

CARE Act Working Group Meeting February 14, 2023

California Health & Human Services Agency

Person Centered. Equity Focused. Data Driven.





Welcome and Introductions

Mark Ghaly, MD, MPH, Secretary, CalHHS Stephanie Welch, MSW, Deputy Secretary of Behavioral Health, CalHHS Tyler Sadwith, Deputy Director, Behavioral Health DHCS Charlene Depner, Director, Center for Families, Children & the Courts | Judicial Council of California

Working Group Members

Al Rowlett Hafsa Kaka Matt Tuttle

Beau Hennemann Harold Turner Stephanie Welch

Charlene Depner Herb Hatanaka Susan Holt

Chevon Kothari Hon. Maria Hernandez Tomequia Moss

Christina Roup Jenny Bayardo Tracie Riggs

Dhakshike Wickrema Jodi Nerell Tyler Sadwith

Eric Harris Khatera Aslami Dr. Veronica Kelley

Dr. Fadi Nicolas Kiran Savage Xóchitl Rodriguez Murillo

Lorin Kline Zachary Olmstead



Bagley-Keene Requirements, Ground Rules, Process for Working Group, and Meeting Dates

Jared Goldman, General Counsel, CalHHS Karen Linkins, Principal, Desert Vista Consulting

Bagley-Keene Basics

California Health and Human Services Agency

THE PURPOSE OF THE BAGLEY-KEENE OPEN MEETING ACT

"It is the public policy of this state that public agencies exist to aid in the conduct of the people's business and the proceedings of public agencies be conducted openly so that the public may remain informed."

What bodies are covered?

Definition of a "state body"

- Every state board, or commission, or similar multimember body of the state that is created by statute or required by law to conduct official meetings
- A multimember body that exercises any authority of a state body delegated to it by that state body
- A multimember advisory body of a state body, if created by formal action of the state body or of any member of the state body, and if the advisory body so created consists of three or more persons

What meetings are covered?

Definition of a "meeting"

A meeting includes any congregation of a majority of the members of a state body at the same time and place to hear, discuss, or deliberate on any item that is within the subject matter jurisdiction of the state body.

A meeting also includes . . .

SERIAL COMMUNICATIONS

for example:

- "chain" communication: A texts
 B, then B texts C, etc.
- "hub and spoke"
 communication: A texts B, then
 A texts C, then A texts D, etc.

OF ANY KIND

including in-person, by phone, text, or email

DIRECTLY OR THROUGH INTERMEDIARIES

for example, through staff or lobbyists

Meeting Exception

- A member may have individual contact or conversations with any other person (unless it's part of a serial meeting).
- A majority of the body may be present at social events, meeting of other public bodies, and public conferences, but may not discuss board business outside of a properly notice board meeting.

What notice is required?

- The state body must provide 10 days advance written notice of a meeting
- Notice must be posted on the agency's website and provided to anyone who requests it
- The meeting notice must include an agenda with a brief description of the items to be acted on or discussed

Public Access and Participation

- Meetings must be open and public (with some limited exceptions)
- Meetings must be accessible as required under the ADA
- Public records distributed by staff or members to members of the state body prior to or during a meeting, pertaining to any item to be considered during the meeting, must be made available to the public at the meeting
- Members of the public must be provided the opportunity to directly address the state body on each agenda item before or during the state body's discussion or consideration of the item

Remote Meeting Rules Change on June 30 (rules for advisory bodies)

- Beginning July 1, 2023, a quorum of the state body must be present at the primary meeting location.
- The state body must provide notice to the public at least 24 hours before the meeting that identifies any member who will participate remotely.
- Remote locations are not required to be disclosed.

Bagley-Keene Open Meeting Act in Full

You can find the complete text of the Bagley Keene Open Meeting Act at California Government Code § 11120, et seq.

View the <u>text</u> on the <u>California Legislative Information</u> website.

Questions?

