during public comment
- The WG will not meet more than quarterly and will not end later than December 31, 2026.
- Meetings may be a mix of in person and virtual, with in person meetings being held primarily in Sacramento, though potentially in other locations. A virtual attendance option will remain available even when an in-person quorum is required.
- WG members must attend 75% of meetings annually and have the option of sending a delegate to meetings they cannot attend
- All WG meetings will be open to the public and subject to Bagley Keene requirements
- The WG is not an oversight or voting group, but rather a body tasked with generating ideas and solutions
- WG members must understand and respect Cal HHS’ duty to implement the CARE Act. They must also be respectful of other members’ expertise and differing opinions.

**Karen Linkins** reviewed the WG objective of generating ideas and solutions aimed at successful implementation of the CARE Act and reminded members of the expectation of respecting differences of experience and opinion within the group.

**Deputy Secretary Stephanie Welch** encouraged decorum and respect from WG members and from members of the public in attendance.

## **2. CARE Act Implementation Update**

Leaders from the three key State entities involved in supporting CARE Act Implementation provided overviews of the roles and activities of their respective agencies.

### **California Health and Human Services Agency (CalHHS):**

Deputy Secretary Welch reviewed the following information from the last meeting on the role and activities of CalHHS:

- Leads coordination efforts with and between JC and DHCS
- Engages with cross sector partners at city and county levels and coordinates with diverse stakeholders via regular meetings
- Supports DHCS' training, TA, and evaluation work, as well as implementation of Behavioral Health Bridge Housing
- Supports communication through managing a CARE Act website, responding to inquiries, and doing proactive outreach to media and community. She emphasized that accurate public communication is highly important.
- Coordinates the WG, which serves as an essential mechanism to receive feedback, achieve successful implementation, and spread accurate information to the public.
- Requires feedback from the many diverse perspectives represented in the WG on how to achieve successful implementation, including the details of the annual report and evaluation plan, TA/training for a range of stakeholders, county implementation progress, housing access, and other emerging issues. All expertise that group members bring is relevant to these concerns.

Deputy Secretary Welch shared a slide detailing the publicly available communication tools that are available on the CalHHS CARE Act website, which can be used to disseminate information on the local level.

Deputy Secretary Welch also provided a status update on the status of Cohort 1 counties in terms of planning, highlighting that all counties are generally on track for implementation and noting that counties are currently focused on addressing issues and questions such as data sharing (particularly between Behavioral Health and courts), court privacy concerns around access to health records, workforce and housing/residential placement challenges, workflows across sectors (primarily courts and Behavioral Health), resolving the role of Legal Aid vs Public Defenders, and the role and practicalities of volunteer supporters. She described the diversity of counties represented in Cohort 1 and the unique challenges and considerations that they are working with that require them to engage in significant individualized planning work in addition to the collaborative Cohort 1 planning process.

Deputy Secretary Welch shared information on the May Budget Revision. Highlights include that the updated amount allocated from the General Fund in 2026-2027 and annually thereafter for

the Judicial Branch and DHCS to implement the CARE Act will be increased to \$290.8M. The Judicial Branch will receive \$68.5M ongoing after 2025 for CARE Act implementation, which is an increase from the previous amount. Ongoing annual County Behavioral Health funding from 2025-26 onward will be increased to \$151.5M in response to county cost estimates. \$15M is also being allocated to Los Angeles for startup costs. Deputy Secretary Welch acknowledged that it is a challenge to build budget based on estimates in advance of implementation and thanked county partners for their hard work on determining likely costs.

### **Department of Health Care Services (DHCS):**

Paula Wilhelm, DHCS Assistant Deputy Director for Behavioral Health, presented updates on DHCS' training and technical assistance efforts. She was joined by Ivan Bhardwaj, DHCS Division Chief of MediCal Behavioral Health Policy.

Paula Wilhelm reviewed the role and responsibilities of DHCS related to CARE Act implementation, and noted several concrete deliverables throughout the CARE timeline for both the public and the legislature, including:

- Technical assistance and consultation to support CARE Act implementation.
- An annual report, which focuses on analyzing the scope and impact of CARE model through looking at specific performance indicators with attention to demographic information to support disparity reduction efforts
- An independent evaluation with two parts—one due 3 years after act is implemented and one due 5 years after act is implemented. DHCS is currently in the process of identifying an evaluation contractor.
- Issuing guidance to counties around under which circumstances it is appropriate to delay implementation
- Administering funds (startup, accountability, and ongoing)

To support their duties, DHCS is contracting with Health Management Associates, a firm that will assist with project management, training and technical assistance (including partnering with subject matter experts), and data collection and reporting, with emphasis on leveraging counties' existing data infrastructure. HMA will conduct extensive stakeholder engagement to solicit feedback.

Paula Wilhelm reviewed what topics were covered in DHCS' presentation at the previous workgroup meeting and shared that today's presentation focuses on stakeholder collaboration, TTA and data-related efforts to date, upcoming milestones, and a data collection & reporting update. The presentation covered the following:

- Stakeholder coordination with a graphic displaying the different responsibilities of various state agencies, counties, and contracted partners.
- All trainings will be customized for specific stakeholder audiences and the input of stakeholders will be solicited by HMA to inform training development. NAMI will also be involved in administering TTA with DHCS.
- Efforts to date by DHCS have included:

- Providing guidance to counties on how to apply for delayed implementation
- Assessed CARE Act reporting requirements and existing data systems that may be leveraged for data collection
- Assigned HMA TTA Liaisons to each Cohort 1 county
- Conducted 1:1 data discussions with each Cohort 1 county
- Conducted outreach to all Cohort 1 and 2 counties and local stakeholders
- Created a scope of work to subcontract with NAMI CA and local subject matter experts with LPS, AOT, CA mental health policy expertise
- Started development of a training resource of CARE & Behavioral Health Bridge Housing
- Conducted two webinars: CARE Act 201 and CARE Act 202
- DHCS has launched the CARE Act Resource Center webpage ([CARE-Act.org](https://www.dhcs.ca.gov/CARE-Act.org)) that contains information on trainings, a resource library, an implementation timeline, a technical assistance request form, a feedback form, and more.
- Upcoming DHCS milestones include reviewing potential evaluation contractors, releasing guidance on data and reporting requirements, conducting June trainings on CARE eligibility and housing strategies, standardizing CARE plan and agreement forms, and continuing TA to Cohort 1 counties as well as launching TA for volunteer supporters and counsel.

### **Judicial Council of California (JC):**

JC Director Charlene Depner presented an update on the progress being made by the Judicial Council of California (JC) on CARE Act implementation:

- The May budget revision provides additional funding to Los Angeles and significantly increases funding for Legal Services and Public Defenders, which reduced significant tension.
- Trial Courts Budget Advisory Committee made recommendations for allocation of funds, which will be heard by the Judicial Branch Advisory Committee on May 17 (later in the day after this meeting). The budget provides room for a set aside and mid year reallocation if needed, relative to the quantity and flow of cases.
- JC approved 11 Rules and 13 Forms at May 12 meeting. They are now available on the JC website.
- Training and TA on the Rules and Forms will begin in June to a variety of stakeholders on an ambitious timeline.

