



**California Health and Human Services Agency
Community Assistance, Recovery & Empowerment (CARE) Act
Training, Technical Assistance & Communications Subgroup Meeting
Minutes**

October 12, 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:

- **Ambarin Faizi**
- **Anthony Ruffin (Co-chair)**, Community Center Director 1, LA DMH Concierge Outreach Team
- **Katherine Warburton (Special Advisor)**
- **Linda Mimms**
- **Nicole Cable**
- **Shanta Franco-Clausen**
- **Stacey Robbins-Podvin**
- **Susan Holt (Co-chair)**, Behavioral Health Director and Public Guardian, Fresno County

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 resources and delivery approaches for training, technical assistance, and communications to ensure successful implementation of the CARE Act. Karen Linkins welcomed Dr. Kate Warburton, CMO for the Department of State Hospitals, who is serving as a technical advisor. Karen Linkins reviewed meeting logistics and the virtual meeting guidelines for both group members, other panelists, and members of the public.

All group members in attendance introduced themselves, beginning with the group's co-chairs.

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 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 review, assess, and provide feedback on training and communication material and strategies. Their goal is to provide recommendations to be applied at the local level that support uniform implementation. 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 introduced herself and her background and 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 Hospital (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 of mental illness
- 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 and commented on the need for courts to have stronger understandings of clinical information, the need to train Judges on how to interpret criminal histories, the importance of assessing decisional capacity, the utility of injectable medications, and the strong possibility of recovery through effective treatment.
- Dr. Warburton further discussed how the group can continue to identify opportunities for training and technical assistance. She described learnings from the Department of State Hospitals' diversion program.
- Group members suggested developing a myths versus facts communication tool for Judges about schizophrenia spectrum disorders.

Karen Linkins invited questions and comments from members of the public in the Zoom chat. In response to a comment about how training and technical assistance will be uniformly disseminated, she shared that Dr. Warburton will be giving this presentation to a variety of stakeholders.

4. Discussion of Short-Term Strategies

Karen Linkins provided an overview of the information and communication tools developed by state partners that are currently available for the public to view online. All CARE court forms are also available online. She asked the group about what types of information about CARE they feel needs to be communicated and to what audiences.

- Dr. Ambarin Faizi suggested creating versions of all trainings and tools tailored to different audiences and teams.
- A member of the public emphasized in the chat the need for communications to be translated into a variety of languages, which Karen Linkins affirmed.
- Susan Holt suggested including links to other longer form resources in short form communication tools.
- A member of the public in the chat suggested that the information needs of the respondent be kept in mind. Karen Linkins shared that a client journey informational tool is under development.

Karen Linkins thanked everyone in attendance and 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 at CAREAct@chhs.ca.gov.

- Elizabeth Kaino Hopper of the Sacramento region said she appreciated the information shared and it resonated with her as a family member. She said that her daughter is currently involved in a diversion program. She shared concerns about the involvement of peer workers and said that in her experience, peer support specialists are advocates of voluntary treatment only. She said that there are people like her daughter who want to stay engaged in treatment but do not always have the capacity to do so voluntarily.
- Laurel Benhamida of the Sacramento region said that she put information in the chat about the need for equitable access to information through information being provided in a variety of languages. She shared that she saw on one county's information page that interpretation services can be requested if available, which is insufficient and they must be available. She said that family members need access to information. She also said that other perspectives are important beyond the ones being shared today and on the CARE websites beyond the cheery roadmap of success.
- Mark Gale said that he is heartened by Dr. Warburton's presentation and hopes that everyone can start working together to put the patient first and not work against the goal of the CARE Act. He said that he talks to families of people found Incompetent to Stand Trial every week and sees CARE as a way to prevent that. He said he believes Judges will protect people's rights and he works with Judges often. He said everyone should work to ensure CARE is effective in preventing further criminalization or worse.
- Justin thanked Dr. Warburton and asked if HHS will be providing an FAQ in response to a list of questions that he and others previously shared or if those questions should be resubmitted. Karen Linkins encouraged him to send them again and continue communication.

- Shannon Miller said that her twin sister has been homeless and mentally ill for fifteen years and she has never been more hopeful than now. She said that it would be helpful for family members to know what to expect when they engage in the process. She shared that often family members do not hear back from services that are overwhelmed.

Karen Linkins encouraged everyone again to submit any questions or comments that come up via email.

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

10:16:20 From John Freeman (DVC for CalHHS) To Everyone:

The slides from today are available on the CARE Act Working Group site.

10:54:29 From John Freeman (DVC for CalHHS) To Everyone:

If members of the public have questions or comments for the panelists, please put those in the chat for consideration. There will also be public comment in a few minutes.