Virtual Meeting Guidelines

- Meeting is being recorded
- American Sign Language interpretation in pinned video
- Live captioning link provided in chat

Working Group Members

- Mute/Unmute works for members and policy partners.
- Stay ON MUTE when not speaking and use the "raise hand feature" if you have a question or comment.
- Please turn on your camera as you are comfortable
- Use chat for additional conversation
- MEMBERS OF THE PUBLIC will be invited to participate during public comments period



Working Group Overview (purpose)

PURPOSE

As stipulated in SB 1338, the working group will "provide coordination and on-going engagement with, and support collaboration among, relevant state and local partners and other stakeholders throughout the phases of county implementation to support the successful implementation of the CARE Act. The working group shall meet no more than quarterly during the implementation and shall end no later than December 31, 2026" (see CHAPTER 6. 5983 (a) (2)). CalHHS will seek feedback from the Working Group on the array of implementation activities that are involved in standing up the CARE Act in counties.



Working Group Overview (operations)

OPERATIONS

- The Working Group will meet quarterly during the implementation of the CARE Act through December 31, 2026.
- Working Group meetings will be a mix of in person and virtual, with in person meetings held primarily in Sacramento, but at times possibly in other locations throughout California.
- Working group members are expected to attend 75% of meetings each year, with the option of sending a delegate for the remainder.
- All meetings of the Working Group shall be open to the public and subject to Bagley-Keene Open Meeting Act requirements.



Working Group Overview (operations, continued)

OPERATIONS CONT.

- Meeting agendas will be prepared and posted online in advance of a meeting. Working Group members are encouraged to suggest agenda items.
- This is not an oversight or voting group. The goal is to generate ideas and solutions.
- Members are encouraged to be brief and brilliant. Keep the discussion moving to allow for new ideas from all group members.
- Members understand and acknowledge that CalHHS has a responsibility to implement the CARE Act as enacted in statute.
- Members will be respectful of each other's expertise and any differences of opinion.



CARE Working Group Tentative 2023 Meeting Dates

- February 14, 2023: 1:00-4:00 pm
- May 10, 2023: 1:00-3:00 pm
- August 9, 2023: 1:00-3:00 pm
- November 8, 2023: 1:00-3:00 pm



CARE Act Implementation Update

Stephanie Welch, MSW, Deputy Secretary of Behavioral Health, CalHHS
Tyler Sadwith, Deputy Director, Behavioral Health DHCS
Charlene Depner, Director, Center for Families, Children & the Courts | Judicial Council of California

CalHHS Roles and Responsibilities (overall)

Overall

- Lead coordination efforts with and between the Judicial Council and DHCS
- Engage with cross sector partners at city and county level, individually and through collaboratives and convenings
- Coordinate with partners and a diverse set of stakeholders via regular meetings –
 including county associations (CSAC and key affiliates like CBHDA,
 RCRC, CA Association of PA/PC/PG, CWDA, etc.)
- Support DHCS training, technical assistance and evaluation efforts, as well as implementation of Behavioral Health Bridge Housing program, monitor housing related needs throughout implementation
- Support communications through a website dedicated to the CARE Act, including a listserv, respond to media, legislature, and other stakeholder inquiries, provide proactive media and community engagement and outreach



CalHHS Roles and Responsibilities (Working Group)

CARE ACT Working Group

- Working group will begin in early 2023 as a mechanism to receive feedback from
 partners to support successful implementation and help key constituents understand
 policy and program progress who can then disseminate accurate information.
- Up to 25 members including representation from families, cities and counties, behavioral health providers, judges, legal counsel, peer organizations, disability rights and racial equity stakeholders, and housing and homelessness providers.
- Provide feedback on implementation activities including:
 - Annual report and evaluation plan, including data collection and reporting
 - TA/training for counties, volunteer supporters, legal counsel, judges, etc.
 - County implementation progress
 - Housing access
 - Other emerging issues



Information and Communication Tools

Visit the <u>CalHHS CARE Act website</u> for updated information and communication tools, including:

