California Health and Human Services Agency
Community Assistance, Recovery & Empowerment (CARE) Act
Working Group Meeting Minutes
May 21, 2025

Working Group Members in Attendance:

- **Amber Irvine**, San Diego County Behavioral Health
- **Beau Hennemann**, RVP of Local Engagement & Plan Performance, Anthem
- **Bill Stewart**, San Diego County Behavioral Health Advisory Board, Chair
- **Dr. Brian Hurley**, Medical Director, Substance Abuse Prevention and Control (SAPC), Los Angeles Dept of Public Health
- **Cassie McTaggart,** Principal Manager of the Judicial Council, standing in for Salena Chao, COO, Judicial Council
- **Hon. Ebrahim Bayteigh**, Superior Court of Orange County standing in for Hon. Maria Hernandez, Presiding Judge, Superior Court of Orange County
- **Dr. Emma Rasmussen,** Deputy Director of Behavioral Health, Fresno County, standing in for Susan Holt, Behavioral Health Director and Public Guardian, Fresno County
- **Ian Kemmer**, Director of Behavioral Health with the Orange County Health Care Agency
- **Ivan Bhardwaj,** Chief, Medi-Cal Behavioral Health – Policy Division, DHCS
- **Jenny Bayardo**, Executive Officer, California Behavioral Health Planning Council
- **Jerry May**, San Jose Fire Department, Local 230
- **Jill Nielsen**, Deputy Director of Programs, Department of Disability and Aging Services, San Francisco Human Services Agency
- **Jodi Nerell**, Director of Local Mental Health Engagement, Sutter (greater Sacramento)
- **Dr. Katherine Warburton,** Chief Medical Officer, California Department of State Hospitals
- **Lauren Rettagliata**, Family Member and Co-Author of *Housing That Heals*
- **Meagan Subers**, California Professional Firefighters
- **Nichole Zaragoza-Smith,** Homelessness Grants Program Design Section Chief, HCD
- **Roberto Herrero**, Department Secretary for Veterans Services, CalVet
- **Stephanie Regular**, Assistant Public Defender, Alameda County Mental Health Unit
- **Stephanie Welch**, Deputy Secretary of Behavioral Health, CalHHS
- **Tawny Macedo**, Housing Advisor, Business Consumer Services and Housing Agency
- **Tim Lutz**, Director of Health Services, Sacramento County

Working Group Members in Attendance Online:

- **Dr. Clayton Chau**, National Healthcare and Housing Advisors
- **Jennifer Bender**, Deputy Public Defender, Riverside County
- **Kent Boes**, District 3 Supervisor, Colusa County
- **Mark Salazar**, CEO, Mental Health Association of San Francisco
- **Ruben Imperial**, Director, Stanislaus County Behavioral Health and Recovery Services
- **Ruqayya Ahmad**, Policy Manager, CPHEN
- **Salena Chao**, COO, Judicial Council

Working Group Members Not in Attendance:

- **Herb Hatanaka,** Executive Director, Special Services for Groups
- **Keris Myrick**, Person with Lived Experience of Schizophrenia Diagnosis
- **Ketra Carter**, Director, Homelessness Strategies and Solutions Department

1. Welcome and Introductions

Karen Linkins, Principal, Desert Vista Consulting, welcomed the CARE Act Working Group (WG) members, both those present in person and those who joined online.

Linkins went over the day's agenda.

Linkins asked all new members to introduce themselves briefly, beginning with Jennifer Bender, Supervising Public Defender in Riverside County, Kent Boes, Colusa County Supervisor, Stephanie Regular, Assistant Public Defender, Alameda County Mental Health Unit, Tawny Macedo, Housing Advisor, Business Consumer Services and Housing Agency, Nichole Zaragoza-Smith, Homelessness Grants Program Design Section Chief, HCD, and Roberto Herrero, Department Secretary for Veterans Services, CalVet.

Deputy Secretary Welch welcomed the new members and spoke to the perspectives they add, noting the desire to increase balanced representation on the Working Group. Welch expressed enthusiasm about the group now being more representative of partners involved in local implementation and highlighted that the day's focus would be on learning from the new perspectives in the room.

Linkins reminded the group to speak slowly for the ASL interpreters. She reviewed virtual meeting guidelines for the members who joined via Zoom and members of the public. She also reviewed essential operations information for the Working Group. She shared the dates for upcoming meetings and encouraged members to submit agenda item suggestions for future meetings.

Linkins provided a brief recap of the November 12th Working Group meeting:

- Featured Topic: Psychiatric Advance Directives (Kiran Sahota).
- CARE Implementation Updates Panel (Camille Rose, CDCR and Dana Meeks, Sutter Hospital).
- CARE in Context of the Specialty Behavioral Health System – Working Group Focus for 2025 (Deputy Secretary Stephanie Welch, CalHHS and Ivan Bhardwaj, DHCS)
- Rationale for Recent Changes to the CARE Act Data Dictionary (Serene Olin, HMA). The Working Group broke into small groups and identified several key priorities: workforce and training, housing, system coordination and collaboration, client support, data measurement, and clinical interventions. It was noted that the focus of today's meeting aligns closely with two of those priorities—system coordination and collaboration, and client support.
- Update on Communications Strategies and Telling the Story of CARE (Neimand Collaborative)
- Public Comment

Welch expressed excitement that Secretary Kim Johnson was joining the morning portion of the meeting, sharing that they both had recently visited Sacramento and Alameda. She thanked those counties for their time and openness, and for providing state visitors with the opportunity to observe CARE Court proceedings. Seeing the collaborative work between judges, public defenders, county teams, and peer workers was powerful and reaffirmed that CARE is reaching the right individuals and making real impact.