- CARE Act Communication Hub and JC CARE Act mailbox are active. JC's communications efforts also include monthly meetings with courts and bimonthly convening with courts and local partners.
- Various JC teams are involved in data collection and reporting planning efforts
- Will soon be conducting site visits to ensure Self-Help Center readiness
- Organizing meetings with Legal Services on implementation schedule.

### **Questions and Discussion:**

Karen Linkins invited questions from Working Group members on the presentations from CalHHS, DHCS, and JC.

- Veronica Kelley asked if languages other than English and Spanish will be available on the resource page. She also asked JC about the status of a petition fee waiver.
  - Charlene Depner responded that all fees will be waived.
  - Stephanie Welch thanked her for flagging the language issue and said that expanding available languages is a great topic for the WG to address.
- Matt Tuttle asked about the details of training for first responders regarding what form the trainings will take and what training will be required for EMS workers and other first responders.
  - Stephanie Welch replied that training for first responders is not required by the statute but there is clear value in it, so she will discuss what this training could look like with state agencies.
- Matt Tuttle asked if something similar to the mandated reporting requirement for first responders and providers will be part of the CARE Act since they are the ones responding to crisis calls.
  - Stephanie Welch encouraged Matt Tuttle to have a conversation with her to share more about what questions EMS partners have.
- Khatera Aslami asked DHCS if there will be a process for peer run organizations to get involved in training efforts, similar to NAMI CA being contracted for TA. She emphasized the importance of involving peer run organizations, not just organizations focused on family members.
  - Stephanie Welch said that the statute requires people with lived experience be consulted in the development of training and TA. She also said that these initial rounds of training are targeted toward counties as they figure out implementation logistics.
  - Ivan Bhardwaj echoed Stephanie Welch's points that utilizing the expertise of people with lived experience will be a thread throughout their work and also that

at this phase trainings are focused on implementation. He said that DHCS is working actively with HMA to ensure that peers have a voice in trainings.

- Stephanie Welch raised potential for DHCS come to future meeting ready with update on how they are creating opportunities for peer run organizations to do training and TA work.
- Dr. Fadi Nicolas asked about the status of developing workflows for referrals. He asked if it will be similar to the LPS process and how CARE referrals will work with LPS referrals, namely if the LPS process will be secondary. He said that perhaps this is a question for individual counties rather than the state.
  - Stephanie Welch replied that this process is highly detailed in the statute. She said that more information will be provided on this topic in the next section of the agenda.
- Susan Holt asked where the scope of work for NAMI CA can be found.
  - Ivan Bhardwaj said that the NAMI contract is a subcontract through HMA and the scope of work has yet to be finalized.
- Beau Henneman asked about if there will be conversation around data exchange between entities rather than just on data collection and evaluation.
  - Karen Linkins said that this topic will be coming up later on the agenda.
- Herb Hatanaka brought up CalAIM reimbursable services and said that much of what his organization does in LA County is mobile services. He said what CalAIM reimburses works well within a clinical setting, but it doesn't address the needs of field-based work, which represents the majority of work of FSPs and includes significant travel time to and from clients. He also said that much of CARE outreach work will be conducted within court settings, which he does not see a mechanism to account for.
  - Paula Wilhelm provided some context on CalAIM changes for the group, emphasizing that it will bring about more standardized coding of services. She said that the CalAIM rates were determined by looking at histories of specific service costs, which takes into account factors like travel time. She said their goal has been to provide the counties with robust enough rates to cover field based services. She said that they have been discussing at the state level how to cover outreach and engagement costs.
  - Stephanie Welch said that the money for implementation going to County Behavioral Health is intended to cover things like wait times in court and field outreach.

### 3. Overview of Rules and Forms

**Attorneys Theresa Chiong and Anne Hadreas** from the Center for Families, Children & the Courts at the Judicial Council of California presented on the role of the Judicial Council, which includes:



- The Judicial Council (JC) supports the integrity and independence of the judicial branch with the goal of increasing efficiency and access to courts.
- JC adopts rules for court that are consistent with statute. These rules guide the court process and they cannot enact substantive policy changes.
- The CARE statute requires JC to adopt a mandatory petition form and other forms essential for the functioning of the CARE process.

They also presented on CARE Rules and Forms that have been developed and adopted by the Judicial Council:

- JC has adopted 11 new rules of court and developed 13 new forms (8 mandatory forms and 5 optional forms). The full approved proposal (over 300 pages) is available for public viewing online. This full proposal includes comments received in the revision process.
- 11 new rules of court consist of preliminary provisions, commencement of proceedings, notice and joinder, and accountability rules.
  - Preliminary provisions: State the purpose of CARE Act rules, define terms, and provide general provisions on the superior courts' ability to adopt local rules and on the confidentiality and access restrictions of records.
  - Commencement of proceedings: Guide the beginning of the judicial proceedings and include provisions on the petition packet, the clerk's duties, venue and transfer procedures, and the appointment of counsel. In developing rules for the appointment of counsel, JC balanced the needs for statewide consistency and the autonomy of local courts.
  - Notice and joinder: Specify notice requirements for various proceedings throughout the CARE process, set rules for personal service on respondents for all notice, unless impracticable (then any means permitted with explanation—this exemption was developed in response to feedback on the potential challenges of serving notice to respondents without addresses). Rules also include guidance on alternative methods of service when personal service is not required and a joinder rule on how to join a local government entity if a CARE plan includes services through a local government entity but that entity does not agree to provide those services.
  - Accountability rules: Implement accountability provisions in the Act, provide a procedural mechanism for the court to hold a county or other local government entity accountable for failure to provide services ordered in a CARE plan or failure to comply with court orders. Accountability rules also provide a process for service of the order to show cause and provide that respondent and their counsel are entitled to be present and participate in hearings.
- 8 new mandatory forms cover initial filing, notice, and information for respondents.



- Initial filing forms: Petition (CARE-100) and Mental health declaration (CARE-101). Mental health declaration falls into the category of supporting documentation to be submitted along with the petition and can be replaced by evidence that the respondent was detained for a minimum of two intensive treatments.

Theresa Chiong showed an image of the first page of the petition form and explained that it is 6 pages long, it is required to initiate proceedings and fulfills the statute's mandate for a mandatory petition form, and it enables the petitioner to provide required information. In response to comments in the revision process, the petition form was modified to expand optional information questions (e.g., tribal affiliation, past involvement in other court proceedings, etc.) and expand Item 3 to encourage inclusion of additional contact and location information for the respondent. These changes were made with the goal of maximizing the services a respondent may receive and improving the court's ability to contact respondents without permanent addresses.

Anne Hadreas noted regarding Dr. Fadi Nicolas' prior question about the process to initiate proceedings that petitions can be filed by a licensed behavioral health practitioner or the director of a facility that has treated the respondent, among other possible types of petitioners. There is no specific mechanism for making referrals, though an informal referral/petition coordination process could be developed on the local level.

- Notice forms: Order for CARE report (CARE-105), Notice of order for CARE report (CARE-106), Notice of initial appearance (CARE-110), Notice of hearing (CARE-115)
- Information for respondents forms: Information for respondents (CARE-060-INFO), Notice of respondents rights (CARE-113).