- CARE Act Working Group webpage
- CARE Informational Webinar (updated 12/19/22): Video / Slides
- SB 1338
- Department of Health Care Services (DHCS) CARE Act Website
- Judicial Council of California (JCC) CARE Act Website
- Fact Sheet: <u>English</u> / <u>Spanish</u>
- FAQ: <u>English</u> / <u>Spanish</u>
- Behavioral Health Funding Overview (updated 8/17/22)
- Housing and Homelessness Funding Overview (updated 8/18/22)
- Major State Behavioral Health Funding by County (updated 6/20/22)
- Major State and Federal Housing and Homelessness Funding by County (updated 6/20/22)





Community Assistance, Recovery, and Empowerment (CARE) Act Working Group

Implementation Update

Tyler Sadwith
Deputy Director, Behavioral Health
Department of Health Care Services



Agenda

- » DHCS' Role in CARE Act
- » Overview of Technical Assistance
 - » Organization
 - » Target Groups
 - » Priority Topics
 - » Modalities
 - » Timelines
- » CARE Act Data Collection and Reporting

Department of Health Care Services

- » The California Department of Health Care Services (DHCS) is a department within the California Health and Human Services Agency that finances and administers a number of individual health care service delivery programs, including Medi-Cal.
 - » **Mission:** To provide Californians with access to affordable, integrated, high-quality health care, including medical, dental, mental health, substance use treatment services and long-term care.
 - » **Vision:** To preserve and improve the overall health and well-being of all Californians.

DHCS' Role and Responsibilities

- » Technical assistance to support CARE Act implementation (Welfare and Institutions Code (W&I Code) 5980 & 5983)
 - » County behavioral health agencies
 - » Counsel
 - » Volunteer supporters
- » Consultation to support CARE Act implementation (W&I Code 5983)
 - » Stakeholders
 - » Judicial Council
 - » California Interagency Council on Homelessness

DHCS' Role and Responsibilities (continued)

- » Annual report (W&I Code 5985)
- » Independent evaluation (W&I Code 5986)
- » Administer startup funds, accountability fund, and ongoing mandated costs (W&I Code 5970.5, 5979, 5977, 5977.1, 5977.2 & 5977.3)
- » Issue guidance for delayed implementation (W&I Code 5970.5)

Technical Assistance Contractor: Health Management Associates (HMA)

- » Project management
- » Training and technical assistance (TTA) coordination, development, provision, and iteration
 - » Partner with subject matter experts in TTA design and delivery
- » Data collection & reporting
 - » Develop and manage data collection and reporting process
 - » Support county BH data collection efforts
 - » Support development of annual report
 - » Assist independent evaluator with data collection to determine program outcomes, impact, and lessons learned related to the CARE Act program

HMA's Responsibilities

HMA & Subcontractors

Stakeholder Engagement

- » Communications support
- » Website
- » Resource library
- » Dedicated email
- » Consumer feedback form
- » Feedback analysis
- » Stakeholder engagement
- » Public facing materials
- » Impact reports, briefs, and other internal materials

CARE Act TTA

- » Stakeholder meetings
- » Program data analysis
- » Curriculum development
- » Training timeline
- » Customized training
- » TTA to BH agencies
- » TTA to Volunteer Supporters
- » TTA to CARE Act Counsel
- >> TTA to other Stakeholders
- » Consultation
- » Stakeholder webinars
- » Training evaluation and ongoing quality assurance

HMA's Responsibilities (continued)

HMA & Subcontractors

Data Collection & Reporting

- »Data collection mechanism and process leveraging existing data sources
- »Methodology development
- »Data dictionary development
- »Performance metrics
- »Data portal
- »Annual report development
- »Collaboration with Independent Evaluator
- »TTA on data collection to counties and stakeholders
- »BAA development

Program Support

- »Data analysis
- »DHCS support in informing policy decisions
- »Consultation with Judicial Council of CA (JCC) and Counsel
- »Recommendations on policies (statewide v. local)
- »Interpretation of CARE process, agreement and plan services and supports

TTA Target Groups

» County BH agencies (W&I Code 5983)

