



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

April 17, 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:

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

1. Welcome, Introductions, and Goals of This Group

Karen Linkins, Principal, Desert Vista Consulting, opened the meeting, 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-chairs, Susan Holt and Anthony Ruffin, and the group's special advisor, Dr. Katherine Warburton.

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 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.

2. Recap Previous Meeting

Linkins provided an overview of the last meeting of this group, which was held in March. March's meeting consisted of updates on recent and planned TTA from Dr. Warburton, Health Management Associates, and the Judicial Council and discussion among group members for additional TTA needs.

Linkins laid out what would be discussed in today's meeting.

3. Discussion of CARE Implementation and Q+A

Linkins introduced Paul Hernandez from Fenton, a communications firm, to present on the communications plan that they developed and implemented for Los Angeles County. Hernandez provided the following overview:

- Fenton has partnered with LA County previously, so they were familiar with the context of county needs going into the project.
- The goal of their contract was to introduce CARE to appropriate audiences and built knowledge about the potential of CARE. Specific priorities included correcting misinformation about CARE, particularly around scope, and educating the public on how CARE fits into the larger county continuum of available services. Their scope also included education on eligibility criteria and the petition process.
- Fenton worked to ensure that DMH and other county offices had the appropriate communication materials for a variety of audiences in multiple languages.
- Fenton and DMH began by collaboratively identifying target audiences, which included caretakers, elected officials, community based organizations, and first responders.
- Fenton's strategies and tactics to engage the identified audiences included paid advertising, news coverage, the development of an online resource center, direct community engagement via DMH, and multimedia material development.
- They began by reviewing materials that the state had already put together, which were largely not designed well for people without substantial clinical knowledge. Fenton worked to create warmer and more approachable messaging.
- The term "CARE Court" was often not received well by the community, particularly among communities of color, due to negative associations with the court system.
- A key goal that DMH had with this comms campaign was to promote a "No Wrong Door" approach to both clarify that CARE is not for everyone but also that there are other resources available to help those for whom CARE is not the right fit.
- Fenton launched a creative strategy built on LA DMH's existing branding as a starting point, with the aim to make CARE more appealing.
- Fenton developed a video designed to explain CARE, which is highly complex, in a straightforward way. The video is animated and walks potential petitioners through the basics of the CARE process and how to get more information on CARE and other services.

- Topline campaign results included almost 25 million digital ad impressions, over a billion people in earned media reach, over 150 radio ads, over 800 toolkit users, and over 100 assets developed. The campaign kicked off in December, so these are results from December through March.
- In November 2023, there was lots of prep work before go-live, such as creating talking points for the press and organizing media appearances. After the December 1 launch, their main objective was to keep up momentum, talk more in depth about CARE, and correct any inaccuracies that appeared in the press and continue to spread accurate information, including by writing articles for various outlets.
- DMH held a press event right before launch and every major news outlet in the county showed up. This was a helpful opportunity to shape coverage at the time of launch.
- The largest messaging challenge to date has been the prevailing misconception that CARE will be a solution to homelessness in the county.
- The online resource hub that they created was designed for a variety of audiences, meant to be a one stop shop for information and materials related to CARE. These materials were available in 14 languages. This hub helped organizations who wanted to spread awareness about CARE but did not have capacity to assemble their own materials.
- Advertising was a useful tool for LA, but is not necessary for all counties if they do not have the bandwidth. LA engaged in digital (animated banners and social media), radio, and print advertising.
 - Digital ad metrics showed a high reach and click rate.
 - Radio and print ads were particularly tailored to Black and Latino communities.
- Lessons learned and recommendations for Cohort 2 counties:
 - Starting as early as possible is highly beneficial when possible.
 - Don't overestimate the initial demand. CARE petition numbers have not been overwhelming in Cohort 1. If Fenton had known this, they would have been more aggressive early on.
 - Focus comms efforts on the benefits of CARE, not just the process. People will not be interested in petitioning when they don't fully understand how it will help them.
 - Petitioners need a lot of clarification about the process. Fenton had to develop additional educational materials to address this after launch, though it would be beneficial for other counties to roll those out earlier.
 - Materials should not be too overwhelming with details.
 - Repetition and consistent education is required. Some groups may need multiple presentations or other outreach.
 - Communicating with relevant ambassadors will help get the word out, since they have access to different networks.

- Be prepared to read and react and address misperceptions swiftly and aggressively.

Q&A:

Linkins invited questions and comments from group members.

- Linda Mimms said the Fenton campaign was brilliant and she hopes every county can do something similar.
- Amanda Ternan echoed Mimms' comments and said that the HMA TTA team is working on a communications toolkit, especially designed for small counties who do not have the resources to create their own campaigns.
- Linkins asked if there were additional major misperceptions in addition to the belief that CARE would be a solution to homelessness.
 - Hernandez responded that the other major point of confusion was around whether or not CARE is voluntary. Many people believe CARE is involuntary.
- Ellen Guevara asked if Fenton will be continuing to do outreach, including if they will do consumer outreach.
 - Hernandez replied that they are continuing to correct and shape press information and they are in collaboration with the county around bolstering first responder and healthcare petition pathways. They may also do individual outreach to some people, since the petition numbers are currently low. Fenton's contract has ended but DMH is hoping to bring them back.
- Dr. Ambarin Faizi asked if they observed any trends among people who were interested in CARE but ineligible.
 - Hernandez replied that it is too early to say, but they worked to make sure that regardless of eligibility criteria, community members have a fuller understanding of all available services pathways.
- John Freeman asked if Cohort 2 counties will be able to use or adapt Fenton's LA materials.
 - Hernandez said that there are things other counties can take from their materials, particularly the core messaging, but it may be more helpful for other counties to develop materials through regional collaboration that are more relevant to their regional context.
- Dr. Warburton said that the voluntary vs. involuntary question around CARE is very nuanced and asked how Fenton weaved that nuance into their campaign.
 - Hernandez responded that they had a lot of conversations about this. He said that the court orders are holding the system accountable more than the participant, which is a dynamic they tried to highlight in the campaign. They also

