



**California Health and Human Services Agency
Community Assistance, Recovery & Empowerment (CARE) Act
Services & Supports Subgroup Meeting Minutes
October 31, 2023 | Virtual Meeting**

Meeting Materials and Recording Available on [Working Group Site](#)

Public Zoom chat from meeting is included as an Appendix to this file

For additional information and resources, please see the following sites:

- [CARE Act Resource Center \(managed by HMA for DHCS\)](#)
- [CalHHS CARE Act Site](#)
- [Judicial Council CARE Act Site](#)

Group Members in Attendance:

- **Jodi Nerell (Co-chair)**
- **Tracie Riggs (Co-chair)**
- Aaron Meyer
- Al Rowlett
- Brenda Campbell
- Christy Mulkerin
- Dawan Utecht
- Deb Roth
- Dr. Brock Kolby
- Dr. Cameron Quanbeck
- Dr. Carolina Klein
- Greg Rodriguez
- Jason Robison
- Kiran Sahota
- Lauren Rettagliata
- Susan Partovi
- Uma Zykofsky
- Zachary Coil

1. Welcome and Introductions

Karen Linkins, Principal, Desert Vista Consulting, opened the meeting and explained that this group is a subgroup of the CARE Act Working Group. She thanked group members and members of the public and shared that the purpose of the group is to review and make recommendations on data and evaluation to ensure successful implementation of the CARE Act. She said that the purpose of this first meeting is to develop a shared understanding of the intent of the CARE Act, the target population, and the contributions this subgroup can make.

Karen Linkins welcomed Dr. Kate Warburton, CMO for the Department of State Hospitals, who will be presenting today and is serving as a special advisor. Karen Linkins reviewed meeting logistics and the virtual meeting guidelines for both group members, other panelists, and members of the public.

CalHHS Deputy Secretary Stephanie Welch introduced herself and shared her excitement and hopes for the group.

Dr. Kate Warburton introduced herself and shared that she has been working with individuals with schizophrenia for her entire career.

All group members in attendance introduced themselves.

2. Goals of this Working Group

Karen Linkins provided more details on the goals and logistics of the CARE Act Working Group, which will continue to meet quarterly through December 31, 2026. The group includes a variety of stakeholders and provides feedback on a range of implementation activities. She shared that the purpose of this subgroup, which supports the efforts of the Working Group, is to advise on best practices regarding a range of clinical and non-clinical services and supports available to CARE respondents. Karen Linkins reviewed subgroup logistics, including that meetings are subject to Bagley-Keene requirements.

3. Overview of Issues to Address and Q+A

Karen Linkins introduced Dr. Kate Warburton and said her presentation will provide a grounding for the group on best practices and why the CARE Act is needed.

Dr. Kate Warburton presented on the following topics related to the broader context of the CARE Act:

- Schizophrenia Spectrum Disorder and common symptoms, including hallucinations, delusions, and lack of insight into the existence of the illness
- Case vignettes of multiple people with Schizophrenia Spectrum Disorders whose symptoms were criminalized and they were arrested
- History of State Hospital overutilization
- The Penrose Effect/Penrose's Law and supporting data
- The false dichotomy that people with severe symptoms must be either institutionalized or incarcerated, which CARE is intended to disrupt through providing upstream community-based care
- The Incompetent to Stand Trial (IST) crisis, in California and nationwide, which is a growing phenomenon of people with untreated severe behavioral health conditions, most of whom are experiencing homelessness, being arrested and found Incompetent to Stand Trial

- The primary causes of the IST crisis nationwide, which are largely a lack of adequate mental health services
- Factors positively associated with high-frequency incarceration (schizophrenia spectrum disorders and homelessness)
- Department of State Hospitals (DSH) IST bed capacity and California prison population increases
- Hypothesis on the cycle of untreated illness and criminalization at the heart of the IST crisis
- How CARE can break the cycle of criminalization
- The Sequential Intercept Model, which displays points at which people with Schizophrenia Spectrum Disorders can come into contact with the mental health and criminal justice systems
- American Psychological Association (APA) Guidelines for the standard of care for Schizophrenia Spectrum Disorders
- The concept of the three-legged stool of treatment, comprised of medication, wraparound behavioral health services, and housing
- American Medical Association (AMA) Principles of Medical Ethics on informed consent, which requires an assessment of medical decision making capacity
- Medication in the CARE Act and in a broader context
- The Assertive Community Treatment model of providing behavioral health services
- The importance of housing and the range of housing options that will be required for CARE

Questions and Discussion:

Karen Linkins invited questions from group members on the presentation from Dr. Warburton.