Theresa Chiong showed an image of CARE-060-INFO and explained that it is a mandatory form to be provided to the respondent along with Order for Report and Notice of Initial Appearance. CARE-060-INFO explains to a respondent why they are being given CARE forms, that counsel has been appointed and how to contact counsel, and describes the fundamentals of the CARE Act, the court process, and the rights of the respondent and petitioner. Stephanie Welch added that this form is essentially the instructions for respondents and petitioners and can be used as a starting point for crafting communications to local communities.

Theresa Chiong showed an image of CARE-113 and explained that it will be provided to a respondent with notice of any CARE proceeding. It lists all rights of the respondent that are laid out in the statute, including the rights to counsel, a supporter, notice of proceedings, receiving copies of the petition and reports, being present at hearings, and participating in hearings through presenting evidence and calling and cross examining witnesses. It also informs the respondent of the confidentiality of all proceedings.

- 5 new optional forms cover information for petitioners, proof of service, and requests for orders or new service. These forms consist of:
  - Information for Petitioners (CARE-050-INFO), which gives information about CARE (and alternatives) and instructions to petitioners on how to fill out CARE-

100. It also explains what may happen after a petition is filed, informs the petitioner of their rights, defines a vexatious litigant, and provides information on how to request disability accommodations.

- 3 forms for Proof of Personal Service on Respondent: POS for Notice of Order for CARE Act Report (CARE-107), POS for Notice of Initial Appearance (CARE-111), POS for Notice of Hearing (CARE-116)
- Request for new or modified order and request for hearing (CARE-120)

Theresa Chiong reminded the group that all forms are available to view through the link to the proposal on Slide 5 of her presentation.

### **Questions and Discussion:**

Karen Linkins welcomed questions from the WG on the Judicial Council's presentation. The ASL interpreter reminded everyone who speaks to speak slow enough to allow for interpretation.

- Keris Myrick thanked the Judicial Council for including a section on CARE-050-INFO about alternatives to CARE court proceedings so that petitioners do not see CARE proceedings as the default option. She suggested that all forms, both for respondents and petitioners, should be in plain language, which is at the 6th grade level or below, which requires simplification from their current language. She thanked them for including information for how to request translation services and disability accommodations, but suggested this section be placed at the beginning of forms rather than at the end. She suggested that on the form that notifies the respondent of the date to appear, the date should be bolded and made visually clearer. She said that the forms are very text heavy and should be broken up with graphics to make them more readable. She questioned where unhoused respondents will securely store all of these forms. She emphasized that she understands the legal nature and requirements of all of these forms, but stated that respondents will not be able to make informed choices if they do not understand or cannot keep track of the information being handed to them.
- Anne Hadreas thanked Keris Myrick for her comments. She noted that JC worked to balance accuracy and accessibility. She noted that these forms are likely not the final versions. They attempted a plainer language version but felt that it sacrificed too much in terms of accuracy, but they plan to keep working on this to strike the right balance. She mentioned that these forms are hopefully not the only way that respondents will be receiving information and their counsel should assist with communication. JC also intends to include educational material with more graphics on their website.
- Keris Myrick followed up with a concern about how unhoused respondents will be able to contact their counsel if they do not have phones or computers. She encouraged that the group think about the process from the person's perspective who will be receiving these forms. She also asked JC how the WG can help in the process of further developing forms if it within the scope of the WG's role. Deputy Secretary Stephanie Welch said that it is indeed within the scope of the WG and is a priority area.

- Deputy Secretary Stephanie Welch asked the representatives from JC to provide information to the group on the role of self-help centers in helping people fill out forms successfully.
  - Anne Hadreas responded that self-help centers are court-based offices that provide services to people who are not represented. JC believes a sizable percentage of people who want to file petitions will do so with self-help centers. She clarified that self-help centers can only provide legal information (including help filling out forms), not legal advice, as they are not authorized to represent people. Work is currently being done to train self-help center staff on the CARE process and on best practices of working with this population.
- Herb Hatanaka asked whether the petitioner is a licensed clinical professional.
  - Anne Hadreas replied that they could be, however that is only one possibility of who could file the petition. This list includes licensed professionals, hospital directors, emergency responders, family members, and roommates.
  - Herb Hatanaka responded that he has concerns about the amount of responsibility that may be placed on clinicians who file petitions.
  - Anne Hadreas reiterated that licensed clinicians can be involved in the filing of a petition but are not required to be involved. If a clinician is a petitioner, they assume the rights and duties associated with that role. If the petitioner is part of County Behavioral Health, they have an additional set of rights and duties.
  - Herb Hatanaka asked whether a licensed clinician will be involved later in the process even if they are not the petitioner, as CARE requires clinical treatment.
  - Anne Hadreas replied that if an affidavit is used, it must be signed by a licensed professional, but an affidavit is not required for filing if other evidence is provided that meets the criteria. In response to the remainder of Herb's question about the involvement of clinicians, she said that whether or not a clinical evaluation is conducted depends upon how far a case advances in the process.
- Kiran Savage asked when the clinical evaluation occurs in the process and what happens if the respondent disagrees with the results of the clinical evaluation. She raised a concern about racially based misdiagnoses and asked if there is a process in place for obtaining second opinions. She also asked about the process for appointing legal counsel.
  - Anne Hadreas replied that if the petitioner is not County Behavioral Health and the court determines that prima facie has been met, they will send out a county agency who will make an initial eligibility determination, however the full clinical evaluation does not occur until after the hearing on merits.
- Bill Stewart emphasized the severity of the conditions that respondents will be experiencing. He said that he understands the legal aspects but is considering the human aspect and is concerned that respondents will not be able to exercise the rights that JC has laid out, particularly if people are unmedicated.

- Anne Hadreas replied that their presentation focused on the legal piece, but that is just one aspect of what a respondent's experience will be in this process. She said that ideally there will be a full team of people working with the respondent.
- Khatera Aslami said she is happy that there is an ongoing revision process for the forms and asked for more information about that process, including how the WG can be involved. She also asked if the forms include information on support for respondents to get to court. She raised a concern around the risks associated with going to court for unhoused respondent, such as leaving their belongings unattended. She asked if the respondent's rights include rights such as protection of their belongings.
  - Anne Hadreas replied that the process for revising JC forms is very similar to the process for creating them. The process begins with an advisory body that hears suggestions for changes, invites comments on those changes, and responds to all comments before returning the proposed revisions to the JC. She said that there is not a specific right to storage of belongings in the statute but there are some counties and courts who are actively thinking about how to accommodate that need.
- Khatera Aslami asked what will happen in the CARE process if a respondent misses a court appearance because they cannot leave their belongings unattended.
  - Stephanie Welch replied that counties are familiar with this problem and are considering innovative ways to minimize time in court and meet the needs of the respondent. She said that this is a topic that the WG should take up with a lens of thinking about how a respondent will experience this process.
- Dr. Fadi Nicolas suggested that it may be useful to create a graphic that will guide people through understanding all steps of the process. He mentioned a one pager that is used in Sacramento to explain various types of psychiatric holds to new providers.
  - Anne Hadreas mentioned that the CARE 201 training that happened last week contained a one pager diagram. The training will be posted online.
- Anthony Ruffin asked if CARE can incorporate treatment for people with cognitive and intellectual disabilities, such as dementia. He said he has done substantial street outreach and that we cannot put people in court without offering them treatment plans. He emphasized the severity of the disabilities that many unhoused people are living with and expressed concern about the rights of petitioners overriding the rights of respondents. He also expressed concern over how people will get to court.
- Xochitl Murillo asked if a box will be incorporated into the CARE-100 form for all veterans, as only some types of military service are currently recognized on the form. She said that they have mental health staff and services through CalVet in counties.
  - Anne Hadreas said that the language around veteran status may be too narrow as an error and is meant to be inclusive of broader veteran status. This is a part of the optional information on the CARE-100 form.

