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

June 20, 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 Virtual Attendance

- **Jodi Nerell (Co-chair)**
- Aaron Meyer
- Al Rowlett
- Brock Kolby
- Carina Gustafsson
- Dawan Utecht
- Deb Roth
- Dr. Cameron Quanbeck
- Dr. Susan Partovi
- Jason Robison
- Kelli Weaver
- Nicole Cable
- 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.

Karen Linkins recapped the rules, which changed slightly from the previous meeting, and objectives of the group, including that meetings are subject to Bagley-Keene requirements and that all materials are posted online.

All group members in attendance introduced themselves, beginning with the group's co-chair, Jodi Nerell, and said that the group's other co-chair, Tracie Riggs, would be unable to join. Dr. Warburton, the group's special advisor, was also unable to join.

2. Recap Previous Meeting

Karen Linkins provided an overview of the previous meeting of this subgroup, which was held in March. At the previous meeting, members heard a presentation from Tuolumne County on the service continuum, with attention to the differences between small and large counties. Members also continued discussion about areas of focus for the group for 2024. All meeting materials, including the meeting recording and minutes, are available online.

3. Discussion of CARE Implementation and Q+A

Linkins said that Dr. Partovi would be presenting but was not yet on the call, so the group would first hear from Anthony Federico from HMA. Linkins introduced Federico to present an overview of HMA's recent housing training.

Federico presented the following overview of the April 23 training on Lessons Learned and Best Practices for Housing the CARE Act Population:

- The training spotlighted three Cohort 1 counties who shared lessons learned to guide Cohort 2 counties. The county representatives who presented on the panel were Marcus Cannon from Riverside, Charlie Newcomb from San Francisco, and Nate Robbins from Orange County.
- 145 people attended the training.
- Guidance from panelists included creative strategies for engaging respondents in housing who have not identified housing as a goal for themselves. Various challenges were also discussed by panelists, such as how to best support respondents outside of regular service hours.
- The training was followed up by a productive open forum discussion on April 24.
- Both the training and open forum recordings are available on the CARE Act Resource Center website.
- Ongoing HMA TA for housing is available and can be requested through the website. They have also developed a flyer with more information on the types of housing TA that are available. Counties are welcome to reach out even if they are not fully sure what type of TA they need.

Questions and Discussion:

Karen Linkins invited questions and feedback from group members on the presentation. She also invited members to share their perspective on housing best practices.

- Jodi Nerell said that in Whole Person Care, showing photos and videos of available housing options to people they were outreaching to was effective, which was also one of the suggestions made in the HMA training. They tried to have as many different options as possible to meet the needs and wants of each person. She said that cohorting communities from encampments into room and boards is also proving to be an effective strategy, though can still be high touch.
- Federico said that these strategies resonate with what he has seen to be effective.

- Aaron Meyer asked that for meeting the needs of people who need more support with daily living than can be provided in independent settings, if counties have found more success through the assisted living waiver or CalAIM community supports diversion to assisted living.
- Federico said he shares Meyer's curiosity and wonders if either of these programs have been used for CARE participants.
- Kelli Weaver asked about the process that has gone into partnering with local room and boards to build an inventory of beds, since she said she sees a gap there. She also asked about the typical length of time that people need high levels of support when transitioning to indoor living.
- Nerell said that they realized there was a room and board gap in Sacramento and that the health systems held these contracts for discharge planning. Her team approached room and board operators and asked to secure beds. With Whole Person Care, many individuals were over 55, so they partnered with a senior service organization who helped with providing supports. They utilized Sacramento County's SSI entitlement program so people could support their own room and board costs. It took people about two to three months to adjust to indoor living, which varied a lot depending on acuity.
- Brock Kolby said that in Tuolumne, there is a lack of room and boards so they have used their BHBH funding to develop supportive housing and fund supportive services to help people succeed in their housing placements. In previous decades, there were more room and board facilities to choose from, but now they are getting creative and using strategies like master leasing.
- Al Rowlett said Turning Point contracts with Sacramento County through their Pathways program and has developed relationships with room and boards to secure beds, including for people on conservatorships. They sometimes do this through master leasing, though this has challenges. They have also worked with room and board partners to develop additional options, which they have been open to as a result of Turning Point proving themselves to be a reliable partner and resolving issues with tenants when they come up.
- Weaver said that Sacramento is in the midst of implementing their bridge housing, which will align with other housing developments they have launched and will be prioritized for CARE participants.
- Jason Robison said they need as many housing options as possible to create a system where people have choice. He said that AB 2893 is creating a certification process for recovery residences of various types, and those different models can be scaled. Research has shown high demand for sober living and shared housing, but those things have not been scaled across the state.
- Zach Coil said that in LA, there are housing opportunities opening every day but there is also a huge population of people who need housing. He said that building relationships through outreach is effective to get clients into housing but is difficult to maintain in this sector with high turnover. People don't flock to housing without support.