10:55:38 From Randall Hagar To All Panelists:

What needs to be done to insure consistency and uniformity in delivery across all the groups that need this information?

10:55:44 From Patricia Isom To All Panelists:

If the patient goes before a judge, is there someone there testifying on behalf of the member (in regards to treatments)? How will a judge truly understand what is needed for this member

10:55:45 From Shannon Miller To All Panelists:

When will families be able to engage CARE Courts for their loved ones?

10:55:45 From Lisa Callahan - Centene To All Panelists:

How will CARE claims be submitted so that we can recognize those claims when they come in?

10:55:56 From Teresa Pasquini To All Panelists:

Brilliant presentation by Dr. Warburton!

10:56:34 From Jon To All Panelists:

Will there be an FAQ for insurance companies? There are many unanswered questions on how to administer CARE plans.

10:56:38 From Shannon Miller To All Panelists:

Can you also address staffing given how severe the problem is?

10:56:44 From Jill Allen To All Panelists:

I represent a CBO that serves people that are chronically unsheltered and most of our consumers are justice involved. What do you see as the role of orgs like ours in the identification and care of unsheltered people with chronic psychosis?

10:57:01 From Patricia Isom To All Panelists:

Has there been any discussion around how these requests will come to the health plans (fax, phone, mail)?

10:57:40 From Daphne Dunn To All Panelists:

Thanks for the powerful presentation. I think we clearly understand the need for the need. I'm wondering how/if the CARE Act will support Counties in expanding their capacity to provide services on the "three-legged stool." One reason individuals end up in this criminal cycle is that we don't have the facilities, the budget, or the staff.

10:57:41 From Elizabeth Kaino Hopper To All Panelists:

Will there be training on the “neuro-diversity of brain diseases” theme (as compared to behavior choices) be provided for persons who will provide services and especially inside housing settings ?

10:58:54 From Mark Gale To All Panelists:

The inability to make informed consent due to the lack of insight of the illness itself, has fueled an invisible crisis of thousands of citizens who live with psychosis in our jails and prisons and the IST crisis. There are serious consequences when people are not engaged in treatment. I would like to make public comment.

10:59:05 From Laurel Benhamida To All Panelists:

Planning for language interpretation and document translation for individuals and their family members will be important. What are you planning to meet these needs?

10:59:37 From John Freeman (DVC for CalHHS) To Everyone:

We will capture all of these comments in the meeting summary and consider for future meetings

11:00:11 From Pamela Fong To All Panelists:

Thank you all for the work you're doing. My 62-year old sister has schizophrenia and has experienced police-intervention hospitalization. I foresee being further engaged in her care and anticipate future CARE court experiences, so I appreciate everyone involved in moving forward care for our loved ones with mental illness.

11:00:27 From Daphne Dunn To All Panelists:

I'm also wondering what safeguards will be in place against abuse of the CARE Court: perhaps others read the expose on NYPD taking homeless individuals directly to criminal inpatient facilities without due process.

11:00:28 From Suzanna Juarez-Williamson Riverside County To All Panelists:

Is the CARE Act Working Group site within the <https://care-act.org/> website or is it a site only workgroup members have access to

11:00:40 From Christy McCammond To All Panelists:

So grateful for this. Dr. Warburton is amazing. Thank you. As a case manager working in encampments, I'm ready to serve and I look to CARE as a resource in my work with Unhoused Community Members.

11:00:53 From Sarah Morgan To All Panelists:

Sarah Morgan from a Managed Care Plan/Payor for Services. Question: Can we expect "medical services" will be part of a CARE Plan, or will all services be behavioral health services and medications?

11:01:08 From Nicole Salazar - Ventura County To All Panelists:

Are these training that we are talking about going to be required trainings for implementation? Or will these be recommended trainings?

11:01:16 From Elizabeth Kaino Hopper To All Panelists:

I ask the former question because I have a family member in a felony IST diversion program with supervised housing as part of the assertive community treatment, however, there

is an expectation that my Family member (Schizoaffective) can always volunteer—the result has revealed a gap of effective services.

11:02:48 From Laurel Benhamida To All Panelists:

100% provision of quality language services needs to be a goal. How do you plan to ensure across all counties and systems, including housing?

