California Health and Human Services Agency
Community Assistance, Recovery & Empowerment (CARE) Act
Working Group Meeting Minutes
February 14, 2023

Working Group Members in Attendance:

Jenny Bayardo, Executive Officer, California Behavioral Health Planning Council	**Charlene Depner**, Director, Center for Families, Children & The Courts, Judicial Council of California
Eric Harris, Director of Public Policy, Disability Rights California	**Herb Hatanaka**, Executive Director, Special Services for Groups
Beau Henneman, RVP of Local Engagement & Plan Performance, Anthem	**Hon. Maria Hernandez**, Assistant Presiding Judge, Superior Court of Orange County
Susan Holt, Behavioral Health Director and Public Guardian, Fresno County	**Hafsa Kaka**, Director of Homelessness Strategies and Solutions, City of San Diego
Dr. Veronica Kelley, Chief of Mental Health and Recovery Service, Orange County	**Lorin Kline**, Director of Advocacy, Legal Aid Association of California
Tomiquia Moss, Founder & CEO, All Home CA	**Jodi Nerell**, Director of Local Mental Health Engagement, Sutter (greater Sacramento)
Dr. Fadi Nicholas, Chief Medical Officer at Sharp HealthCare in San Diego	**Zach Olmstead**, Chief Deputy Director, Department of Housing and Community Development
Tracie Riggs, County Administrator, Tuolumne County	**Xóchitl Rodriguez Murillo**, Deputy Secretary, Minority Veterans Affairs, CalVet
Christina Roup, Executive Director, NAMI Fresno	**Al Rowlett**, Chief Executive Officer, Turning Point Community Programs; Commissioner, MHSOAC
Tyler Sadwith, Deputy Director of Behavioral Health, DHCS	**Kiran Savage-Sangwan**, Executive Director, California Pan-Ethnic Health Network
Khatera Aslami Tamplen, Consumer Empowerment Manager, Alameda County Behavioral Health Care Services; Commissioner, MHSOAC	**Matt Tuttle**, President, San Jose Firefighters Union Local 230
Stephanie Welch, Deputy Secretary of Behavioral Health, CalHHS	**Dhakshike Wickrema**, Deputy Secretary of Homelessness, Cal BCSH

Working Group Members Not in attendance:

- *Harold Turner, Executive Director, NAMI Urban Los Angeles*
- *Chevon Kothari, Deputy County Executive, Sacramento County*

1. Welcome and Introductions

Secretary Mark Ghaly, California Health and Human Services Agency (CalHHS) welcomed the CARE Act Working Group (WG) members and members of the public and acknowledged the range of experiences and perspectives that WG members bring to the table, emphasizing their unique value to the planning work. He framed the purpose of the WG as assisting California in putting their best foot forward when designing and implementing the details of the CARE Act through real substantive work, which must include a commitment to grappling with difficult questions and fore fronting the value of equity beyond just paying lip service to it. He thanked the group members for their participation and shared excitement for the group to influence and inform policy development and rollout.

Deputy Secretary Stephanie Welch welcomed everyone in attendance and reviewed the meeting agenda and expressed excitement about the diverse expertise of the group. She invited Working Group members to introduce themselves and briefly share their backgrounds.

2. Bagley-Keene Requirements, Ground Rules, Process for Working Group, and Meeting Dates

Bagley-Keene Requirements

Jared Goldman, General Counsel, CalHHS, provided a detailed presentation on Bagley Keene rules and requirements, which pertain to bodies created by the State Legislature. He reminded the group that Bagley Keene rules govern the Working Group during and in-between meetings, as well as any sub-groups created as part of the CARE Act Working Group process. Meetings under Bagley Keene occur when a quorum of the group meets to discuss the subject matter focus of the group as defined by the legislature. Members of the group discussing other subjects all together is permitted, as is discussion of the relevant subject when a quorum is not present. He cautioned the group that Bagley Keene also applies to written communication, such as e-mail, where replying “send all” to emails sent to all members could be a violation. Mr. Goldman also reviewed requirements for public notices, publicly accessible meetings per the ADA, and publicly accessible printed or written materials used by the Working Group. COVID rules have allowed for completely remote meetings to be permissible, but beginning on July 1, 2023, a quorum of the group (at minimum) must be present at the physical meeting. The text of the Bagley Keene Open Meeting Act is publicly available on the California Legislative Information website.

Working Group Logistics:

Meeting facilitator Karen Linkins, Principal, Desert Vista Consulting, reviewed the guidelines for the day’s hybrid (in-person and virtual) meeting:

- 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

Working Group purpose as described in SB 1338:

- As described in SB1338, the WG will provide coordination and engagement with State and local partners and other stakeholders throughout county implementation to support the success of the CARE Act. The WG will not meet more than quarterly and will not end later than December 31, 2026. CalHHS will seek feedback from the WG on a range of implementation activities.

WG Meeting Logistics:

- 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
- Tentative meeting dates for the remainder of 2023, all of which are subject to change: 5/10, 8/9, 11/8
- All WG meetings will be open to the public and subject to Bagley Keene requirements
- Agendas will be posted online in advance of the meetings. WG members will be able to suggest agenda items
- 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.
- WG members are encouraged to submit ideas and suggestions for discussion via e-mail.

3. 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 presented the following on the role and activities of CalHHS:

- Leads coordination efforts with and between JCC 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.
- Regards the WG as an essential mechanism to receive feedback, achieve successful implementation, and spread accurate information to the public
- Requires feedback from the WG on 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. She asked WG members to review these

materials when they have time and provide feedback on what is missing or needs improvement, indicating that work is underway to make more information available in Spanish. Given the limited time for the quarterly Working Group meetings, she acknowledged there may be a need to convene a sub-working group on communication tools to leverage the knowledge and expertise of Working Group members, as well as to engage other subject matter experts in this work.

Department of Health Care Services (DHCS):

Tyler Sadwith, DHCS Deputy Director of Behavioral Health, presented information explaining DHCS' role as a technical assistance provider rather than a policy making or oversight body. He presented details on DHCS' approach to technical assistance as well as their approach to data collection and producing evaluative reports.