- Xochitl Murillo recommended the language of “Have you served in the military?” as the phrasing that should appear on the form.

## 4. CARE Act Data Collection, Reporting and Evaluation Approach

Paula Wilhelm of DHCS introduced a presentation from Health Management Associates (HMA) on various data components and considerations. She said that the goal of the updates they are sharing today is to hear from members of the WG about what data considerations they feel are pertinent. Serena Olin from HMA presented:

- HMA is supporting DHCS with technical assistance for CARE Act implementation as well as technical support for data collection. Their primary duties include the development and management of the data collection and reporting process, supporting County Behavioral Health with data collection efforts, developing a data dictionary and performance metrics, collaborating with stakeholders and leveraging existing data sources and systems, creating a timeline for and developing an annual report, and assisting DHCS’ evaluation contractor with data collection.
- DHCS’ responsibility for data reporting includes an annual report and an independent evaluation. An RFI for the evaluation vendor will be released in the coming weeks.
- The process of creating the annual report will consist of collecting data on various metrics to measure the performance of the CARE Act model implementation, measure the scope and impact of the CARE Act model, and assess the health equity impacts of the CARE Act as expressed through any demographic disparities in order to inform disparity reduction efforts.
- All data collected for the annual report will also inform the independent evaluation. The independent evaluator will produce two legislative reports: one in year 3 of implementation and one in year 5. The reports will be informed by surveying program participants and examining demographic disparities and the impact of the CARE Act on reducing disparities.
- Key data collection considerations that inform HMA’s approach to the annual report have been shaped by their meetings with counties that highlighted varying county contexts. Implementation of the CARE Act will vary across counties due to differences in county approaches, partnership models, and resources. Counties also all have unique data systems and methodologies for collecting and reporting CARE data. Further, counties currently have varied definitions for the data elements laid out in the statute, so a process of standardization will be crucial for the data collected to be valid and meaningful for the purposes of evaluation.
- Data submitted by County Behavioral Health will include protected health information (PHI), so HIPAA standards apply, which include limits on the uses of this information.
- In order to determine which types of data should be collected, they are in the process of determining the key policy questions that stakeholders are interested in for

understanding the impacts of implementation and the outcomes of the Act, with particular attention to questions focused on improving population outcomes and reducing disparities. She invited WG members to contribute their thoughts to this process.

- DHCS' approach to the annual report has been developed in accordance with the requirements of the statute and focus on creating guidelines for standardized reporting, developing a data dictionary to support consistency in reporting, creating a data collection system to support regular reporting, providing technical assistance and consultation to County BH agencies and their providers, developing dashboards and data visualizations to track reporting efforts over time, and providing ongoing support to the independent evaluator. The data dictionary is currently in the process of being finalized and aligns with existing standards.
- The data collection timeline for Cohort 1 includes the following:
  - May: Develop system design and confirm requirements
  - June: Finalize technical components, approach, and system design
  - July-September: Trainings & TA on data file requirements and quality assurance
  - October: Go live

Serene Olin opened the floor for discussion and invited responses from the WG on what questions they want to see addressed in the evaluation, what issues are most important to them in assessing the impact and success of the CARE Act in meeting population needs, and what information should be published in the annual report versus in the independent evaluation in year 3 of implementation.

## **Questions and Discussion:**

- Herb Hatanaka said that he worked for many years in the evaluation field and feels that the real value of an evaluation is to be able to measure the kinds of interventions at various scales in order to look not only at outcomes but at what explains those outcomes. He emphasized that a variety of approaches will be present across the state in implementation of the Act (intensive, field based, etc.). He asked if DHCS and HMA will ensure that attention to the details of approaches is included in the independent evaluation, which could include examining approaches at the provider level.
  - Serene Olin replied that they are including this consideration as part of their data collection.
- Bill Stewart said that he is excited about the standardization of data elements between counties and asked if HMA anticipates difficulties in standardization due to the different contexts and implementation choices of counties.
  - Serene Olin replied that as HMA sets up their data system, they are working in collaboration with counties and hearing their needs and preferences, such as submitting data manually or in batches.

- Khatera Aslami said she is interested in the report including information on the number of people ordered into CARE plans or agreements who were not present at their court appearances. She also expressed interest in medication data being delineated in the report into categories of long term injectables and self administered medications and also having an assessment about how informed consent around medication is approached. She also emphasized the importance of including the experiences of respondents in the evaluation, particularly in regards to if they felt that the process gave them choices and options.
  - Stephanie Welch and Serene Olin mentioned that there is a requirement in the statute to survey respondents about their experiences as part of the independent evaluation.
- Keris Myrick reminded the group that CARE stands for Community, Recovery, Assistance, and Empowerment. She said she wants to see elements included in the report related to community, recovery, and empowerment. She emphasized that outcome measurements are only one part of recovery and they should also consider evaluating recovery with a flourishing scale, which is an evidence based scale for recovery. She also suggested including information in the reports on therapeutic alliance, which she said carries significantly more weight than medication adherence in successful recovery. In regards to medication and treatment data, she suggested that reasons for terminating medication and other forms of treatment should be included. She said that terminating treatment is often seen as a negative, but it also could indicate positive changes in a respondent's life, which should be reflected.
- Beau Hennemann said that while he does not represent a county, he is aware of many common data reporting challenges. He shared that he has experienced program rollouts that included data standardization efforts but still did not result in standardized data. He emphasized the importance of giving adequate attention and time to the initial process of standardizing definitions. He asked how the annual reports and independent evaluation will be used to create program changes over time and elevate successful approaches.
  - Stephanie Welch replied that this WG was established to meet for the first three years of the program in order to use the data they have access to assess and guide ongoing implementation.
- Susan Holt asked if the rate of respondents who accept treatment voluntarily through the early engagement process can be used as one of the measures of success. She also asked about measuring barriers to success, such as the lack of housing inventory in various communities.
- Chevon Kothari emphasized the vast differences between counties and expressed the importance of capturing in the evaluation the nuances around the pieces of the Act that various counties have successes and challenges with due to their individual contexts.
- Anthony Ruffin said that measurements of employment and purpose are currently missing from what is being collected and asked if those components can be incorporated.