- » Including their providers and consultants
- » Customized to rural and urban counties and potentially other cohorts, as needed
- » CARE process, CARE agreement and plan services and supports, supported decision-making, the supporter role, trauma-informed care, elimination of bias, psychiatric advance directives, family psychoeducation, and data collection

» Volunteer supporters (W&I Code 5980)

- » In consultation with disability rights groups, county behavioral health and aging agencies, individuals with lived expertise, families, racial justice experts, and other appropriate stakeholders
- » CARE process, community services and supports, supported decision-making, people with behavioral health conditions, trauma-informed care, family psychoeducation, and psychiatric advance directives

» Counsel (W&I Code 5983)

- » In consultation with relevant state departments and the California Interagency Council on Homelessness (Cal ICH)
- » CARE process and CARE agreement and plan services and supports

Priority TTA Topics

CARE Act

- » The CARE Process
 - » Referral, Evaluation, CARE Plan, Support, Completion
- » CARE Agreement services and supports
- » Volunteer Supporter Role & supported decision-making
- » Working with the justiceinvolved population

Serious Mental Illness (SMI)

- » Overview of diagnoses and symptoms, with a focus on:
 - » Schizophrenia spectrum
 - » Psychotic disorders
 - » Co-occurring substance use disorder (SUD)
- » Overview of evidencebased treatments including:
 - » Medications
 - » Psychosocial interventions

Psychosocial Interventions within the CARE Act

- » The Assertive Community Treatment approach
- » Family-based services
- » Family & Supporter Psychoeducation
- » Social skills training
- » Illness self-management
- » Psychosocial interventions for SUD
- » Motivational Interviewing for adherence
- » Peer Support
- » Crisis Management

Priority TTA Topics (continued)

Housing & Community Supports

- » Evidence-based permanent supported housing models for persons with SMI
- » Strategies for improving access to housing, readiness and sustainability
- » Cross-System Collaboration strategies/best practices
- Accessing local housing/community resources for CARE Act participants
- » Consumer operated services

Equitable & Person- Centered Care

- » Diversity, Equity & Inclusion
- » Trauma informed care
 - » Elimination of Bias
 - » Cultural Competence/ Humility
 - » Person-Centered Planning
- » Psychiatric Advanced Directives

Data TTA

- » Data Collection & Reporting
 - » BH Agencies
 - » County BH data efforts
 - » CARE Courts
 - » Leveraging existing data resources
- Support establishment of continuous quality improvement efforts

TTA Resources and Formats

- » Frequently Asked Questions
- » Synchronous virtual training
- » Asynchronous virtual training
- » In-person training
- » Written materials
- » Resources Library
- » Other modalities to be identified by DHCS and HMA

2023 TTA Timeline

- » Workplan Development
 - TTA Plan/Content
 - Initial Stakeholder Outreach

- » TTA on Data Collection & Reporting with County BH Agencies
- » TTA & Stakeholder Engagement with Volunteer Supporters

Cohort 1Counties begin implementation



- » Initial TTA on CARE Act, CARE Plan, Housing, EB topics/interventions, Data, CQI
 - County BH Agencies & Providers, Counsel, Judicial Council
- » Stakeholder Engagement to Assess Unique Needs faced by Rural Counties
- » TTA on Annual Data Collection of CARE Act trial data with Judicial Council

- » TTA in Coordination with DHCS Initiatives
 - County BH Agencies/Providers, JCC, Counsel, Volunteer Supporters
- » Launch Resource Center/webpage

2024-2028 Forecasted TTA Timeline

- » Ongoing TTA
 - CARE Act, CARE Plan, Housing, EB topics, Data, CQI
 - Customized TTA to rural counties
 - Data collection & reporting
- » Ongoing TTA & Stakeholder Engagement with Volunteer Supporter

Dec

2024

- » Scale Down & Ongoing TTA
 - CARE Act, CARE Plan, Housing, EB topics, Data, CQI
 - Customized TTA to rural counties
 - On data collection & reporting
- » Ongoing TTA & Stakeholder Engagement with Volunteer Supporters
- Ongoing CQI, Data collection, reporting