- Group members thanked Dr. Warburton, shared personal stories, and commented on the importance of structured, congregate settings as a long-term housing model, the benefits of peer support, the need for increased access to long-acting injectables to improve engagement with CARE services.
- Deb Roth asked Dr. Warburton how long it took to engage and establish trust with people that she served when she worked on an ACT team. Dr. Warburton said that in her clinical experience, engagement and trust building timelines depend on many factors and are highly individualized. The ACT team she worked on was focused on jail diversion and they had very little trouble with engagement.
- Deb Roth asked Dr. Warburton what can be done to get better anti-psychotic medications with fewer side effects from pharmaceutical companies. Dr. Warburton said she believes the pharmaceutical industry is actively working on this.

- Jason Robison asked for more information on the figure Dr. Warburton presented that 20-30% of people experiencing homelessness in California have schizophrenia spectrum disorders because the rates he sees in Los Angeles are much lower.

Karen Linkins thanked Dr. Warburton and group members.

4. Discussion of Short-Term Strategies

Karen Linkins solicited suggestions from group members on strategies for outreach and engagement for both petitioners and respondents.

- Jodi Nerell said that in her experience, she has seen outreach try to move faster than people are able to engage. She emphasized the need to be patient and secure buy in from potential respondents by learning from them about what they want and trying to connect them with it. She also suggested ethnographic interviewing.
- Aaron Meyer said he is concerned that respondents may want a supporter but not have somebody in their life that can serve in that role.
- Greg Rodriguez said that he has been enacting a robust comms plan targeting different groups of potential petitioners which has been very successful. He also shared that lack of bed capacity has been a large issue in his county.
- Dr. Cameron Quanbeck shared resources that discuss how to work with people who lack insight.

Karen Linkins thanked group members and encouraged them to email any resources they want to share on best practices. She said that they will soon have early data to look at from counties that can inform the work of this subgroup.

Karen Linkins opened the floor for public comment.

5. Call for Public Comment

Karen Linkins shared instructions for how to make public comment and said that comments can also be submitted at any time via email.

- Caitlin Willison, who will be providing legal representation for CARE respondents in San Francisco, asked if there will be any training on engaging their clients and best practices for their first contact.
- Laurel Benhamida from REMHCO and Muslim American Society Social Services Foundation emphasized the importance of trained language interpreters and good translations. She said there is a massive shortage of bilingual providers. She brought up the estimate on the Judicial Council site that only 7 to 12 thousand Californians will be eligible for CARE and asked for clarification on that figure.
- Chris Schneiders suggested that friends be considered as possible supporters.

Karen Linkins thanked everyone for their comments.

6. Meeting Wrap Up and Next Steps

Karen Linkins shared the dates of the next CARE Act Working Group meetings and said that the next meeting of this group still needs to be scheduled. She also shared meeting information for the other ad hoc subgroups. She thanked everyone for attending and adjourned the meeting.

Appendix I: Public Zoom Chat

12:36:25 From Susan Partovi To All Panelists:

I request that everyone stays on to listen to the public comment period please. Thanks!

12:54:47 From John Freeman To Everyone:

Materials and a meeting recording for this session will be posted to the CARE Act Working Group site: <https://www.chhs.ca.gov/home/committees/care-act-working-group>

12:56:47 From Susan Partovi To All Panelists:

Seeing a lot of meth induced psychosis in the field, too.

13:10:20 From Susan Partovi To All Panelists:

“Crime trumps crazy” is a common PD mantra

13:36:52 From Aaron Meyer To All Panelists:

For patients who are not currently housed in an setting that provides support with daily medications (like a board and care), can one part of a CARE plan be an ACT team helping support the person taking their medication, on a daily basis, if needed? There are some antipsychotic medications that are not available in an LAI formulation.

13:49:34 From Jodi Nerell To All Panelists:

Love that MDT with those who have connected to hospital system at a higher frequency

13:50:24 From Dawan Utecht To All Panelists:

And community provider concern that limited housing will be lost to other programs as Care clients are prioritized.

13:51:10 From Dawan Utecht To All Panelists:

Additionally, would love to be able to use Dr. Warburton's presentation in educating staff/stakeholders who may not clearly grasp the history and background that lead to the legislation

13:51:48 From Uma Zykosfsky To All Panelists:

I think we should also break down SDM and how to implement it across diverse underserved populations - think of identifying the community assets that might help with engagement with BIPOC individuals.

13:52:07 From Lauren Rettagliata To All Panelists:

highly recommend Dr. Amador and LEAP process

13:58:56 From Stephanie Welch To All Panelists:

Friends and neighbors may be supporters if that is what the participant choses Chris

13:59:20 From Dr. Brock Kolby To All Panelists:

For the person asking about training working with homelessness, Motivational Interviewing and SAMHSA has a best practices manual. But the best training is to shadow people who have experience working with chronic homeless.