- DHCS is a department within the CA Health and Human Services Agency responsible for Medi-Cal (which serves 1 in 3 Californians), substance abuse treatment, and mental health treatment. They oversee numerous federal and state grant programs for behavioral health initiatives and provide licensure to behavioral health facilities. He shared their mission and vision statements.
- Regarding the CARE Act, DHCS will be providing technical assistance to county behavioral health agencies, legal counsel, and volunteer supporters. The statute is very specific about the type of TA that should be provided. Consultation with the workgroup as well as with a broad range of other stakeholders, such as individuals with lived experience, family members, the Judicial Council, the California Interagency Council on Homelessness, and more will inform the contents of the TA provided.
- DHCS has several concrete deliverables throughout the CARE timeline to both the public and the legislature, including:
    - 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
    - Issuing guidance to counties around under which circumstances it is appropriate to delay implementation
    - Administering funds

- 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.
- Training and technical assistance (TTA) will target:
    - County BH agencies, customized to the unique needs of different types of counties (e.g. urban and rural),
    - Volunteer supporters, which will occur in consultation with disability rights advocates, individuals with lived experience, families, and other relevant stakeholders
    - Legal counsel

- Training and technical assistance focus areas include:
    - CARE Act process and statute to facilitate solid understandings of the requirements
    - Clinical eligibility requirements to facilitate understanding around diagnoses, symptoms, and various treatment and intervention options
    - Housing and community supports, such as TA around evidence-based models and strategies for permanent supported housing
    - Equitable and person-centered care, focused on DEI, trauma-informed care, and psychiatric advanced directives
    - Data quality improvement around collection and reporting
- Training and technical assistance may be delivered through synchronous and asynchronous virtual trainings, in person trainings, FAQs and written materials, and more
- DHCS is interested in feedback from the WG around what would be useful from technical assistance
- Training and technical assistance timeline:
    - Q1 2023: Workplan development, content planning, and initial stakeholder outreach to support Cohort 1 in launching
    - Q2/3/4 2023: Initial TTA delivered, stakeholder engagement conducted for rural counties
    - Q3/4 2023: TTA on data with County BH, TTA and stakeholders engagement with volunteer supporters
    - Fall 2023: TTA in coordination with DHCS initiatives, launch Resource Center/webpage
    - Q4 2023: Cohort 1 counties begin implementation
- 2024-2028 forecasted TTA timeline:
    - Cohort 1 learnings will influence TTA delivery for other counties
    - Ongoing TTA and stakeholder engagement will be offered across subject areas through 2028
- Data collection and reporting:
    - Many more discussions to come around building plans for data collection and reporting with the goal to minimize the administrative burden on counties to the greatest extent possible
    - Counties and JCC are required to report data annually
- DHCS has responsibility for administering funding. They have already distributed $57 million to counties in start up funding, $26 million of which went to Cohort 1 counties. DHCS also is the administrator of the CARE Act Accountability Fund, which is comprised of any fines that courts impose on counties, all of which will be redistributed back to the counties that paid them for the use of serving individuals with CARE plans. DHCS is also tasked with managing the reimbursement and cost estimates of mandated activities.
- Deputy Director Sadwith thanked the WG and shared excitement for their work moving forward.

Judicial Council of California (JCC):

JCC Director Charlene Depner presented information regarding the Judicial Council of California (JCC) and its role in CARE Act implementation:

- The JCC is the policy making body of the California courts, responsible for ensuring the administration of justice
- The JCC is chaired by Chief Justice Patricia Guerrero
- Members of the JCC are appointed and do not receive compensation
- The JCC works through advisory bodies, such as different types of committees and task forces. The Probate and Mental Health Advisory Committee is responsible for CARE Act rules of court and forms on an accelerated timeline. Members of the Committee are appointed by the Chief Justice to serve staggered three-year terms. The Committee is made up of:
    - Appellate and superior court judicial officers
    - Probate court attorneys, examiners, and investigators; attorneys who practice primarily decedents' estate, trust, guardianship, conservatorship, or elder abuse law
    - Persons knowledgeable in mental health or developmental disability law; a private fiduciary; and a county counsel, public guardian, or similar public officer familiar with guardianship and conservatorship issues
- JCC staff are led by Millicent Tidwell, the Acting Administrative Director, and implement the council's priorities. They are organized in Divisions and Offices. The office responsible for CARE is the Center for Families, Children & the Courts
- JCC is committed to interagency collaboration at state and local levels through regular meetings and convenings that they facilitate, which includes collaborating with DHCS on training and TA development
- JCC has public communications on CARE on the JCC CARE web page. They also designed a Communication Hub for Cohort 1 courts to keep them up to date with one another and the newest information and resources. They also meet monthly with Cohort 1 teams.
- Rules, forms, and legal information:
    - Probate and Mental Health Advisory Committee created 11 rules of court and 11 forms for CARE implementation
    - The relevant comment period has been completed and the report, which looks at comments item by item, will be reviewed on April 5 by the JCC Rules Committee and, if approved, considered by JCC in its May meeting
    - Legal information communications for the public and the courts continue to be developed
- JCC progress on training, information, and TA:
    - JCC will take on training of all courts through the CJER
    - Sent out a procedural memo to all Justices after the CARE Act was signed, which has sparked fruitful discussions
    - Will soon be posting a CARE 101 webinar for courts
    - Published a CARE Act glossary

Questions and Discussion:

Karen Linkins invited questions from Working Group members on the presentations, as well as ideas for Training and Technical Assistance (TTA) topics.

- A Working Group member asked about the implementation timelines for counties in both cohorts.