- Khatera Aslami Tamplen said that the number and nature of grievances by respondents about both services and the court process should be captured in the report.
- Jodi Nerell expressed concern about the ability to identify promising practices throughout the course of implementation because of the vast differences in county contexts. She provided the example of varying approaches to SUD care (state plan vs. organized delivery). She said that it seems as though there is not a defined set of services that counties are required to provide for all respondents, which will make standard measurement of what is effective difficult. She emphasized the need to capture the efficacy of engagement efforts in evaluation. She added that it will be important to capture the number of petitions submitted, the number that do not move forward in the process, and who is submitting the petitions that do not move forward in order to find ways to discourage vexatious litigants. She also expressed a desire to see data captured around what services are provided through voluntary CARE agreements.
- Herb Hatanaka asked if a financial analysis will be a component of the independent evaluation, including costs per unit for particular outcomes.
  - Stephanie Welch said that this discussion now is focused on the annual report. She asked if fiscal information will be captured in the annual report. She said that she does not believe it is required in the statute but is open to the suggestion.
  - Herb Hatanaka emphasized that the legislature will want to know the fiscal breakdown.
  - Ivan Bhardwaj said that they will discuss this internally and work to incorporate this as resources allow. He emphasized that he agrees that a fiscal evaluation has value.
- Kiran Savage-Sangwan asked about how demographics will be captured and categorized and asked if the WG can be involved in determining how disparities are measured.
  - Serene Olin replied that the statute is prescriptive about which demographics are measured and includes around 10 demographic variables. She said that as data begins to be collected, they can look collaboratively at how to examine the demographic data and disparities most meaningfully.
- Dr. Veronica Kelley emphasized that CARE is just one program among many that counties run that require data collection, so they already have data collection processes and grievance processes established. She said that for this reason, counties have a lot of information that they will be able to pull from for reporting purposes, though the state might not be interested in the range of information they can provide. She also urged the data team to consider the insurance piece, as counties often serve patients who need crisis care and are privately insured without billing their private insurance. Orange County typically connects these patients with their in-network providers but thinks this may be more difficult in the CARE context. She emphasized that the county will always provide services when they are needed. She expressed that private insurance partners should be coming to the table to collaborate and that numbers of commercially insured patients should be tracked in the annual report.

- Zachary Olmstead reflected Herb Hatanaka's concerns about the report needing to speak directly to what the legislature is interested in seeing. He said that he has worked in the legislature and knows that they want to see information at the macro level focused on both fiscal information and especially system level changes.

## **5. Discussion: Potential Initial Time Limited Ad Hoc Sub-Group Categories and Objectives**

Karen Linkins outlined the purpose of the ad hoc sub groups, which is to allow for more time and expansive input from experts, advocates, stakeholders, etc., on key issues. In the initial phase of ad hoc groups, 2-3 groups will be established, and all groups ideally will meet once before the August workgroup meeting. Each group will include 10-12 participants and will meet monthly or every other month, depending on the needs of the group, via virtual meetings. The recommended group focus areas have been determined based on survey responses collected in advance of these meetings focused on the topic areas that WG members believe are most pertinent to address.

Deputy Secretary Stephanie Welch expressed that the potential focus areas that WG members were surveyed on came from priorities that members expressed in the first WG meeting. Some of these priorities will be captured within sub-groups and others will be cross-cutting, such as communications. She explained that the sub-groups represent broad buckets but may each bring different perspectives to how the cross-cutting issues can be addressed, such as thinking about different types of data considerations. Initially the three proposed groups were:

- Peers, Families, Lived Experience
- Racial and Social Justice
- Services and Supports (focused on provider perspective)

Suggestions of cross-cutting topics those groups would address included:

- Communications
- Workforce
- Housing
- Data

Deputy Secretary Stephanie Welch said she is very interested to hear ideas related to sub-group topics from members of the WG. She said that participation in the groups will be voluntary, and she envisions them being co-chaired by two members from the WG. WG members can opt to participate in as many groups as they want or not in any at all. She encouraged WG members to identify subject matter experts who could bring specialized expertise to the ad hoc groups and offer innovative ideas and their on-the-ground experience. The regular WG meetings will be a place for the ad hoc groups to report out on their discussions

like the way the IST work group process was structured. Several Work Group members offered feedback:

- Bill Stewart said that the state is currently working on improving peer representation in the workforce but there is much work left to do in order to achieve this. He said that even when peers make it into the field, they struggle to be seen as equal and get work that allows them to apply their expertise. He also said that communication through a racial and social justice lens has historically been very tricky. He added that a group focused on Services and Supports should focus on housing and how to collect useful data about services and housing. He gave an example of how treatment is tracked in San Diego and how recording the first contact does not provide any information on the timeline of actual service provision.
- Dr. Veronica Kelley said that the proposed groups are fine but she is concerned about the Racial and Social Justice group being separate from the Peers, Family, Lived Experience and Services and Supports groups. She suggested that racial and social justice be considered by all groups.
- Stephanie Welch ran through an example scenario of each group being directed to talk about communications then reporting back to the WG where a discussion could then occur to collaboratively shape the final strategy. She asked the group if they thought this process makes sense and would be effective. She said that the buckets as currently defined work in such a way that no matter what the topic issue is, it must be considered through those three lenses.
- Karen Linkins said that of the responses to the survey, these three buckets emerged as priorities.
- Kiran Savage agreed with Veronica Kelley that racial and social justice should be a cross-cutting topic in addition to being its own group. She also suggested that considering the process from the perspective of the respondent should be a cross-cutting subject. She shared that she has a slight concern about lumping peers, families, and lived experience into a singular workgroup separate from the others.
  - Dr. Veronica Kelley suggested that listing equity as a cross-cutting issue may be one solution.
- Dhakshike Wickrema said that instead of separating these buckets as they currently are, the existing cross-cutting topics (workforce, housing, data, etc.) should be the groups and the existing buckets should instead be the cross-cutting topics and include racial justice and peers, family, and lived experience in all groups.
- Tracie Riggs agreed with Dhakshike Wickrema and said that it is essential to hear all perspectives on all topics. She said that as a county administrator, she is most concerned about the structural pieces such as workforce, housing, and housing.
- Herb Hatanaka asked for clarification of the sub-group formation process, which Stephanie Welch provided. She said that by the end of this meeting the group will determine what the

three sub-groups should be and members should start considering which groups they may want to join and recommend people for.

- Susan Holt said that if the group decides to either keep or change the suggested buckets, their focuses can still be shaped through intentional and targeted goal and agenda setting. She gave the example of a potential housing sub-group laying out an agenda of considering various implications, such as the racial equity implications, of a housing strategy.
- Deputy Secretary Stephanie Welch said that there is a lot of complexity at play and perhaps the most effective strategy for today would be to establish a set of priorities and overarching goals that define a way to approach the work. She mentioned that these groups may potentially exist long-term and may have to change their focuses as needs change and implementation advances. She suggested that strong goals and values could be the key strength of the sub-groups. She recommended that the group consider what the key action items are that need to be accomplished by the sub-groups in advance of October implementation. She also mentioned that she knows housing and workforce are major problems, but questioned if those are priorities in advance of October 1 compared to being ongoing focus areas.
- Karen Linkins said that another priority area that emerged from the survey was coordination between the courts and behavioral health departments, which is a timely concern for implementation. She also shared that they received feedback around needing to be more direct about the clinical aspect, which led to the suggestion of the Services and Supports group.
- Zachary Olmstead said that everyone wants housing and conversations in meetings focus on sharing knowledge without moving the work forward. He expressed concern that the meetings will just consist of presentations by experts and will not produce outcomes unless there is a high level of intentionality around what outcomes should be generated.
  - Stephanie Welch replied that the WG was established to support successful implementation. She acknowledged that not all members of the WG may agree on what success looks like for the group, though they should all share the common goal of supporting implementation and problem solving. She said there is ample knowledge sharing to be done on a variety of topics, but she feels that it is realistic and achievable to focus on implementation challenges and generate useful outputs to address these challenges. She gave the example of data challenges and said that it would be highly useful to have peers and family members weigh in on data concerns in order to inform the development of data strategy.
- Keris Myrick said that she likes the idea of peers, family, and lived experience being represented in all groups rather than being in their own group. She also emphasized the need to manage expectations around what the outcomes of sub-groups will be. She said that because there has been so much recent legislative attention on mental health in California, such as CARE and CalAIM, the overlap of all of these legislative initiatives is confusing. She suggested mapping the intersections of all of this legislation so that CARE

