



California Health and Human Services Agency Community Assistance, Recovery & Empowerment (CARE) Act Services & Supports Subgroup Meeting Minutes

March 21, 2024 | 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
- Carina Gustafsson
- Dawan Utecht
- Deb Roth
- Dr. Brock Kolby
- Dr. Cameron Quanbeck
- Dr. Christy Mulkerin
- Dr. Susan Partovi
- Geo Santoya
- Jason Robison
- Kelli Weaver
- Kiran Sahota
- Lauren Rettagliata
- Nicole Cable
- Stephanie Kelly
- Zachary Coil

1. Welcome, Introductions, and Goals of This Group

Karen Linkins, Principal, Desert Vista Consulting, opened the meeting and introduced the rest of her team. She thanked the group members and members of the public in attendance and shared virtual meeting guidelines.

All group members in attendance introduced themselves, beginning with the group's co-chair, Tracie Riggs, and said that the group's other co-chair, Jodi Nerell, would be joining shortly.

Karen Linkins recapped the rules and objectives of the group, including that meetings are subject to Bagley-Keene requirements and that all materials are posted online. She reminded members that they are encouraged to submit suggestions for agenda items for future meetings.

2. Recap Previous Meeting

Karen Linkins provided an overview of the previous meeting of this subgroup, which was held on January 18, 2024. At the previous meeting, members heard updates on early implementation from Riverside and Tuolumne Counties. Members also discussed potential objectives and areas of focus for the group for 2024, including identifying metrics of success. All meeting materials, including the meeting recording and minutes, are available online.

3. Discussion of CARE Implementation and Q+A

Karen Linkins introduced Tami Mariscal and Brock Kolby of Tuolumne County.

Tami Mariscal, Behavioral Health Director of Tuolumne County, and **Brock Kolby**, Deputy Director of Behavioral Health for Tuolumne County, presented on their local continuum of care:

- Tuolumne County Behavioral Health is first and foremost a mental health plan
- The county has two primary roles: paying for services for beneficiaries and providing outpatient care
- Their clinic is entirely county operated, rather than contracted
- The county is responsible for the provision of SUD services
- The county draws from a variety of state and federal funding mechanisms, and the funding landscape is currently in a period of transformation
- Even though the state did not provide counties with additional funding to serve CARE respondents, Tuolumne is working to leverage all existing county funding pools
- The continuum of care is broken down by severity of need, with managed care plans responsible for the mild to moderate populations and counties responsible for serving those with serious mental illness, as well as uninsured residents
- Kolby reviewed commonly used behavioral health terms relating to the continuum of care
- All services fall along a continuum, with outpatient therapy on the low end of intensity and state hospitals on the high end
- The county mental health plan and county operated provider areas of responsibility include a broad range of roles and services, such as crisis intervention, medication support services, SUD care, psychiatric inpatient care, and more

- The county provides care to residents regardless of insurance status
- Tuolumne County has a 24/7 crisis line and is coordinating with the 988 rollout
- The county pursues the least restrictive environment for each client
- Some intensive services, such as board and cares, are not in county, so they need to contract out for out of county beds. This is typical of many small counties.
- Outpatient specialty mental health services are a large part of the county's continuum
- CARE respondents will be served by existing county services
- Tuolumne County faces persistent challenges accessing inpatient and residential beds for clients who need them, due to a shortage of beds and an increase in need and expansion of eligibility
- Sending clients to inpatient and residential facilities out of county is highly expensive, up to \$1000 per day for some facility types
- Supportive Housing in Tuolumne is Behavioral Health owned and operated, funded through rental reimbursements and MHSA revenue. These investments improve client outcomes and decrease the need for high cost crisis intervention.
- Robust case management also reduces county costs for higher levels of care and helps support clients in the community
- Funding is volatile, and both Prop 1 and SB43 introduce significant changes
- Tuolumne's continuum of care aligns with DHCS' core continuum of care document
- Mariscal discussed upcoming Medi-Cal funding opportunities, including a Behavioral Health Bridge Housing grant that was awarded to Tuolumne

Questions and Discussion:

Karen Linkins invited questions from group members on the presentation from Tuolumne.