- Kolby emphasized the importance of choice and gave examples of the types of choices that can be effective for different populations, though he said there is currently a shortage of choices to offer.
- Brya discussed challenges with high barrier shelters that were obstacles in Whole Person Care. She asked if some of these barriers have been addressed and what other barriers may be present when it comes to finding emergency shelter for the CARE population.
- Kolby said that these barriers remain, such as sobriety requirements and shelters that don't allow pets. He also said that there is a cultural component related to people valuing freedom and not wanting rules. He said that among Tuolumne CARE respondents, most did not initially accept offers of housing.
- Deb Roth said that the advocacy DRC does has led to a lot of collaboration between housing advocates and their other teams. She said the landscape is very complicated for them.
- Meyer asked Kolby what reasons respondents gave for not accepting housing.
- Kolby said that most felt that they were living successfully where they were and getting their needs met. He said symptomology and mistrust are both factors, but the outreach team is continuing to work to build rapport.
- Robison said it is important to think of outreach as primary care and to view it as a healthcare issue. He said that when people are supported in their goals, then their goals start to shift and may include housing when they didn't before.
- Meyer asked if there are people with CARE agreements or plans who have refused housing placements.
- Kolby provided more detail on various cases.

Linkins thanked group members for their comments and thanked Federico for his participation.

4. Presentation by Dr. Susan Partovi

Linkins introduced group member Dr. Susan Partovi, Medical Director of Homeless Healthcare Los Angeles, to present on her model of street medicine and her experience with CARE in Los Angeles. Dr. Partovi shared the following information:

- Los Angeles Department of Mental Health has established a referral portal which she used to refer someone to CARE, but found that the process was convoluted and she didn't receive follow up communication from DMH.
- She is working on filing petitions herself, not using the referral portal. It is a barrier for non-family petitioners to have to submit petitions in person.
- She has been working with people with untreated schizophrenia for 20 years as a physician and currently works on Skid Row. In the last 5 years, she has been working to address their behavioral health needs.

- She is not a psychiatrist, but offers refills on medication and most of the time people accept. She is able to confirm prescriptions through the EMR system and people will often accept long acting injectables once they understand their benefits.
- She is passionate about teaching other doctors and medical professionals how to treat psychosis in the streets through bridge psychiatry, which is different from ongoing psychiatric treatment.
- Her team carries a wagon of hygiene kits, socks, and other essentials to engage people and meet their needs.
- Through repeated engagement and rapport building, she is able to gain trust over the course of multiple visits.
- It has been beneficial to partner with case workers to improve continuity of care.

Linkins shared themes from the previous TTA ad hoc meeting that focused on effective outreach strategies. She asked Partovi what types of questions her patients have about services and CARE.

- Partovi said that there is a broad range of questions and needs that people express. Most people want housing, but won't be ready to accept it immediately. It is important to be very familiar with the housing options available at any given time for people who are ready to accept placements that day. It is important to have a robust and flexible team to work with people on their different needs.
- She encouraged thinking outside the box and gave the example of giving out bracelets with her phone number on it.

Linkins said that this type of outreach and street medicine work is akin to primary care.

- Partovi said that as a family physician, she is lucky that her scope is very broad. She suggested that for providers with more narrow scopes, it is useful to have other providers who are accessible to reach out to for telehealth when a client has a need that needs to be met.

Linkins said that the majority of petitions have been filed by family members and the state is looking to expand the range of system partners and petitioner types who are involved, since there are many systems that this population is coming into contact with.