11:02:58 From John Freeman (DVC for CalHHS) To Everyone:

Here is a link to the Working Group site:

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

11:03:21 From John Freeman (DVC for CalHHS) To Everyone:

TTA site is available at: <https://care-act.org/>

11:03:38 From Elizabeth Kaino Hopper To All Panelists:

Thank you: very helpful presentation & links

11:03:43 From John Freeman (DVC for CalHHS) To Everyone:

Here is a link to the slides being presented today: <https://www.chhs.ca.gov/wp-content/uploads/2023/10/10122023-CARE-TTA-Comms-Meeting.pdf>

11:04:13 From Suzanna Juarez-Williamson Riverside County To All Panelists:

Thanks ! I found it Loved the presentation

11:05:04 From Jon To All Panelists:

Yes, there are many gaps. There are many unanswered questions on how to administer CARE plans. Example questions:

1. Will issuers get the court-ordered CARE agreement/plan showing what is covered and for how long.
2. What about services not covered on the plan? (e.g., Equestrian therapy.)
3. We cannot require PA, but does that include services by non-par providers?
4. Are prescription drugs covered out-of-network? And if so, what cost sharing applies?
5. Are non-formulary drugs covered? And if so, what cost sharing applies?
6. Will the process of “development of an evaluation for CARE process services” be defined?

11:05:46 From Laurel Benhamida To All Panelists:

“Supporters” cannot ethically be interpreters and document translators, what will you do to prevent this?

11:06:00 From Sarah Morgan To All Panelists:

Please provide clarification on whether services rendered under CARE Court be required to be billed with specific codes? If so, what are the services (diagnosis codes and procedures)?

11:06:22 From John Freeman (DVC for CalHHS) To Everyone:

The posted slides contain links to all of these sites, but please note there are also CARE Act services on the California Courts Self-Help Guide: <https://selfhelp.courts.ca.gov/care-act>

11:06:36 From Phillip H. -Sutter-Yuba BH To All Panelists:

Will there be any information provided on the likelihood of increased LPS conservatorships resulting from CARE? There seems to be some misconception about a large increase in LPS.

11:06:52 From Chidinma Ume | Center for Justice Innovation To All Panelists:

Thank you for this! Are there training modules/topics broken down by each type of actor that's involved in Care Court? I could see some targeted needs for each.

11:07:09 From Elizabeth Kaino Hopper To All Panelists:

I agree with the last comment—to include families (that have been vetted as healthy) in the trainings

11:07:22 From Chidinma Ume | Center for Justice Innovation To All Panelists:

Karen just touched on this - thank you! Would love to see how you the Working Group is thinking about the various groups.

11:07:37 From Kevin McCool To All Panelists:

A training for first responders that goes more in-depth than the CIT course (8 hour) requirement. As a prior CA LEO the CARE Act is a great first step! More emphasis needs to be put out to our first responders so they are aware of local resources etc.

11:07:52 From Shannon Miller To All Panelists:

I just wanted to thank you for the work you're doing. My sister is mentally ill, homeless and often incarcerated. I've never been more hopeful!

11:07:53 From Chidinma Ume | Center for Justice Innovation To All Panelists:

Is there a way of synthesizing the lessons learned from the sites currently implementing Care Court, that can become TA materials?

11:07:54 From Shanta (Shay) Franco-Clausen To All Panelists:

Thank you to everyone who wrote comments and questions, they are really great and should be considered. I would love to download these questions from the chat!

11:07:58 From Stacey Loomis (she/her) Comm Legal Aid So Cal To All Panelists:

General trainings for public defenders/district attorneys? In addition to the bench.

11:08:00 From nmaruyama To All Panelists:

With Cohort 1 live now, who is tracking how the cases are proceeding and the outcomes of the cases that are being submitted through the petition process? Is the process working? Who tracks that the care plan is being delivered to the behavioral health care and health care systems to execute the treatment plans?

11:08:33 From Laurel Benhamida To All Panelists:

Training for CBO's, peer specialists, clergy, ethnic group leaders is important. How are you planning for this?

11:09:52 From Randall Hagar To All Panelists:

Let's make certain we pay special attention to the information needs of respondents

11:11:08 From William Arroyo To All Panelists:

Identify and describe all and any medication related hearings to which an individual may be subject. Distinguish those of CARE from LPS.

11:12:48 From John Freeman (DVC for CalHHS) To Everyone:
Comments may be emailed to: CAREAct@chhs.ca.gov

11:12:51 From Laurel Benhamida To All Panelists:
Having looked at some county websites and the Judicial Council websites, I can only hope they will be improved as soon as possible.
How will the consequences for those who do not comply be explained?

11:25:04 From Daphne Dunn To All Panelists:
That caller's concerns will be helped by the upcoming statewide Mobile Crisis Services benefit

11:26:28 From Teresa Pasquini To All Panelists:
I fully support all comments by Linda Mimms and I so appreciate her representing families like mine. I am excited to get this right. Thank you all!