She reminded the group that their role is to examine implementation, ask tough questions, and learn what's working and what isn't to elevate real-time feedback from those doing the work on the ground.

Welch acknowledged a scheduling conflict with today's DHCS meeting on BH-CONNECT and Prop 1. She emphasized the significant shifts happening across the behavioral health system, which has introduced a period of disruption and opportunity. She encouraged the group to engage in open conversations focused on what California can control, especially implementing the CARE Act to support people with serious mental illness.

Welch mentioned that Cassie McTaggart, Principal Manager of the Judicial Council, was sitting in for Salena Chao, COO of the Judicial Council. Linkins added that Dr. Emma Rasmussen with CARE Act for Fresno County was sitting in for Susan Holt.

2. Featured Topic: The Role of Public Guardians and Public Conservators in CARE Implementation

Jill Nielsen, Deputy Director of Programs, Public Administrator, Conservator, Guardian, San Francisco County

Linkins introduced Nielsen.

Nielsen expressed appreciation for the opportunity to speak about LPS conservatorship and the California State Association of Public Administrators, Public Guardians, and Public Conservators (CAPAPGPC), which primarily focuses on training its members and receives limited funding from the state. She presented a background on LPS system challenges, shared recommendations for improvements, and provided insights into the role of public guardians and conservators in CARE implementation. Nielsen covered the following information:

- LPS is a legal framework for providing services to individuals who are gravely disabled and unable or unwilling to accept voluntary care.
- The current definition of "grave disability" will change statewide in January 2026 with SB 43, which has already been implemented in some counties.
- Conservatorship is a controversial intervention, seen by some as overused, and by others as underused. Nielsen acknowledged the range of strong views on the issue.
- She encouraged a shared vision for LPS, noting the system lacks visioning. Drawing from homelessness policy, she proposed conservatorship be rare, brief, and one-time.
- Conservatorship is pursued only when it's the least restrictive option. While not currently restorative or rehabilitative, Nielsen believes the system could become both with collective effort.
- County structures vary regarding which county entity is responsible for overseeing LPS conservatorships. Data on where LPS programs are housed is limited. As of January, counties place them in Human Services, Behavioral Health, standalone departments, or

other configurations. A few counties have unique arrangements, e.g., under the Treasurer-Tax Collector, co-located with Veterans Services, or part of the Area Agency on Aging.
- In some counties, the Public Guardian oversees both probate and mental health conservatorships; in others, responsibilities are split. Probate conservatorships typically serve individuals with cognitive impairments, granting authority over both person and estate. They usually begin later in life and are lifelong.

Nielsen noted that LPS program funding varies widely, with limited statewide data.

- In San Francisco, the LPS budget is $4.3 million, about 70% of which comes from the county general fund. Staff do not bill Medi-Cal directly.
- Some counties receive Behavioral Health work orders, but this isn't consistent. Standalone departments typically rely almost entirely on general funds.
- Nielsen's colleague from a smaller county shared that standalone PG/PC departments face severe financial and operational challenges.
- Chronic underfunding limits basic functions like staffing and office supplies, even as responsibilities and service demands grow.
- Nielsen shared findings from Dr. Alex Barnard, who conducted in depth research on California's LPS system. His research highlights numerous areas for concern, including that there are no evidence-based practices specific to LPS.

Available data shows wide variation in LPS caseloads and operations across counties.

- Deputy conservator caseloads range from 80–100 in some counties; in San Francisco, they average around 50, which is still too high.
- Counties have broad discretion in accepting cases, leading to high levels of inconsistency across counties. There is also substantial variation between counties in deputy duties, qualifications, and hiring standards.
- In San Francisco, deputies are master's-level, licensed or license-eligible social workers, unlike most counties where staff typically have bachelor's degrees. Deputies perform court-mandated duties: investigations, care recommendations, psychiatric monitoring, and client advocacy.
- Initial investigations are often the only point of family contact unless the client consents later in the conservatorship process.
- Nielsen described the system itself as a core issue, built on involuntary holds originally intended in the 1960s to offer short-term care and recovery. Many clients are held beyond a 5150, eventually leading to conservatorship.
- In San Francisco, Nielsen's office petitions nearly all hospital referrals, as individuals must be severely ill to even reach that point.

Nielsen shared additional findings from Dr. Barnard's research and other reports:

- There has been a sharp decline in conservatorships since 2010, driven not by decreased levels of clinical need but by a lack of available hospital beds.
- Decision-making has been delegated to street-level actors, officers, and ER doctors; no one holds the authority to coordinate a collective "yes."