- Nerell said that Dr. Warburton's recent presentation for the California Hospital Association was mostly attended by emergency department physicians, though EDs are unlikely to petition. She said there is some interest from Sutter's inpatient side and discharge planners in their inpatient psych units could start petitioning, though there may be challenges that come up, such as time challenges and geographic challenges related to petitioning people who are residents of other counties. She pointed out that there are also a variety of other new programs that hospitals are being asked to refer to.
- Dr. Partovi said that many hearings are virtual and hospitals can assign a point person to file petitions.

- Linkins asked Nerell if any Sutter psych units have been connected to local CARE planning processes.
- Nerell said some hospitals have received presentations on CARE from counties. She provided more details on the challenges that EDs face that would make petitioning difficult, but emphasized the opportunity in inpatient psych facilities.

Linkins asked for additional ideas from the group on how to engage other petitioner types in addition to families.

- Dr. Partovi said that HMA's first responder training included a suggestion to choose a point person on every team to be responsible for petitioning.
- Meyer said that the City of San Diego tracks people with high numbers of EMS activations and develops relationships with those people. He said that the city has a point person to complete petitions and facilitate handoffs to Behavioral Health.
- Nerell asked Dr. Partovi, since she has filled out petitions, if a certain type of expertise is needed to fill out the form.
- Dr. Partovi said that it is not too difficult, just repetitive. She said that the petitioner does not need to know the diagnosis of the person they are petitioning, they just need to be able to describe behavior. She said the diagnosis is for the clinical investigation to determine. She suggested various strategies for gathering additional information to include in the petition.

Linkins thanked members for their suggestions.

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.

- Kaino Hopper thanked the group and said she appreciated hearing the variety of perspectives at the table. She suggested that room and board operators could also be trained in petitioning, which she said would have been beneficial for her loved one who was transitioned to a room and board from incarceration. She said room and board operators know their clients very well. She expressed concern about the housing options that may be being provided and said that there needs to be an established pathway to get someone into a higher level of care when necessary. She said that failure and incarceration should not be required to get to a higher level of care. She also suggested that interpersonal problem solving be incorporated as a support alongside housing, because people transitioning out of homelessness are coming from a survival mindset.
- Ikaika Stevens thanked the group and said that in the previous TTA meeting, there was a mention of HMA's communications toolkit, but he could not find it on the website. He asked if it could be shared with him.

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

John Freeman - DVC: The recording and materials are available here:

Lessons Learned and Best Practices for Housing the CARE Population
https://care-act.org/training-material/lessons-learned-and-best-practices-for-housing-the-care-population/

John Freeman - DVC: Training and Technical Assistance and other resources are available on the CARE Act Resource Center https://care-act.org/

John Freeman - DVC:
Aaron Myer Shared these links: Name of the CalAIM program is Nursing Facility Transition/Diversion to Assisted Living
Facilities. https://www.dhcs.ca.gov/CalAIM/Documents/DHCS-Medi-Cal-Community-Supports-Supplemental-Fact-Sheet.pdf

John Freeman - DVC: Current list of ALW-eligible ARFs in California:
https://www.dhcs.ca.gov/services/ltc/Documents/List-of-RCFE-ARF-facilities.pdf

John Freeman - DVC: Jodi noted that “purchasing rental insurance was an incentive for some operators to work with us.”

John Freeman - DVC: For reference, CARE eligibility is found in statute and includes:

John Freeman - DVC: (a) The person is 18 years of age or older.
(b) The person is currently experiencing a severe mental illness, as defined in paragraph (2) of subdivision (b) of Section 5600.3 and has a diagnosis identified in the disorder class: schizophrenia spectrum and other psychotic disorders,

John Freeman - DVC: (c) The person is not clinically stabilized in on-going voluntary treatment.

John Freeman - DVC: [among other factors]

John Freeman - DVC: The full eligibility criteria are available here:
https://www.courts.ca.gov/documents/CARE-Act-Eligibility-Criteria.pdf

John Freeman - DVC: For reference, here are a few sites to keep in mind for additional information:

Training and Technical Assistance and other resources are available on the CARE Act Resource Center https://care-act.org/

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

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

Judicial Council of California (JCC) CARE Act Website (court forms and more): https://www.courts.ca.gov/48654.htm

CalHHS CARE Act website: https://www.chhs.ca.gov/care-act/

Links to County and Court CARE sites: https://care-act.org/library/county-website-directory/