Dec 2025 Jan 2027 Dec 2028

Jan-Dec 2024

Cohort II
 Counties begin implementation,
 December 1

Jan-Dec 2025

County final implementation deadline,December 1

Dec 2026

Continue Scale down & Ongoing TTA

Data Collection and Reporting

- » Developing data collection portal, measures, and protocols
- » Annual data collection and reporting to DHCS
 - » County BH Agencies
 - » Participant data
 - » Services and supports data
 - » Volunteer supporter data
 - » JCC
 - » Trial data and scheduling coordination
- » CARE Act Report published annually by July 1.
 - » First annual report to be published July 1, 2025
- » Independent Evaluation Report of Effectiveness to Legislature
 - » Preliminary report to be published 3 years after implementation
 - » Final report to be published 5 years after implementation

Collaboration, Administration, and Evaluation Activities

Collaboration

- » Cal ICH
 - » Work, in consultation, to provide housing resources
- » CalHHS
 - » Stakeholder engagement
- » JCC
 - » TTA to Judges
- » County BH Agencies
 - » TTA to counties and their providers

Fiscal Administration

- » Administration of Start-up Funds
 - » BHIN 22-059 provides guidance on allowable use of Start-up Funds released on November 10.
- Administration and guidance of CARE Act Accountability Fund
- » Reimbursement of mandated activities

CARE Evaluation

- Developing data collection portal, measures, and protocols
- Independent evaluation (Request for Information to be released in Q2/2023)
- Preliminary Evaluation report to be released 3 years after implementation
- » Final Evaluation report to be released 5 years after implementation

Thank you!

For more information contact DHCS at DHCSCAREAct@dhcs.ca.gov

THE JUDICIAL COUNCIL OF CALIFORNIA



THE JUDICIAL COUNCIL OF CALIFORNIA

- The Judicial Council is the policymaking body of the California courts
- Responsible for ensuring the consistent, independent, impartial, and accessible administration of justice
- Chief Justice Patricia Guerrero serves as Chair of the Judicial Council. Acting Administrative Director Millicent Tidwell, serves as Secretary of the Judicial Council
- Council members are volunteers who do not receive compensation for their service
- Most members are appointed by the Chief Justice or the State Bar Board of Trustees
- Members include representatives of both houses of the Legislature and advisory members

ADVISORY BODIES

- The Judicial Council carries out its goals and policies through advisory bodies, such as internal committees, advisory committees, or task forces.
- Advisory Committees are standing committees created by rule of court or the Chief Justice to make recommendations and offer policy alternatives to the Judicial Council for improving the administration of justice within their designated areas of focus.
- The Probate and Mental Health Advisory Committee is responsible for CARE Act rules of court and forms.

THE PROBATE AND MENTAL HEALTH ADVISORY COMMITTEE

- Members are appointed by the Chief Justice to staggered three-year terms. Committee members include:
- Appellate and superior court judicial officers;
- Probate court attorneys, examiners, and investigators; attorneys who practice primarily decedents' estate, trust, guardianship, conservatorship, or elder abuse law;
- Persons knowledgeable in mental health or developmental disability law; a private fiduciary; and a county counsel, public guardian, or similar public officer familiar with guardianship and conservatorship issues.

JUDICIAL COUNCIL STAFF

- Under the leadership of the Acting Administrative Director, Millicent Tidwell, Judicial Council staff implement the council's policies, goals and priorities of the Judicial Council
- Staff are organized in Divisions and Offices
- The Center for Families, Children & the Courts is the office responsible for implementation of the CARE Act

JUDICIAL COUNSEL'S CARE ACT RESPONSIBILITIES AND PROGRESS

COLLABORATION and COORDINATION

- Commitment to interagency communication and coordinated planning at state and local levels
- Lead staff bi-monthly meetings; collaboration on events, webinars, coordination on statewide issues
- Training and TA meetings with DHCS
- Meetings with CSAC, CBHDA, RCRC
- Building a network of relationships at state and local agencies: Facilitate Interagency C1 convenings which include breakouts with other courts/county agencies/county steering committee/stakeholders,
- CARE Act Working Group