    - Tyler Sadwidth response: Launch date for Cohort 1 is Oct 1, 2023 and the launch date for Cohort 2 (all remaining counties) is Dec 1, 2024. Cohort 1 counties are on an accelerated timeline and will begin to receive TA from DHCS in Spring 2023.
- Kiran Savage-Sangwan asked Tyler Sadwith about the stakeholder engagement work that HMA will be conducting, specifically about the consumer feedback form that he mentioned. She asked for further details about which entity, if any, will be responsible for receiving feedback/concerns from people who go through the CARE process.
    - Tyler Sadwith response: DHCS is considering offering a consumer feedback form, though it is not required in the statute. DHCS believes that hearing this feedback is critical.
- Kiran Savage-Sangwan asked for clarification around what will be done with the feedback received, whether each piece of feedback will be responded to or if the feedback will serve as general information to improve CARE as it continues to develop.
    - Tyler Sadwith confirmed that it is the latter and the feedback will also potentially be incorporated into the reports and evaluations.
- Kiran Savage-Sangwan asked if there is an entity responsible for addressing individual concerns from CARE respondents.
    - Tyler Sadwith explained that one mechanism is through MediCal's grievance and appeals processes, which would be submitted to county mental health plans (the individual county service provider). These grievances would be about county mental health plans/services rather than the courts or CARE as a whole.
    - Corrin Buchanan, CalHHS Deputy Secretary, Policy & Strategic Plannning, explained that feedback processes depend on the nature of the grievance and which entity it relates to (courts, treatment provider, etc.). She suggested the group think about how that information about submitting grievances should be communicated with the public.
- Tomiquia Moss asked Tyler Sadwith asked about the data collection process for counties, as counties generally have limited data collection capacities. She asked if DHCS is considering providing concrete resources for counties, such as resources to hire data technicians, on top of the TA they will provide.
    - Tyler Sadwith responded that there will be a variety of resources available, including the information that trial courts with be providing to JCC, which will share data (such as around the details of CARE plans) with DHCS. He stated that the goal is to leverage existing data systems within counties, such as MediCal eligibility systems, so that counties can primarily focus on implementation. DHCS is still exploring what data elements are required and are helpful that are beyond the scope of existing data systems, which this group will need to discuss in future meetings.
- Khatera Aslami Tamplen asked about inclusion of community-defined best practices for medications and psychosocial interventions that are more inclusive of BIPOC communities and experiences. She also asked about where ongoing funding will be coming from and if it will be MHSA dollars or if there will be other funding sources for service provision.
    - Tyler Sadwith shared that much of the TA will focus on culturally relevant approaches which will include community defined practices, which will align with

some of DHCS' other initiatives, such as grants they are issuing to support the expansion of community-defined practices.
    - Corrin Buchanan added that the CARE Act is designed to leverage existing MediCal behavioral health services. She shared that there is ongoing funding in the Governor's budget for costs that fall outside behavioral health services, such as administrative costs for counties to participate in the CARE process.
- Hafsa Kaka shared that it is essential to have ample time, especially in the WG setting, to review all information sources and ensure that they solicit feedback from all relevant experts, such as social workers and homeless response teams. She emphasized that this type of feedback should be considered in the TA development process. She also indicated it is important for petitioners to have involvement in the process past the point of referral.

4. CARE Act Information and Working Session: Meeting the Housing Needs of CARE Act Participants

Deputy Secretary Corrin Buchanan introduced herself and her background and opened a discussion on housing. She said that in every conversation about the CARE Act, housing and workforce always come up. She explained that today's discussion will focus on housing and there will be discussions about workforce in the future. She presented slides with information on housing development:

- The state has made significant investments in housing development over the past several years, across the entire administration. There is more information on these investments at the top of the CalHHS CARE Act website.
- The Behavioral Health Bridge Housing (BHBH) program, a dedicated housing resource for people with behavioral health challenges, is currently in development and began as part of last year's budget. It provides a 1.5 billion dollar fund spread across a multi year period and is the first time there has been a significant housing investment dedicated to people with behavioral health conditions, which is a population that has challenges accessing the mainstream homeless response system. The right housing settings are essential for recovery. This type of housing is integral to the functioning of CARE plans. Because of its importance, judges will be able to prioritize these housing resources where appropriate. BHBH is required to prioritize CARE Act recipients.

Deputy Secretary Buchanan introduced Marlies Perez from DHCS who presented more information on BHBH. She shared that they are getting close to releasing a solicitation and want to ensure everyone is able within their counties to make maximal use of these funds.

Marlies Perez presented information on BHBH:

- BHBH is building upon previous work and contributing to the implementation of the California Interagency Council on Homelessness' Action Plan for Preventing and Ending Homelessness in California
- BHBH will be implemented in alignment with the CARE Act and prioritize CARE recipients

- Funding is a 1.5 billion dollar, one-time only grant administered by DHCS. Funding will be distributed to county behavioral health agencies and tribal entities. All funding must be expended by June 30, 2027.
- The emphasis of BHBH is on meeting the needs of currently unsheltered people with behavioral health conditions, which includes navigation, outreach, and engagement.
- In developing BHBH models, county BHAs are encouraged to explore innovative models that utilize existing real estate that could be leased or quickly converted, such as tiny homes, churches and community settings, large building conversions (offices, warehouses, etc), hotels and motels, modular buildings, master-leased units or buildings, and more. She recognized that each county has a different real estate landscape.
- BHBH is not only a housing program. To qualify for BHBH, individuals must meet the criteria for a behavioral health condition outlined in the law, which is primarily designed for individuals with complex conditions. In addition to housing, the program provides case management and other medical, behavioral or social services and supports, such as FSP's wrap-around services.
- Any services a recipient already receives that are funded by Medi-Cal should continue to be Medi-Cal funded. BHBH is intended to pay for housing and housing-related services that are not covered by Medi-Cal, including community supports and real estate renovation.
- BHBH funding cannot supplant specialty mental health and SUD services that are already provided/covered.
- Request for county applications will be released this month in February 2023. Counties will have around two months to complete their application.
- Request for tribal applications will be released in May 2023, which will be competitive for tribal partners. More information will be provided on this application, though it will be similar to the county application with adjustments made to account for specific contexts and needs of tribal partners
- County awards will be announced in May or June of 2023. Tribal awards will be announced in August or September of 2023.
- County contract execution and program implementation will begin in late Spring of 2023.
- Competitive RFA will be released in August of 2023 and due in October of 2023.
- Other blocks of competitive $250 million funding will be announced and distributed in response to lessons learned from the RFA.

Questions and Discussion:

Karen Linkins thanked Marlies Perez and welcomed questions from the WG.