does not become siloed. She also mentioned that she still is unclear on what NAMI CA is tasked with and being paid for. She said that her concern is not that it is NAMI, but that it has not been explained what the contract with them is for. She expressed that peer run organizations could provide a broad range of services but are only considered in the statute for a small fraction of what they can offer, and peers need to be viewed as whole people.

- Deputy Secretary Stephanie Welch replied that Keris Myrick's comment was very helpful and she is looking into making an infographic or timeline to display how various initiatives fit together, though that is not something that fits into the scope of the WG. She said that the WG will down the line likely do some work with the Behavioral Health Taskforce, which is another body that represent various roles in the system. She shared that HMA's contract includes requirements for them to solicit input on their activities, so they will continue to work with more stakeholders, not just NAMI.
- Ivan Bhardwaj said that NAMI's contract has not yet been finalized. He said that he values transparency and understands the need for transparency around NAMI's role, which they will share more about and continue to share the ways that HMA engages with peers. HMA has only done two trainings so far and they are very early on in their contract.
- Dr. Veronica Kelley asked for more specifics about the WG's role, specifically if they are meant to be informing the state of implementation considerations or informing the county cohorts. She said that from her perspective coming from a Cohort 1 county, much of the planning has already occurred and they are currently in the process of hiring staff to be on track for October implementation. She suggested that Karen Linkins could share updates from Cohort 1 in WG meetings to clearly connect the dots.
- Deputy Secretary Stephanie Welch pointed out that the vast majority of counties will not implement until a year later, so there is plenty of time for them to adapt. She said that the statute is very broad in terms of what the purpose is of the WG, so they should do some work together on sharpening the focus, but there is not time in today's meeting. She encouraged the group to be focused on early implementation areas informed by each person's experience of what goes on at the local level, which is sometimes missed by lawmakers in Sacramento.
- Harold Turner said that there has not been much discussion today about the role of family members. He said that at the end of the day, families are where everything comes together and families want to know how to improve the quality of life of their loved ones. He shared that he is not currently feeling confident and has not heard much that sounds new rather than a continuation of old dynamics. He echoed previous commenters and said it is important for them to understand what the contract with NAMI will look like. He said that he hears from families every day, some of whom have loved ones who are barely functioning and they have been unable to get help. He said that we can come up with great processes but in the end, individuals end up back with their families. He said that he is speaking from his personal experience and the stories of other families, who cannot walk away if the rollout is not successful.

Karen Linkins said that they are just about at time and summarized key points shared by members on the ad hoc sub-groups. She said that there seems to be agreement that the sub-groups are necessary but they should be reconfigured to ensure that voices from peers and family members and perspectives of racial and social justice are cross-cutting. She said she took away from the comments shared that potential group categories could be Services and Supports, Data, Workforce, and Housing.

Deputy Secretary Stephanie Welch said that it also sounds like the group wants more opportunities to weigh in on Training and Technical Assistance and she recommended that the sub-groups take on that subject. She said that members bring very valuable expertise informed by their work and local contexts to this subject. She suggested that a group dedicated to Training and Technical Assistance would be very generative, whereas housing updates could be more effectively shared and discussed in these quarterly meetings or via email. She said that there will be many problems related to housing, workforce, etc. to tackle when Cohort 1 counties begin implementation and see what challenges arise. Stephanie Welch and Karen Linkins suggested that the three initial groups be focused on Training and Technical Assistance, Data, and Services and Supports. The group agreed. Stephanie Welch said that adjustments and improvements can always be made over time.

## 6. Public Comment

Karen 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. Deputy Secretary Stephanie Welch reminded commenters to be respectful of all people in the room and their differences of opinion.

- Susan Gallagher, Executive Director of CalVoices, shared that they are the oldest peer run organization in California and that she has been personally providing peer support services for over 26 years. She said that the peer community is not in support of the CARE Act and feels that the state is building an expensive bureaucracy that will traumatize people and not solve homelessness. She said that she hopes people will be more aware of how CARE is impacting the client community. She shared her concern that NAMI was selected to be a contractor and that the administration only listens to NAMI and has not reached out at all to CalVoices. She said it has been upsetting to listen to today's meeting and that talk of diversity is undermined by CARE being a racist program. She said that the vast majority of the peer community opposes both CARE and SB-43. She said that the money going into these programs should instead go straight to funding housing and rent money for people. She emphasized how upsetting it is that the peer community is not being heard and said it feels as though there is no room for disagreement. She added that there should have been an RFA instead of the contract going directly to NAMI.
- Claire shared that she is an attorney, advocate, and someone with lived experience of SMI. She asked what the dollar value of the sole source contract for NAMI is and asked who made that decision. She also asked if anyone with expertise in ADA compliance reviewed the court forms. She said that these forms are intended for people with disabilities and that they are not accessible forms and are unacceptable. She said that the option for petitioners to express that they do not feel that a potential respondent is clinically stabilized, even if the person is in ongoing treatment, undermines the

relationship between provider and patient and gives inappropriate power to a roommate or family member without clinical expertise. She added that the evidence requirements are insufficient.

- Lauren Retaliata shared that she has a son with schizophrenia and is on a mission for housing that heals. She said that everyone who shared public comment at the last meeting did not have the stories they shared reflected in the minutes. She asked for the minutes to be amended because they feel unheard. She asked if field based courts could be sites of CARE proceedings, which she said is informed of the various places she has found her gravely disabled son living. She emphasized that the CARE process needs to be brought to people where they are. She expressed that she believes CARE is intended to help people who are severely psychotic and delusional and questioned how people in that state are expected to be able to give informed consent. She said the answer should not be that if they cannot give consent, they are left to die on the street.
  - Stephanie Welch said that her team thought they had captured everyone's comments in the minutes and she will look into that.
- Elizabeth Kino-Hopper shared that she is a member of the family-run, grassroots organization Coalition for Care, which delivers direct support. She said that her group and perspective is not captured in the membership of the WG. She expressed appreciation for the people representing family concerns on the WG but said that those are people with family members who are in recovery. She shared that families and peer groups have many overlapping concerns and also voiced that her daughter has been too ill for the last years to join a peer group and have her voice heard. Her daughter is currently part of an IST diversion program though she thinks she could have benefitted from CARE if it was implemented earlier. She said that her daughter appreciates the diversion program she is in and the accountability it comes with. She agreed with the comments of the previous commenter and she asked that members of Coalition for Care be considered for ad-hoc groups. She shared her contact information. She also shared that her daughter's SUD and SMI are entangled to the point that it is nearly impossible to determine which disorder symptoms come from and she needs simultaneous treatment for both.
- Melanie shared that her daughter has SUD, schizophrenia, and bipolar. She said that for the last few years, her daughter has moved around frequently, been hospitalized numerous times, been trafficked, been missing and been arrested many times. She had a temporary LPS and there were no beds to place her in, so she went missing again even under an LPS. She said that she appreciates CARE and also appreciates the work of CalVoices but emphasized the severity of the condition that her daughter lives with. She volunteered to participate in any ad hoc group (and has workforce development experience) and shared disappointment that only half of WG members responded to the previous survey. She encouraged them to take a more active role.
- Diana Burdick said that she is a family advocate for people with SMI, including her son who is suffering and unhoused. She shared details about his life and said she is grateful for CARE because it is an option and more options are necessary to serve the people who are dying. She said that currently she feels unable to help her son in any way except to get involved as an advocate.