RESPONSIBILITIES AND PROGRESS

COMMUNICATION

- CARE ACT Web page on Judicial Council public site <u>https://www.courts.ca.gov/48654.htm</u>
- CARE Act Communication Hub: store and share planning information; information about upcoming events and resources
- JCC CARE Act email address
- Monthly meetings with cohort 1 teams
- CARE Act Communication Hub: store and share planning information; access to information about upcoming events and resources

RESPONSIBILITES AND PROGRESS

RULES AND FORMS, LEGAL INFORMATION

- Probate and Mental Health Advisory Committee completed
 11 rules of court and 11 forms to implement the CARE Act.
- Comment period completed. Report will be reviewed by Judicial Council Rules Committee April 5
- If approved' will be considered by the Judicial Council in its May meeting
- Staff continue to work on legal information and FAQs for courts and the public

RESPONSIBILITES AND PROGRESS

TRAINING, INFORMATION, TECHNICAL ASSISTANCE

- Judicial education (CJER)
- Initial Care Act procedural memo to all PJs, 2 days after Act signed Sept 14 targeted consultation training, and technical assistance
- CARE Act 101: The Courts Role Webinar (available mid-February)
- CARE Act Glossary

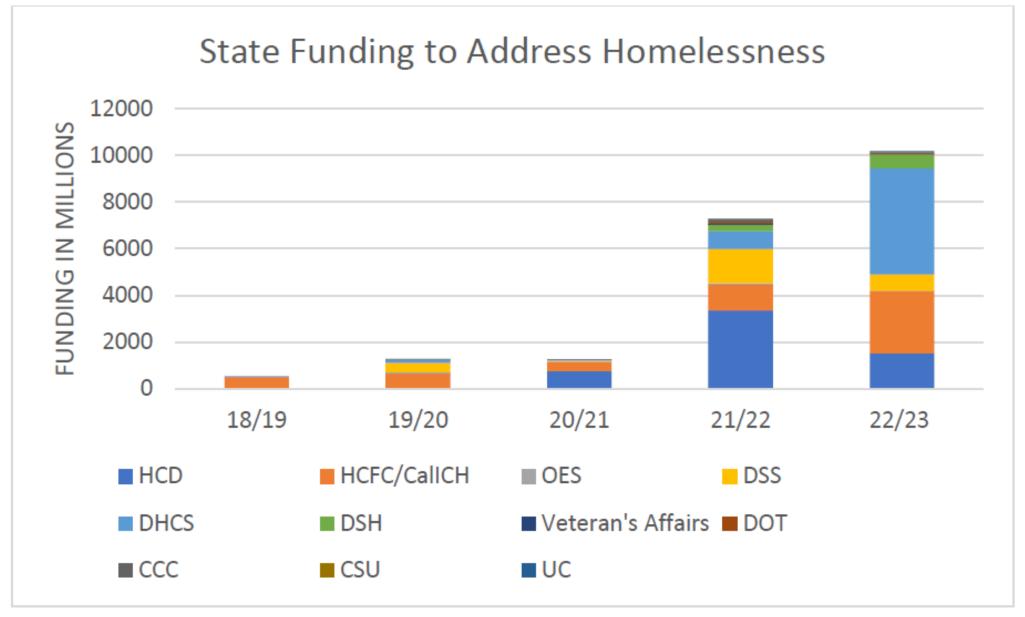
RESPONSIBILITIES AND PROGRESS

- DATA COLLECTION
- Court data collection procedural plan
- BUDGET ADMINISTATION
- Develop cost models requests, allocations, distribution, and monitoring

BREAK

CARE Act Information and Working Session Meeting the Housing Needs of CARE Act Participants

Corrin Buchanan, Deputy Secretary, Policy & Strategic Planning, CalHHS Marlies Perez, Chief, Community Services, DHCS