- Tracie Riggs asked if it will be possible to purchase rather than lease properties for housing.
    - Marlies Perez responded that this will be possible for something like tiny homes. She said that quick solutions are what the funding is for. Funding used for infrastructure requires housing to be stood up within a year of contract execution. More details will be shared soon.
    - Corrin Buchanan added that the Community Care Expansion Program can provide capital resources for Board and Care settings and supportive housing settings designed to meet the needs of seniors and people with disabilities.

There will also be another round of Home Key made available in March, which will be $736 million.

- Tomiquia Moss asked if BHBH funds will cover rental subsidies.
    - Marlies Perez responded that yes, it can cover rental subsidies. Much more guidance will be provided in the RFA.
- Beau Henneman asked about sustainability planning within BHBH, as planning will need to occur for the end date of 2027. He also asked how they imagine the coordination of services to occur, especially to support the transition from bridge housing to permanent housing.
    - Marlies Perez responded that the funding is intended as a gap measure and they will support counties in planning for sustainability from the program onset, as the 4.5 year period is short. To the question about service coordination, she replied that the navigation supports that intend to ultimately get people into permanent supportive housing will be funded, as will related outreach and county administrative costs.
- Hafsa Kaka shared her excitement about BHBH and asked about what the expectation will be of counties regarding regional collaboration with cities and with continuums of care and other relevant bodies to support the entire ecosystem.
    - Marlies Perez responded that some of this information is included in the RFA. They want to support collaboration at the local level and will support TA to counties (especially rurally) and tribal entities to facilitate this. At the state level, they have been working with a range of partners on housing as well as working internally in DHCS and have been trying to bring together all the moving pieces around behavioral health and housing.
- Veronica Kelley thanked the administration for this program and asked about what will be required of their staff regarding coordination. She said that currently managed care plans do a lot of the work of coordinating benefits and she asked if there will be overlap or an expansion of work.
    - Marlies Perez responded that the eligible population is the population with SMI and complex SUD served by county BHAs so the work would fall under current county systems. Regarding the CARE participants, she shared that if anyone is not in the county system then that should be explored further and she will discuss this with her internal team.
- Matt Tuttle shared that in his county they have a transitional housing program and have been experiencing an influx of people from other counties coming to utilize those services, which creates a burden. He asked that if, for counties participating in BHBH, the services will be limited to residents of those counties or if it could draw people from other counties.
    - Marlies Perez responded that they will work on releasing communication around this question, but since CARE recipients will be coming through county courts, that would be confined to the county. Regarding the Medi-Cal side, counties will be responsible for individuals within their counties.
- Jodi Nerell asked for clarification around the FSP-like services and if counties will receive funds to expand FSP slots or if BHBH funding will fund things that look like FSP slots but are not part of county FSP slots.

    - Marlies Perez responded that the RFA will outline how much funding will go toward housing vs. other expenditures. She acknowledged that some counties are using MHSA funds to pay for housing but said that most of the BHBH funding is explicitly for housing and most of the clinical treatment should be covered under MediCal, or potentially MHSA if it is already MHSA funded. In this way, the funding should not be seen as a supplement to FSP.
- Khatera Aslami Tamplen expressed appreciation for the allocation of funds toward housing and emphasized the importance of permanent supportive housing. She expressed that due to NIMBYism and opposition to land use for BH care, the expectation that housing is stood up within a year is very ambitious. She asked what happens to the funds if they are unable to be used to stand up housing within a year.
    - Marlies Perez acknowledged that the timeframe is aggressive and emphasized that the majority of the funding should be used to support housing services or rental subsidies and that a smaller portion of the funding is intended for building infrastructure. She said that DHCS will be closely overseeing the funding spending. For counties who are unable to spend their funds, those funds will be moved to other counties so that all funding can be spent before 2027.

Karen Linkins thanked the group and invited Working Group member Herb Hatanaka, Executive Director, Special Services for Groups, to present on some successful housing strategies based on his organization's work in Los Angeles County. The presentation covered the following:

- Special Service for Groups has focused on serving the population of people with behavioral health conditions in Los Angeles County for 15-18 years and have built a large network
- The Office of Diversion and Reentry has had great success in Los Angeles County and has diverted over 5,000 people, including housing and providing intensive case management services to 3,500 people. 2,200 of those people are in ODR housing and receive intensive case management services that contracts with providers like SSG. They also contract with around 5 different housing sites.
- SSG operates 21 housing sites. Herb Hatanaka shared examples of these sites in South Central LA and emphasized the value of using duplexes.
- Example 1: Haven House, which is one of two women's houses that they operate.
- Example 2: Cedar Lodge, which houses 25 people.
- Example 3: Journey to Wellness.
- Each house provides a range of services on site, including clinical staff and case management. All sites are built to move people to lower levels of care and into permanent supportive housing.
- They provide intermediate support level settings for the reentry population. They also run crisis stabilization sites that are available for 24/7 support and facilitate moving people into housing with lower levels of support. A step down approach is utilized across levels of care.
- Example 4: Kress, which houses the FIST population. The building is a converted 5 and dime store. The site is spacious and houses 40 individuals. At Kress, they offer an intensive array of 24/7 services.
- Example 5: Hope on Alvarado, which is 90 units of permanent supportive housing in a newly developed apartment complex. There is a co-located treatment team on site and

indoor and outdoor recreational space, in addition to services like vocational support that assist people in the transition to living more independently. He emphasized that people deserve nice facilities to live in during their recovery.

- Example 6: 45th & Broadway, which is a permanent supportive housing site that is currently under construction. It will be 48 units and have the same supports and amenities as Hope on Alvarado.
- The challenge with building out permanent supportive housing sites (in addition to the housing itself) is building a substantial team of clinical staff and case managers
- The central SSG CARE Campus is a site that will serve as their comprehensive treatment hub. It will support their scattered site housing locations and provide outpatient, intensive outpatient, wellness (including co-located primary care), and crisis services. It is located in a key location, 5 miles from downtown, and is almost completed. 80% of their housing sites fall within a 3-5 mile radius of this hub.