- Katherine (name difficult to hear) shared that she is a doctoral student at UC Berkeley with lived experience. The ASL interpreter interrupted to ask for slower speech. She said that while race based misdiagnosis has been mentioned, almost every presenter today was white. She emphasized that when CARE was introduced, almost every disability rights and racial equity group opposed the legislation. She asked that white WG members reflect on why presenters have been overwhelmingly white. She said that CARE intersects with SB-43 and MHSA Modernization and that SB-43 is designed to expand the definition of gravely disabled to capture people who do not follow CARE plans. She questioned how the system being established is anything other than white people surveilling and controlling disabled people of color rather than providing evidence based voluntary treatment and housing. She also shared that as a survivor of assault, the amount of coercion present in the CARE process is a massive deterrent for many people.
- Richard Gallo of Santa Cruz shared that he is a person with lived experience and has worked as an advocate. He said that serving people effectively does not require the CARE process. He said that the problem in Santa Cruz county is that there are not enough beds. He said that MHSA funds were not intended to be used for CARE and that MHSA Modernization should not allow that. He said that all respondents must have the right to a second opinion on their diagnosis. He highlighted how many unhoused individuals have dual diagnoses and how hard it is to get them into shelter and housing because of the limited capacity of counties.
- James Largent shared that he is a LCSW and a law student. He thanked Herb Hatanaka who was his former professor. He said that he will be writing about SB-43 for his school's Law Review. He said that he has talked with unhoused community members about SB-43 and the people he has talked to have mixed views on it. He questioned how CARE will meet the needs of respondents' children. He emphasized that housing is the primary need of this population and he shared the hope that housing is an outcome. He said that with expanding the definition of gravely disabled, it will be challenging to conduct research and it may be helpful for research purposes to look at voluntary versus involuntary clients.
- Stuart Gaiber shared that he is a veteran from San Diego and said that he is in contact with many people who have SUD diagnoses and also meet the CARE criteria. He thanked the WG for their diligence and interest in fair implementation. He said that the statute guarantees legal representation for the respondent throughout the process, which will require additional judicial time. He asked what analysis and provisions have been made to ensure adequate skill of legal representation and budget for that representation.
- Nurit Baruch said that she had to miss the last meeting because her son, who is connected to services, is really struggling. She said it is a problem when SUD and SMI are lumped together. She said that the services her son gets are insufficient for his level of need. He has been kicked out of fifteen different housing programs which she said means that the issue is not about a lack of housing, it is about the nature of care being provided. She said wraparound care is needed but the current system functions like an

island with services that are lost when people leave the island. She said it has been hell for the last 15 years.

- Vanessa Ramos of Los Angeles County said that she has navigated the public mental health system and that solutions that have incorporated her perspective have been most helpful. She said that she has been clean from heroin for 11 years, is housed, and lives an amazing life. She said she is in solidarity with the people who have expressed concern about how individuals, particularly people of color and LGBTQ people, will experience the CARE process. She encouraged the group to think through accessibility specifics such as how people will be reached, how they will remember court dates, how translation services will be provided, and more. She also questioned what county entities will be responsible for providing services.
- Laurie Hallmark said she is following up on the discussion of effective communication and the communication focused contracts, which should include peer support and supportive decision making. She said that peer run organizations are the primary source of information for effective communication to this population. She said that the response that peers will be consulted is vague. She asked for clarity around the process of curriculum development and how peer voices will be incorporated in the interest of transparency. She said effective communication is also crucial for the process of serving notice and that peer run organizations should be consulted to develop this and to simplify the language in forms.
- Ebony Harper, ED of California Transcends, shared that she is an advocate for trans issues. She said that she sees CARE as deeply problematic, though she has empathy for the parents who spoke today and support it. She shared that her lens is that of a Black trans person and someone with lived experience of homelessness and mental health treatment. She said that she does not think more government surveillance is the answer and that California can do better to address the crisis at hand by addressing the root cause. She said that she appreciates the conversations that have happened today and she appreciates all the perspectives shared.
- Carol Patterson said that she is a person with lived experience and a peer advocate. She shared concern about the lack of lived experience and cultural and ethnic diversity represented on the WG. She requested transparency around how WG members and contractors are selected. She shared concerns about the impacts of coercion and forced treatment. She said that her experience of forced treatment alienated her from seeking healthcare for years. She also shared concern for peer workers who may be pressured into coercing people into treatment. She also shared concern about the cost of CARE and the fiscal impact it could have on funding for voluntary treatment.
- Steve, a consumer advocate who helped put together the MHSA, shared concern about CARE. He said that data collection needs to look at possible harms of the process, such as the harm it may cause to therapeutic alliances. He said that he has great sympathy for the family members who are suffering but that it will not help anyone to put people through treatment only for them to end up exactly where they were before. He said there needs to be data elements that show exactly why some respondents may not benefit.

- Courtnie Thomas from NextGen California said that her organization is in solidarity with everyone who has expressed concern with the implementation of CARE. She said that one of their largest concerns is with the overrepresentation of people of color in the judicial and conservatorship systems. She asked how the judicial system can be trained to not replicate this overrepresentation in CARE.
- John Banober, Legislative Chair of a peer run organization, said that he stands in solidarity with concerned peers and that he has a diagnosis that puts him into the target population for CARE. He said that more conversation is needed to determine how people will actually experience the process, particularly around racial and ethnic disparities. He said that there is no data that supports the creation of CARE and she encouraged the group to be guided by long term data on outcomes. He shared concern about the statement from a WG member that the first year will be a rollercoaster and said that the state owes people better than that.
- Karla Thomas of San Bernardino shared that she has navigated the County Behavioral Health system as an advocate for her brother who has multiple diagnoses. She shared concern about the referral process, particularly about police being able to be petitioners. She said that additional training or another involved agency with more knowledge of working with people in crises is needed to protect communities. She also shared concern about what CARE could mean for undocumented populations and asked what measures have been taken to protect them from being transferred to detention centers. She also asked how legal aid organizations can better support families for whom conservatorship is the necessary option. She said that her brother has been denied for a conservatorship three times. She requested that Pacific Islanders be disaggregated from other Asian American populations in the data.
- Christopher Schneiders thanked all previous commenters. He said that they did not hear from counties today about the nuts and bolts of what treatment will look like. He encouraged complete collaboration between all agencies involved. He encouraged use of shared common language and definitions of terms such as supported decision making and PADs. He questioned what the goal and scope is of who Cohort 1 counties are expecting to serve and how they can create the best model possible. He encouraged the use of tools such as supported decision making but said they require shared common language.
- Zhana from ACCESS CalVoices echoed concerns of previous commenters, particularly the lack of diversity of the WG. She said it is concerning that the people who will be impacted are not at the table and are being dismissed. She said there continues to be a lack of accessible information and does not see how CARE will actually help vulnerable community members or how the WG will meaningfully address issues of racism, transphobia, and ableism. She said that communities do not need more policing and while CARE has the potential to help people, she expects it will do more harm than good. She shared that she is both a consumer and a family member.