From: https://www.chhs.ca.gov/wp-content/uploads/2022/08/Funding-Backgrounder-Homelessness-20220818.pdf See also:

https://public.tableau.com/app/profile/taylor.herhusky/viz/MajorStateandFederalHousingandHomelessnessFundingbyCalifor niaCounty/FundingAllocations

CARE Act Information and Working Session Meeting the Housing Needs of CARE Act Participants

Marlies Perez, Chief, Community Services, DHCS

Behavioral Health Bridge Housing (BHBH)

Need for BHBH

- » The BHBH program is identified to meaningfully contribute to the implementation of the California Interagency Council on Homelessness' <u>Action Plan for Preventing and Ending</u> <u>Homelessness in California</u>
- » The BHBH program will be implemented in alignment with the Community Assistance, Recovery and Empowerment (CARE) Court, which prioritizes BHBH program resources for CARE Court participants

BHBH Program Specifications

- » The \$1.5B BHBH funding allocation is one-time only grant funding administered by DHCS
- » Qualifying applicants are county behavioral health agencies, and tribal entities
- » Funding must be expended by June 30, 2027
- » The emphasis of the BHBH program is on meeting the needs of the currently unsheltered population with a behavioral health condition

BHBH Models

- » County BHAs are encouraged to explore innovative models using existing real estate that can be leased or quickly converted to create new BHBH Program settings, including, but not limited to, the following:
 - **>>** >>
 - » Tiny homes
 - » Master-leased units or buildings
 - » Office, school, or warehouse conversions (Warehouse conversion should be designed to support privacy, as dormitory-style housing is not recommended for the BHBH Program.)
 - » Hotels and motels
 - » Churches and other community settings
 - » Duplexes or large single-family homes
 - » Modular buildings
 - » Decommissioned skilled nursing facilities (SNFs), assisted living, hospital conversions, etc.
 - » Scattered-site individual units

BHBH Program Specifications

- » Provide case management and other medical, behavioral or social services and supports, such as those provided by Full Service Partnerships, which provide field capable wrap around services
- » BHBH is intended to pay for housing and housing-related services that are not covered by Medi-Cal, including community supports
- » Funding cannot supplant specialty mental health and SUD services provided by counties – these must continue to be covered by Medi-Cal

BHBH Timeline

Request for County Application Released	February 2023
Request for County Application Due	April 2023
Request for Tribal Application Released	May 2023
County Awards Announced	May 2023
County Contract Execution/Program Implementation	Late Spring 2023
Request for Tribal Application Due	June 2023
Tribal Awards Announced	August/Sept 2023
Competitive RFA Released	August 2023
Competitive RFA Due	October 2023
Competitive RFA Awarded	Nov/Dec 2023





Email: BHBH@dhcs.ca.gov

Visit the **Bridge Housing Website**

Questions

DISCUSSION Meeting the Housing Needs of CARE Act Participants



Special Service for Groups, Inc.