Corrin Buchanan shared that she has visited many of the SSG sites and that they are incredibly welcoming and warm. She thanked Herb Hatanaka for sharing about these sites and said they inspire hope of what is possible with unlocked, supportive settings that are integrated into the community and that people want to live in.

Questions and Discussion:

Karen Linkins invited questions from the WG and input on other housing models:

- Khatera Aslami Tamplen shared appreciation for the presentation and asked how peer support is included in the permanent supportive housing models that SSG operates. She emphasized the importance of peer support in supportive housing settings and following the lead of peer and family run organizations.
    - Herb Hatanaka responded that many members of SSG care teams have lived experience and use their lived experience to inform the relationships they build with clients. He shared that as an employer, he works to build positions to be filled by people with lived experience. SSG sites also have peer run support groups across sites.
- Hafsa Kaka asked about whether there is a formal best practice on types of living facilities for this population (congregate living vs non-congregate, etc). She expressed that the information she has heard seems to be conflicting.
    - Herb Hatanaka replied that given the realities of funding limitations, the size of a facility and its number of beds is a big factor to consider.
- Al Rowlett shared that he has many thoughts on the operational components required in getting from the conceptual stage to creating real infrastructure within the tight timeline they have been given. He referenced Khatera's comment about peer support and expressed that peer respite can be put into place quickly and is very effective. He discussed working with private sector funding vs public sector funding and said that with private funding, he has been able to build tiny homes in two days, which could never be possible when working with government. He said private sector solutions provide more flexibility and expediency.
- Tomiquia Moss asked about how zoning could be streamlined, such as in the case of Home Key, to take advantage of the work the state has already done to expedite housing development. She also asked if SSG bills MediCal for services or if they have

another method of pairing their operations and services dollars with the cost of interim or permanent housing.
    - Herb Hatanaka replied that because SSG is field-based, the work they do at their smaller sites through site visits covers the clinical aspect. A lot of the work they do is non-billable services which is funded through the Office of Diversion and Reentry. He also expressed that building a centralized hub helps in covering both clinical and non-clinical services more efficiently.
- Hafsa Kaka said that Herb Hatanaka's last comment resonated well with the BHBH program regarding the collaboration required to leverage mental health resources. She emphasized the importance of having cities and CoCs at the table when funds are being distributed.
- Zack Olmstead responded to Tomiquia Moss' question about zoning and Home Key. He reminded the group that Home Key was enabled by the state of emergency declared in response to the pandemic. The statute that was the most useful for Home Key was conformity with land use, which prevented development from being held up. He encouraged members to advocate for that to be able to be applied to any type of disposition.
- Susan Holt asked about the cost of SSG's campus construction and ongoing operations.
    - Herb Hatanaka replied that they receive financial support for housing from ODR and their housing costs range from $150-$165 per day, per person. They utilize mental health funding for clinical services and case management.
- Susan Holt asked if all counties will have access to funding from ODR in order to create similar facilities to those in LA.
    - Corrin Buchanan replied that she used to work for the Office of Diversion and Reentry (ODR), which has multiple funding streams, including funding through the Department of State Hospitals. Counties have the opportunity to partner with DSH for mental health diversion or community-based restoration funding. This funding source has helped ODR fund SSG's sites. She offered to provide more information on these funds to anybody interested. She explained that ODR also utilizes local criminal justice dollars to serve people on probation. The BHBH program will also be able to fund settings like the SSG sites and will be available soon.

Corrin Buchanan thanked the WG members for their comments and expressed ongoing interest in discussing housing models with the group. She explained that housing is a large part of the work happening with Cohort 1 counties.

Stephanie Welch shared that they will be sending out a survey to solicit feedback from the WG on how they felt about the structure of this meeting and what they would like to see in future meetings. She invited members to share their feedback by emailing her. She explained that CARE is one of many initiatives that are currently being developed in the behavioral health space in the state that collectively form a group of efforts. Many of these initiatives focus on broader populations than CARE or on different population subsets, such as children.

5. Public Comment

Karen Linkins opened the Public Comment period and requested that participants limit their comments to 3 minutes.

- Marianne Bernard shared that everyone in attendance wants to help make CARE happen. She expressed that due to the lawsuit brought by Disability Rights California, Eric Harris has a conflict of interest and should resign from the WG. She suggested that if he would not resign, Stephanie Welch and CalHHS should consult with the Attorney General's office on conflict of interest laws. She expressed that family members need to be at the table in these discussions and should be added to the WG.
- Linda, Vice Chair of National and Global Schizophrenia and Psychosis Alliance, thanked the WG and said that CARE has the potential to save many lives. She expressed that everyone working on the development and implementation of the Act needs to be educated on the nature of the disorders that CARE is seeking to treat. Specifically, she addressed the severity of anosognosia as a symptom of SMI and said it is the primary barrier that prevents people from seeking treatment voluntarily. She said that to prevent severe disability, it must be treated immediately.
- Teresa Pasquini shared her love for her son, who struggles with SMI. She shared her concern about the makeup of the WG and her distrust of the CARE Act development process. She expressed that she has attended stakeholder meetings for 20 years and sees organizations who worked to sabotage Laura's Law present in this WG. She emphasized the work that families put in as case managers and therapists and supporters to their loved ones.
- Katie shared her shock that hospitals were not included in the infrastructure discussion. She agreed with the need for housing. She shared that she is someone with lived experience caring for a loved one and she is also a provider and has seen people refuse services because they don't know they are sick. She emphasized the importance of a stabilization period in a hospital setting.
- Molly shared that she is a mom of a daughter who is currently homeless because of severe paranoia. She inquired about how people with severe paranoia who refuse to participate in housing programs will be served.
- Margaret Wilson thanked the WG and raised the question of why there are more housing services for people with intellectual disabilities. She suggested that it may be because of the rate of reimbursement for licensed adult residential facilities. She shared that she is a social worker and tries to help people find facilities for their loved ones with SMI, though there are almost no beds available for much of the year and the San Fernando Valley has lost nearly 100 licensed beds. She asked what the plan is for people already in Board and Care facilities and if they will be moved out of those facilities.
- Paula (last name inaudible) said she looks forward to future meetings moving on from housing discussions, though housing is important, and addressing SMI treatment. She agreed with previous commenters who raised dissatisfaction over the composition of the WG. She shared that her and other attendees just visited the DRC offices and DRC did not acknowledge their presence.
- Matthey Gallagher said he is following the WG work closely as a Mental Health Board member in Sacramento County. He requested that housing conversations remain realistic to what counties can accomplish. He asked that housing be thought through in detail for every step of the CARE process, including post-graduation, and that counties be informed of what this will look like on a day to day level. He thanked Eric Harris for being part of the WG and said he knows him personally to be a great leader and hopes he does not resign.