worked to make clear to potential petitioners that if respondents refuse to engage with CARE, they will not be forced to. CARE can't be boiled down into a slogan, which makes it interesting from a communications standpoint.

- Jennifer Brya asked if Fenton collaborated with the courts or Self Help Centers to develop materials on the petition process and other court elements, or if there were other strategies they used.
 - Hernandez replied that DMH was their main collaborator though they also met with Self Help Center staff at times. DMH worked closely with the courts and had a solid understanding of the petition process. They ensured that none of their materials contradicted anything the court put out, just made the same information easier to digest.
- Susan Holt thanked Hernandez and said that Fresno County is actively discussing the communications strategies they will engage in within their multisector CARE planning team.

Linkins thanked Hernandez for his presentation and recommendations for Cohort 2 counties.

Hernandez invited people to contact him with follow up questions.

Discussion of Priority Areas:

Co-Chair Holt invited the group to discuss key takeaways from the presentation, particularly as they relate to ongoing TTA needs:

- Co-Chair Ruffin said he was impressed with Fenton's campaign in Los Angeles, particularly their resource library and dedication to continuously correcting misinformation.
- Dr. Warburton said she is still struggling with the question around how to appropriately convey the nuance around the voluntary and court ordered elements of the CARE process. She said that the TTA group would be a good setting to have this conversation to ensure that CARE is able to reach the populations it is intended to. She discussed how they approach similar nuances at the Department of State Hospitals.
- Mimms agreed with Dr. Warburton and said that the sickest portions of the CARE population have anosognosia. She said that families who were eager for CARE to be passed were hopeful that respondents who refused to participate would be compelled in order to receive medically necessary treatment. She said the group needs to discuss what the mechanism is that can ensure this will happen, which may require a legislative amendment.

- Ruffin agreed with the previous commenters and said that the unhoused population he served in LA is very acute.
- Dr. Warburton said that she believes CARE is intended for the acute population that Ruffin discussed. She said that in the trainings she has been doing around the state, she has been hearing from attendees that the sickest people are not currently who is being served through CARE. She emphasized that implementation is key for policy to be successful. She suggested that at a future meeting, the group could come up with a list of TTA talking points and other ideas for how to address this and communicate the nuance of CARE in order to ensure it reaches the people who need it.
- Amber Irvine said she agreed that lack of insight among a portion of the population creates a challenge with engagement, particularly around medication. She said that a legislative change may be needed to create an enforcement mechanism around medication adherence. She said the medication order and other court ordered components of CARE are the most confusing. She said that without teeth to medication orders, there is nothing that behavioral health teams can do.

Linkins thanked the group for their suggestions and said they will inform the agenda for June's meeting.

4. Call for Public Comment

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.

- Kaino Hopper thanked the group and agreed with the comments made by group members around the need to increase attention to CARE being implemented effectively to reach harder to engage populations. She said she appreciates the respect and care given to this experience in CARE workgroups, but she doesn't want to see another piece of legislation fail this population. She shared that her own loved one has asked her why Hopper did not get her into a hospital sooner when she needed treatment. She said she hopes that CARE can help people avoid incarceration when it is implemented as intended.
- Laurel Benhamida from Muslim American Society Social Services Association and REMHDCO thanked the group. She said it was great to hear that there were 14 languages that LA developed materials in. She shared that she was disturbed by the metaphor about a lack of teeth in the CARE Act, though understands the frustration felt by family members.

5. Meeting Wrap Up and Next Steps

Karen Linkins reminded the group of the communication tools that have already been developed and are accessible online, many of which are county specific. She shared the date of the next CARE Act Working Group meeting and said that the next meeting of this group will take place on June 19. She also shared meeting information for the other ad hoc subgroups and encouraged members to attend. She thanked everyone for attending and adjourned the meeting.

Appendix I: Public Zoom Chat

From John Freeman - DVC to Everyone:

Information about this and other meetings is available on the CARE Act Working Group Site:
<https://www.chhs.ca.gov/home/committees/care-act-working-group>

Email us at CAREAct@chhs.ca.gov to join the CARE listserv to receive updates and information on future stakeholder events.

From Jennifer Brya to Host and Panelists:

LA Resource Site: <https://lacarecourtresources.org>

From John Freeman - DVC to Everyone:

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From Paul Hernandez to Host and Panelists:

phernandez@fenton.com Paul Hernandez

From John Freeman - DVC to Everyone:

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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/>

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From John Freeman - DVC to Everyone:

<https://care-act.org/trainings/upcoming-trainings/>