California Health and Human Services Agency CARE Act Working Group

2/14/2023

Haven House

Gender-responsive Treatment







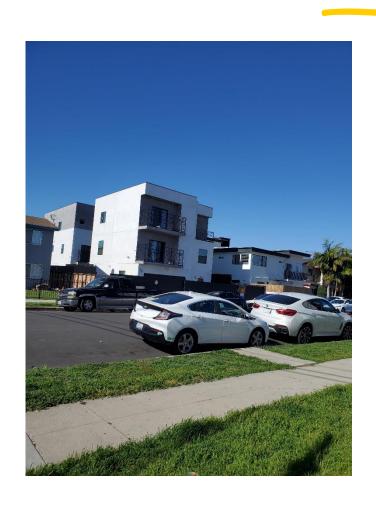


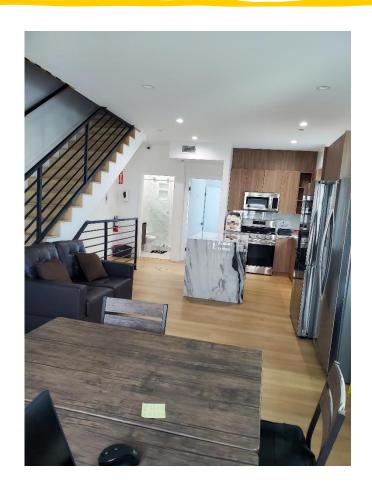


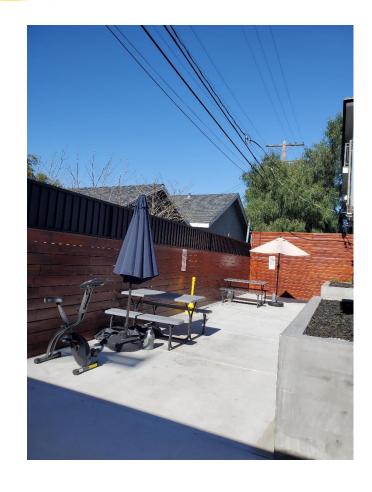




Cedar Lodge











JOURNEY TO WELLNESS

Case Management

Individual/Group Therapy

Benefits Assistance

Medication Support

Wraparound Services

Healing-centered Arts Services

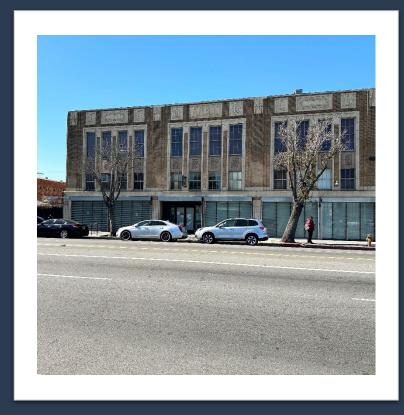
Permanent Supportive Housing Linkage











Kress Felony Incompetent to Stand Trial (FIST)



Hope on Alvarado

- 90 units of Permanent Supportive Housing
- Co-located treatment team on site
- Indoor/Outdoor recreational space





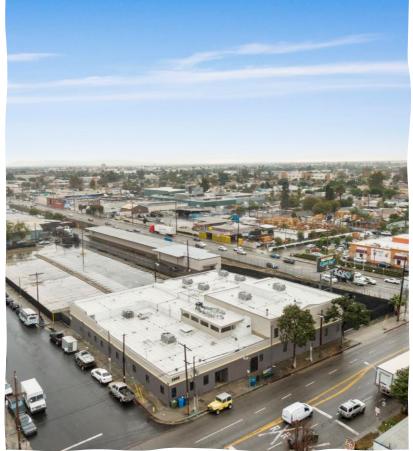
45th & Broadway

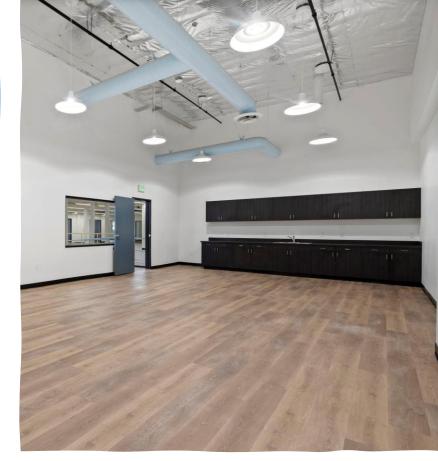
- 48 units of planned Permanent Supportive Housing
- Co-located treatment team on site
- Outdoor/Indoor recreational space











SSG CARE Campus

- Comprehensive Treatment Hub
- Supports scattered site housing locations
- Intensive Outpatient, Outpatient, Wellness, Crisis Stabilization, co-located Primary Care

Closing Thoughts

Stephanie Welch, MSW, Deputy Secretary of Behavioral Health, CalHHS

Public Comment

Public Comment will be taken on any item on the agenda

There are 4 ways to make comments (please keep comments to 2 minutes):

- 1. In person, please come to designated location
- 2. Raise hand on zoom to speak
- 3. Type comment in chat function
- 4. Email comment to CAREAct@chhs.ca.gov



Adjourn and Thank you!