- Elizabeth (last name inaudible) shared her experience as a mom of a daughter with psychosis who has been through the system and is currently housed through a diversion program, which is working really well. Her and her daughter both support CARE. She encouraged more funding for preventative services like CARE.
- Laura Natalia shared her experience as a mom and her experience searching for effective housing and recovery models throughout the state. She emphasized the importance of services being onsite because people who need services do not feel that they need treatment and thus will not travel to receive it. She thanked the WG.
- Candy (last name inaudible) shared that her son has been hospitalized for ten years. She expressed that programs like CARE might have helped her son. She emphasized the importance of including families in planning conversations. She shared a message from a friend whose son had been homeless for 15 years. The message condemned DRC and condemned the marginalization of family voices, calling for the inclusion of family voice on the WG.
- Anita (last name inaudible), a mom from Alameda County, shared her experience of being a mom to her son with SMI who is unhoused and has consistently been incarcerated for small offenses rather than given treatment. She said she wanted a seat at the table to contribute to finding solutions for her family.
- A member of the public shared that family members feel like CARE is their program because they have fought for it to get help for their children. She asked that the WG show energy for making the model work, even if housing is not ideal. She shared that her daughter has been in various treatment facilities for the last ten years and has benefitted from facilities with on-site support.
- Melanie shared her experience of being a Native American mom to a daughter with SMI. She explained that access to housing is not an issue with her daughter because she houses her, but she regularly goes missing and has been hospitalized numerous times and recently was conserved. She asked how people like her daughter will receive CARE referrals.
- Terry Land from the Alameda County Mental Health Advisory Board read a statement from a friend with lived experience who is the Chair of the Board. The statement shared that involuntary treatment saved her life. It advocated for SMI to be treated more like dementia, not leaving impaired people to fend for themselves. Terry shared her experience as a mother of a son with schizophrenia who was helped by an 18-month program after being deemed IST that stabilized him. She shared her support for CARE and a desire to help.
- Kara (last name inaudible) of LA County shared her experience of being a person with lived experience of schizophrenia who has been through many systems in LA County and beyond for 30 years. She shared concern about the plan for decentralized data collection using different systems. She explained that that was the system under LPS, which led to half of counties being unable to report how people in LPS conservatorships were doing. For counties that did report, the data showed that BIPOC were disproportionately assigned coercive treatment. She asked that this system not be repeated. She also asked that there be a single central grievance process for people to file grievances through for concerns related to courts, treatment, or housing.

- Florence shared the story of his younger brother, Theodore, whose life was cut short due to schizophrenia. He asked the WG to listen to the voices of families because they care deeply and have many insights.
- Alice (last name inaudible) shared that she is a psychiatrist and a mom. She said that as a psychiatrist, the involvement of family members in the treatment of SMI marks the difference between successful and failed treatment. She expressed that family members know the needs of her patients the best but are often excluded from treatment conversations. She encouraged the WG to listen to families.
- Alisa (last name inaudible) shared that she called DRC several years ago when her son was in solitary confinement, which he has now been in for over four years. She shared that her son has schizophrenia and anosognosia and now the impacts of the trauma of solitary confinement. She explained that he is soon to be released from prison and is in a worse mental state than he was before. She described calling DRC and saying that her son's rights were being violated in solitary confinement and being told that he had the right to refuse treatment and advocate for himself. He is now being released with no discharge plan.
- Jennifer Williams shared that her daughter had schizoaffective disorder and she had been awaiting CARE hoping it would be the answer to her prayers. She shared that she tried to get her daughter help many times, including through the police who never helped. She explained that the last time she saw her daughter she was sleeping on the street. She told the story of her daughter going to a shelter in the rain but getting kicked out for her behavior and later that night being run over and dying in a nearby parking lot where she went to sleep. She said that when people with psychosis do not get treatment, they die. She has now adopted her daughter's baby, who her daughter was not aware that she had had. She expressed that the system neglected her daughter and violated her right to treatment.
- Peggy Rahman, President of Alameda County NAMI, shared that she has been running support groups for over 15 years and the stories being shared today are very common. She explained that there are people in her group who have spouses with schizophrenia that has led to dementia. She said that her daughter had died.
- A member of the public from San Francisco thanked the group and said that CARE should have happened many years ago. She shared that it is absurd that people with schizophrenia are put in jails, as it is antithetical to what they need for treatment. She said that she met with the Judge involved in CARE in San Francisco who said that there is nothing in his power he can do to force anybody into treatment. She expressed doubt that CARE will work.
- Hector Ramirez (on Zoom) said that some commenters were allowed to speak for over three minutes. He said that he is an LA County resident and a consumer of LA County mental health services. He shared that he has schizophrenia and psychotic disorder diagnoses. He pointed out the issue of equity and said that he does not see his peers at the table of the WG. He also pointed out that it was very difficult to understand what was going on today over Zoom and he was unable to see much of the presentations. He said that for him and others seeking services, they want services to be accessible, timely, and culturally competent. He said attacks on Eric Harris were racist and ableist and should not have been allowed. He requested that people like himself who are potential candidates for CARE be included at the table, particularly Native American and Latino

people. He identified a double standard in treatment of family members versus consumers like himself. He asked the group to do better in centering equity.

- Carolyn Kenady shared that she is a leader of a coalition called Rescue SF focused on generating compassionate solutions to homelessness. She thanked the other public commenters for sharing their experiences. She said that San Francisco has a mental health crisis with many people struggling with SMI and homelessness. She asked the group to be flexible with Cohort 1 counties to give counties room to design the CARE process to best fit their needs. She urged the group to sponsor and publicize innovative programs focused on expanding the behavioral health workforce, as that is a large constraint in San Francisco. She also urged them to think about how to facilitate regional collaboration and resource sharing.