Karen Linkins reminded the public that additional comments can always be emailed. She adjourned the meeting and thanked everyone in attendance.

## Appendix I: Public Zoom Chat

11:36:32 From John Freeman to Everyone:

See CARE Training and Technical Assistance (TTA) Site: <https://care-act.org/>

11:37:06 From John Freeman to Everyone:

Additional sites to note:

Working Group Site: <https://www.chhs.ca.gov/home/committees/care-act-working-group/>

DHCS CARE Site: <https://www.dhcs.ca.gov/Pages/CARE-ACT.aspx>

11:37:25 From John Freeman to Everyone:

And the CalHHS CARE Site: <https://www.chhs.ca.gov/care-act/>

11:39:40 From John Freeman to Everyone:

Judicial Council CARE Site: <https://www.courts.ca.gov/48654.htm>

CARE Judicial Council Rules and Forms:

<https://jcc.legistar.com/View.ashx?M=F&ID=11916930&GUID=CC7CB44F-5975-489C-9159-9627D77EFCA5>

12:11:06 From John Freeman to Everyone:

CARE Judicial Council Rules and Forms:

<https://jcc.legistar.com/View.ashx?M=F&ID=11916930&GUID=CC7CB44F-5975-489C-9159-9627D77EFCA5>

14:08:05 From Susan Holt to Hosts and panelists:

I concur with Dhakshike's comments for consideration.

14:15:46 From Susan Holt to Hosts and panelists:

I think the goals/outcomes of the group is what I was attempting to articulate.

14:27:19 From Susan Holt to Hosts and panelists:

I concur with Dr. Kelley's comments; great suggestion.

15:09:25 From Karen Linkins to Hosts and panelists:

Thank you for your comments today. Please do not hesitate to submit additional comments via e-mail to [CAREAct@chhs.ca.gov](mailto:CAREAct@chhs.ca.gov). Thank you!!

## Appendix II: Comments Submitted via Email

Pete LaFollette of Ventura County emailed two comments:

- His first comment stated that he has navigated the mental health system and now works with communities around the state to ensure that community-defined best practices are incorporated into all mental health services. He expressed solidarity with those who have voiced concern and encouraged the state to provide more details on how respondents will experience the CARE process, particularly for people of color and other vulnerable groups. He provided a detailed list of questions that he encouraged the WG to consider and address in advance of October, primarily surrounding accessibility concerns, mechanics of service provision, details of treatment models, details of trainings, and more.
- His second comment was an explanation of an example of how he sees CARE having a negative impact already. He said that a woman in his community who is well into recovery using her own methodology is terrified that her relatives who disagree with her methodology will file a petition and she will be forced back into a facility and made to take medication that is not conducive to her recovery.

Vanessa Ramos of Los Angeles County emailed a written version of the comment she made verbally:

- Her comment stated that she has navigated the mental health system and now works with communities around the state to ensure that community-defined best practices are incorporated into all mental health services. She expressed solidarity with those who have voiced concern and encouraged the state to provide more details on how respondents will experience the CARE process, particularly for people of color and other vulnerable groups. She provided a detailed list of questions that he encouraged the WG to consider and address in advance of October, primarily surrounding accessibility concerns, mechanics of service provision, details of treatment models, details of trainings, and more.

Pamela Inaba of Los Angeles County emailed one comment:

- Her comment stated that she has been a consumer for 37 years and is also a family member. She is a member of the Los Angeles County Client Coalition and of Cal Voices. She voiced her opposition to the CARE Act and concern that it will cause people to lose their civil rights. She shared the fear that it will disrupt people's recovery paths who are currently in programs voluntarily. She said that the WG needs to include a more diverse sample of peers and that she hopes future meetings will reflect suggestions made by peers. She expressed frustration about NAMI's contract and said that peer-run organizations are fully qualified to assist with implementation. She said that CARE already feels like a silo. She also said that JC forms are not ADA compliant. She expressed that she would like to help the group.

Laurie Hallmark emailed a written version of her verbal comment:

- Her comment stated the need for better communication tools and strategies and expressed that peer run organizations are best positioned to help develop these strategies. She asked the WG to provide more details on the process of curriculum development and curriculum details in the interest of transparency.

Ingrid Salazar emailed one comment:

- Her comment stated that she is the Health & Immigration Community Educator at Central Valley Immigrant Integration Collaborative. She said that she has navigated the mental health system and now works with communities to ensure that community defined best practices are utilized in services. She expressed solidarity with others who have voiced concern about CARE and urged the state to consider how people will experience the CARE process. She asked the WG to consider specifics around the type of support that will be provided to non-English speaking communities and to people without a phone or internet. She said that these issues are highly important in the Central Valley where there is a high concentration of low income Latino families.

Randall Hagar of the Psychiatric Physicians Alliance of California emailed one comment:

- His comment stated that a clear mechanism for LPS referrals is needed in the CARE process that could be accessed at any point in the process, including for those who disengage in the process. He also said that a robust data effort must be connected to this that can track the disposition of all people who navigate CARE for continuous quality improvement and oversight purposes.

Richard Gallo of Santa Cruz County and Cal Voices followed up on the comment he made verbally via email:

- His comment stated that he is an advocate that helps people out of homelessness. He said that the number of beds, including 5150 beds, in Santa Cruz is vastly insufficient to meet the level of needs. He said that the primary problem in Santa Cruz County is a lack of affordable housing. He said more housing is needed and that housing must be designed to meet a variety of needs, including supportive housing and housing for specific populations. The first permanent supportive housing project is breaking ground now in Santa Cruz but more is needed. He also shared the MHSA funds were not intended for CARE. He described upcoming changes with MHSA Modernization, such as a housing bond that will begin in 2024. He said that unhoused people with dual mental health and intellectual disability diagnoses need Regional Center services but the Centers do not have adequate funding. There are also eligibility challenges with Regional Centers. He asked what happened to person centered planning within Regional Centers. He asked if an RFP was part of the process of selecting NAMI as a contractor. He said that more transformational change could have occurred under MHSA if there had been peer programs for the SMI unhoused community such as respite and Navigation Centers. He said that peers need to be part of the CARE process to support respondents and that he has many peer colleagues who have been justice involved and experienced homelessness who could provide useful support. He also shared that stayed on the meeting in memory of James Mark Rippee, who he believes could have benefited from peer support programs. He linked articles about Rippee as well as an

article about another court based program. He said that he is expecting a response from the WG.