- Jason Robison asked which types of community based housing options are available in Tuolumne County.
 - o Mariscal responded that there has been high levels of buy in across Tuolumne County departments in housing investments. They have braided funding sources and created multiple housing projects suited to different populations and levels of need.
- Aaron Meyer asked how Tuolumne County is educating their Judge on the court's authority to order a 5200 evaluation when appropriate.
 - o Kolby responded that they have worked closely with their judicial partners to educate them on the various complexities associated with CARE. He added that they are facing this specific situation currently with a respondent.

- o Meyer emphasized that a 5200 evaluation can be a very important component of connecting someone to the appropriate level of care.
 - o Mariscal and Kolby concurred and discussed the various factors that their team weighs related to 5150 and 5200 evaluations.
- Jodi Nerell asked for confirmation that SB43 does not include additional funding for counties and about how inpatient facilities are preparing for SB43.
 - o Mariscal confirmed that the expansion of eligibility does not come with an expansion in funding. She said the question related to inpatient facilities is an active conversation in the county and discussed various factors they are weighing on the local level.
 - o Kolby discussed the need for expanded SUD residential treatment capacity.
- Dr. Partovi said that in CARE, psychosis caused by substance use is included in the eligibility criteria. She also said that people with severe addictions often don't need separate models of care.
- Lauren Rettagliata said in her research, she observed that unlocked facilities are the best models for long term care.

Linkins thanked group members for their comments.

4. Discussion of Potential Priorities

Karen Linkins introduced the group co-chairs to lead a discussion on potential priority areas for the group, particularly as they relate to the continuum of care.

Tracie Riggs reviewed key takeaways from the presentation from Tuolumne and added that workforce shortages are also a large challenge in Tuolumne County.

Co-chairs Riggs and Nerell said they would like the group to assemble a list of standard services across the continuum that exist in all counties and that the group should task itself with generating solutions on how to fill gaps in that continuum, including addressing workforce issues. Riggs added that this work could occur in workgroups.

Group members shared their thoughts and suggestions on priority areas.

- Rettagliata put a comment in the chat about street-based service delivery
- Riggs and Nerell discussed additional workforce considerations, including licensure requirements and the need for increased compensation
- Mariscal discussed the challenges associated with not being able to leverage clinicians from other departments, such as probation
- Sahota said that the onboarding process in many counties is incredibly onerous, and discussed additional workforce challenges that counties with fewer resources face

- Dr. Partovi explained her model of low barrier bridge psychiatry in Los Angeles and suggested that some of her team’s methodology could be borrowed to address some workforce shortage issues. She also suggested that this group champion the practice of beginning psychiatric care while people are still living on the street.
 - Dr. Partovi provided clarification in response to a question from Deb Roth in the chat about CARE eligibility.
- Meyer asked if county agencies besides behavioral health are eligible for outreach and engagement reimbursement.
 - Mariscal replied that she believes county behavioral health is the only eligible agency.
- Utecht said that payment reform creates challenges related to outreach and engagement.
- Roth provided additional clarification on her comment in the Zoom chat related to SUD and CARE eligibility, including how it relates to SB43.

Linkins thanked group members for their suggestions and emphasized how complex the landscape is that this group is navigating.

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.

- Laurel Benhamida from Muslim American Social Services Foundation and REMHDCO asked for confirmation that all past meetings have recordings posted online. She said that PTSD is overlooked in the context of CARE, despite the fact that PTSD and psychosis are often intertwined. She said it would be good to hear how counties are addressing this fact, including in relation to veteran and refugee populations. She added that within the workforce discussion, there should be inclusion of the shortage of bilingual clinicians and interpreters.
- Diana of Sacramento FASMI said that she has a son who is seriously mentally ill, though does not have a schizophrenia diagnosis. She asked the group to keep family members involved. She added that her son is regularly offered services but does not accept them because he does not think he is ill.
- John Brady of Lived Experience Advisors, a homeless advocacy organization, said that his group is very concerned about CARE and SB43. Specifically, he raised concerns related to people being unnecessarily medicated and losing their civil rights through conservatorship and/or being placed in restrictive facilities.

Karen Linkins thanked everyone for their comments.

7. Meeting Wrap Up and Next Steps

Karen Linkins shared a list of available online resources and encouraged members to read quarterly reports as they come out. She shared the dates of the next CARE Act Working Group meeting and the next meeting of this group. 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