Appendix I: Public Zoom Chat

CARE Act Implementation Update

14:33:15 From Tiffany Elliott (she/her) to Hosts and panelists:

Have we gotten any information about where specifically the funding will come from for CARE Court? Specifically, will any moneys be reappropriated from MHSA funding?

14:33:37 From SW to Hosts and panelists:

The CARE Act can be the biggest positive change to the mental health system in California since 1967. In 56 years technology has improved greatly too, especially in tech savvy California. These meetings are way too important to have technical challenges for the public to view it. The audio visual challenges are appalling!

14:34:25 From Tiffany Elliott (she/her) to Hosts and panelists:

Additionally, how many individuals with personal lived experience (specifically of schizophrenia/other related conditions AND houselessness) have been involved in stakeholder groups, and in what ways?

14:36:43 From Annie DiTiberio, LCSW to Hosts and panelists:

I think Kiran brings up a fantastic point. This may be a need that hasn't been anticipated!

14:39:08 From Alyce Belford-Saldana, PhD-San Bernardino County to Hosts and panelists:

There has been great resources and effort out into housing assistance for those needing help with down payments etc in the state. With regard to CARe client referrals whether opting into services voluntarily or via court, there is a dire need for a continuum of housing options such as board and cares, recovery residences, room and boards, even increasing IMD space for short term, etc which are presently dwindling at pretty rapid paces. Has there been some consideration in incentivizing quality partners to increase those options listed.

14:41:03 From DBSA California to Hosts and panelists:

Psychiatric Advance Directives - the bill doesn't seem to address whether PADs can override involuntary entry into Cre Court

14:42:09 From Guerra, Amber M. to Hosts and panelists:

Will this work intersect with Cal-AIM at all?

14:42:09 From DBSA California to Hosts and panelists:

Can you clarify this subject?

14:42:56 From Guerra, Amber M. to Hosts and panelists:

Will there be working groups for the specific counties?

14:43:02 From DBSA California to Hosts and panelists:

ALso, it is difficult to understand people with the horrible room echo

CARE Act Information and Working Session: Meeting the Housing Needs of CARE Act Participants

14:51:31 From John Freeman to Everyone:

Additional Behavioral Health Bridge Housing information may be found at: https://bridgehousing.buildingcalhhs.com/

14:53:12 From Tracie Riggs to Hosts and panelists:

Is it possible to purchase rather than lease property for housing such as tiny homes, hotels, homes, etc.

14:54:22 From Tomiquia Moss to Hosts and panelists:

Does BHBH cover rental subsidies in addition to producing units?

15:02:13 From Alyce Belford-Saldana, PhD-San Bernardino County to Hosts and panelists:

repair costs can be extremely high when housing individuals managing their symptoms while adjusting into housing. HAs cost consideration been considered as part the funding to assist with repairs and ongoing maintenance.

15:03:44 From Hector M. Ramirez to Hosts and panelists:

The U.S. Supreme Court's 1999 landmark decision in Olmstead v. L.C. (Olmstead) found the unjustified segregation of people with disabilities is a form of unlawful discrimination under the Americans with Disabilities Act (ADA). How are these housing programs going to assert this decision and not rely on congregate restrictive settings like board and care models.?

15:15:02 From Brian Bloom to Hosts and panelists:

The CARE Act states that in a CARE court proceeding, a judge cannot order housing or require a county to provide housing. However, the Act also states that CARE court "respondents" shall be prioritized for any bridge housing funded by the BHBH program. As a practical matter, how will a county make sure that CARE court participants are first in line for this housing resource? And can the county be sanctioned (under the sanction provisions of the CARE court act) if they don't prioritize CARE court participants?

15:19:33 From Susan Holt to Hosts and panelists:

Since we moved on before my questions, I'll post here. I am hearing that the focus is on leasing rather than creating more permanent housing inventory through infrastructure. If one of the goals is to ensure that those we serve has stable and appropriate housing, it seems that increasing sustainable inventory would be prudent. Creating a lease-dependent system inherently will have a natural cliff; while I am appreciative of the comment that TA for

sustainability will be provided, given the timelines that we are hearing it appears quite daunting. I also would like to better understand what the application, compliance, and reporting requirements are as we are hopeful that there will not be unnecessarily burdensome administrative requirements which consume significant staff time and other resources. I would also like to understand how much of the funding can be allocated for capital improvements as it takes substantial funding to convert spaces not meant for living into safe, appropriate living arrangements

15:23:27 From Hector M. Ramirez to Hosts and panelists:

That looks so stigmatizing FIST (Felony Incompetent to Stand Trial!

15:30:23 From stephani Congdon to Hosts and panelists:

Inclusive of those with unique abilities in crisis?

15:32:15 From Annie DiTiberio, LCSW to Hosts and panelists:

Thank you Khatera for bringing up the importance of peer support! This is such an importance piece and perspective to bring and to prioritize implementing to the plans!

15:32:43 From Susan Holt to Hosts and panelists:

It would be helpful for presentations of examples of those various housing and other facilities also include the total capital costs to renovate.

15:33:27 From Hector M. Ramirez to Hosts and panelists:

The term lived experience has the same utility as the term stakeholder. It means the same which is very helpful anymore.

15:36:45 From Hector M. Ramirez to Hosts and panelists:

Our siblings desrve better than tinny houses!

15:37:02 From Hector M. Ramirez to Hosts and panelists:

People with disabilities deserve better than tinny houses!

15:40:33 From Laura Chiera(She/her)-LAE to Hosts and panelists:

HI! My name is Laura Chiera, I am the Executive Director of Legal Assistance to the Elderly (in SF). Prior to this position I spent my entire legal career providing eviction defense services for folks at immediate risk of homelessness with a majority of the cases were tenants being evicted from supportive housing. If we want the housing piece of the CARE court to be successful we need to look at PSH successes and also where PSH as it is currently designed does not provide adequate support for some of their tenants. I would like to know how the lessons from where current PSH models have failed will be incorporated into this process. Thanks.

15:40:49 From Bob Stonebrook to Hosts and panelists:

Has DHCS, or any other organization, made any estimates for the number of CARE court participants they think will need to be housed by county or region in the first year of the program?

15:41:26 From Susan Holt to Hosts and panelists:

Can the speaker reference the costs associated for that campus construction and ongoing non-clinical operations?

15:44:06 From Susan Holt to Hosts and panelists:

Is ODR funding that all counties will have access to for lifting up these types of facilities?

15:45:31 From Susan Holt to Hosts and panelists:

Thank you for that funding source caveat.

15:47:43 From Brian Bloom to Hosts and panelists:

Big difference between mental health diversion for Incompetent to Stand Trial (ISTs) and community based competency restoration for ISTs. The former aims at treatment and rehabilitation; the later aims merely at getting person to a point where they can be prosecuted and punished. Counties should definitely pursue DSH money and resources to divert ISTS, but they should be diverted into treatment via mental health diversion (PC 1001.36) and not into competency restoration.

Public Comment

15:49:54 From Hector M. Ramirez to Hosts and panelists:

In Los Angeles County, ODR (Office of Diversion and Reentry) is requestion a multimillion dollars request from LACDMH MHSA funds including Innovation. Are counties going to need to pay for housing out of MHSA funds?

15:49:59 From Annie DiTiberio, LCSW to Hosts and panelists:

Can you explain how the members of the Working Group were chosen? And if we are wanting to get involved in the implementation and planning within our home county, to whom can we reach out to advocate for our involvement? I'm a social worker that almost exclusively works with families who are trying to get their adult loved one into treatment and have a lot of concerns that the family perspective may not be adequately represented currently.

15:52:32 From Katherine Wolf (University of California at Berkeley) to Hosts and panelists:

How many people with lived experience of one of the diagnoses mentioned in the CARE Act have been involved in any of this planning?

15:52:40 From Annie DiTiberio, LCSW to Hosts and panelists:

I concur!

15:53:15 From Hector M. Ramirez to Hosts and panelists:

The term "lived experience" has the same utility as the term "stakeholder". It means the same which is not much and therefore not very helpful. Are there better specifications to ensure that people like my self who live with a diagnosis of schizophrenia and psychotic disorders.

15:55:25 From Debora to Hosts and panelists:

My name is Debora Mickelson, I just wanted to say Thank you for the work you are all doing, I started Project Becky, after my sister Becky's death. We could not help her and she died homeless and alone.

I have made Becky the Guardian Angel of CARE Court. Although it is too late for Becky, CARE Court has given me hope that there is hope for other SMI, for a Better Tomorrow.

16:00:54 From Katherine Wolf (University of California at Berkeley) to Hosts and panelists:

Can we turn the camera in the room somehow so that Zoom attendees can see the speakers?

16:02:32 From Katherine Wolf (University of California at Berkeley) to Hosts and panelists:

Thank you!!!

16:04:47 From Robb Layne to Hosts and panelists:

Robb Layne with the California Association of Alcohol and Drug Program Executives. While we appreciate the discussion today and the focus on this critical issue, our organization remains concerned about the lack of focus on Substance Use Disorder treatment and access.

Medication Assisted Treatment, or MAT, continues to be a MAJOR factor in people getting and keeping housing. This is one example of policies and solutions that SUD providers can bring to these vital conversations. We ask that this workgroup create space for more representation from SUD professionals in the future.

16:05:37 From Annie DiTiberio, LCSW to Hosts and panelists:

Thank you family members who are coming out and proving my point that we HAVE to include the wisdom and experience of family members. They have been in the trenches and their knowledge is INVALUABLE.

16:23:05 From Hector M. Ramirez to Hosts and panelists:

Why are time limits not being the same and enforced for everyone making public comments?

16:23:40 From Hector M. Ramirez to Hosts and panelists:

over 3 minues for some folks it seems

16:30:00 From Vera Calloway (she/her/they) to Hosts and panelists:

This legion of moms who are commenting here are understandably concerned for their children. However, to demand for the ouster from the Care Act Workgroup of the Representative

of the only organization designated by the Federal government to protect the rights of disabled Californians--including those with schizophrenia and or psychosis--is unconscionable and totally insensitive to the overall rights of disabled people in California. Disability Rights California is NOT the enemy of these parents. As a person with lived experience, it strikes me that this parental attitude and anger may keep them alienated from their mentally ill children. The attack on Eric Harris of DRC is blatantly wrong...he is also someone's child.

16:31:49 From Hector M. Ramirez to Hosts and panelists:

Don't just listen,, hear what is being said!

Resources for Further Information and Feedback Submission

13:50:23 From John Freeman to Everyone:

Members can email agenda suggestions to: CAREAct@chhs.ca.gov.

13:54:43 From John Freeman to Everyone:

CalHHS CARE Web site available at: https://www.chhs.ca.gov/care-act/

13:58:49 From John Freeman to Everyone:

The Working Group also has a page at: https://www.chhs.ca.gov/home/committees/care-act-working-group/

14:02:26 From John Freeman to Everyone:

Department of Health Care Services (DHCS): CARE Act Webpage: https://www.dhcs.ca.gov/Pages/CARE-ACT.aspx

14:26:39 From John Freeman to Everyone:

CARE ACT Web page on Judicial Council public site: https://www.courts.ca.gov/48654.htm

Other

14:51:17 From Hector M. Ramirez to Hosts and panelists:

This meeting has been very difficult to follow along. Sounds goes in and out. Folks keep talking fast so ASL and CART services cant catch up and we miss out. The ASL window keeps going and going. Do these meetings follow any accessibility law requirements or are they on hold?

15:00:17 From DBSA California to Hosts and panelists:

Were the Psychiatric Advance DIrectives addressed? I was late for the meeting

15:00:19 From LAC-DPH- Belia to Hosts and panelists:

Where can this recorded meeting be viewed after the meeting?

15:35:45 From Tariq Brown to Hosts and panelists:

Hello, I'm curious as whether there will be any additional information regarding how the CARE act relates to health plans. In particular, will there be guidance regarding commercial insurance plans?