- A 2025 San Francisco Controller's report highlighted placement challenges: some clients, such as those with a history of arson, are extremely difficult to place despite being stable.
- Counties compete for scarce private beds, inflating costs and favoring private providers.
- The shrinking number of state hospital beds exacerbates the issue. Some clients with complex needs, though not incompetent to stand trial or on Murphy conservatorships, require that level of care but are denied access.
- As a result, the most vulnerable individuals, including those posing public safety risks, are often not conserved, left untreated, and end up back on the streets.
- Focus groups with providers and other stakeholders have revealed widespread agreement that the LPS system is becoming less effective. If legal tools like LPS can't be implemented, due to lack of beds or resources, they lose utility, especially for clients who can't be treated in outpatient settings.
- Currently, conservatorship has been largely excluded from California's broader behavioral health transformation, contributing to its current dysfunction.

Nielsen shared insights from her experience with SB 43 and CARE implementation.

- Nielsen thanked San Francisco City Attorney Leanne Dumas, who helped train public conservators statewide on SB 43. All counties must implement the law by January 2026, though San Francisco and some other counties have implemented already.
- SB 43 expands the definition of grave disability to include severe substance use disorder and inability to maintain personal safety and necessary medical care. Importantly, the diagnosis must cause the symptoms (e.g., wound care refusal due to psychosis).
- The updated definition applies not only to permanent conservatorship but to 5150s and all LPS holds, requiring counties to train hospital clinicians, law enforcement, and other first responders.
- Unlike with CARE, counties were given no implementation funding, and public guardian/conservator programs receive no dedicated state funding.
- California's conservatorship system has no state oversight body, and county-level PG/PC offices have no formal communication channels with DHCS, evaluation plan, or guidance from the state on evidence-based practices. CAPAPGPC and CBHDA created toolkits, but without state support, counties face major challenges taking on new mandates.
- Nielsen emphasized the link between CARE and LPS. Her office sees CARE as a potential step-down option for stabilized individuals exiting LPS conservatorships.
- Nielsen shared a slide comparing CARE, AOT, and LPS, highlighting that only qualified clinicians can refer to LPS, which uniquely allows for involuntary treatment and medication.
- In San Francisco, LPS staff refer to Behavioral Health for CARE petitions, and CARE must be ruled out as a less restrictive option before pursuing conservatorship. LPS courts can refer directly to CARE, though this hasn't occurred locally.

Nielsen shared information about the Community-Based Conservatorship model:

- Community-based conservatorship can be initiated without 5150 or 5250 holds through outpatient referrals, an approach pioneered by LA County and now being adapted in San Francisco.

- The model of community-based conservatorship shows promise, though implementation is resource-intensive, requiring coordination (e.g., public defenders for notice and defense), significant staff capacity, and technical support.
- Most individuals referred this way have declined voluntary services and are highly acute, sometimes needing brief hospital stabilization.
- In community-based conservatorships, individuals are placed in community settings like supportive housing, RCFEs, or ARFs with wraparound care.
- Due to staffing and resource constraints, many counties currently only accept LPS referrals from locked facilities. Expanding community-based conservatorships is feasible but demands sustained funding, infrastructure, and coordination. Without investment and support, counties struggle to scale this model.

Nielsen thanked the members for their time and concluded with recommendations, drawing from Dr. Barnard's research and her own learnings:

- Integrate LPS into policy and resource planning at both state and local levels.
- Provide dedicated state funding, especially for counties reliant solely on general fund dollars and vulnerable during budget shortfalls.
- Offer technical assistance to counties implementing SB 43, beyond the training currently offered by CBHDA and CAPAPGPC.
- Establish a robust research agenda to identify when conservatorship is effective, how it should be used, and to develop evidence-based practices.
- Invite researchers into the conservatorship space; current evidence-based practices (e.g., BH-CONNECT) are inaccessible to public guardians not co-located with behavioral health.
- Create grant programs to help counties pilot innovative or promising LPS practices, especially community-based models.
- Reestablish a unit within DHCS to go beyond data collection and actively monitor local resource gaps, system-level problems and high-cost cases impacting behavioral health and acute care systems.
- Ensure regulatory protections for individuals with complex needs who are often denied care due to behavioral histories.
- Reframe conservatorship as a rare but necessary entitlement. Brief, one-time, and grounded in evidence-based practice.

Linkins thanked Nielsen for her presentation and for helping the Working Group gain a shared understanding of the system, noting how complex the process is.

Working Group Member Q&A:

Secretary Kim Johnson shared that she had the privilege of visiting two communities in April to observe CARE implementation and hear directly from partners. She emphasized the importance of learning what's working, what isn't, and identifying gaps, especially in the connection between CARE and conservatorship. She thanked Nielsen for highlighting these issues and noted that understanding the continuum is critical to finding person-centered solutions.

Welch thanked Nielsen. She emphasized the importance of truly understanding the system and encouraged others to review the presentation. Drawing from her experience working with justice-impacted individuals, she acknowledged how difficult it is to find placements for people

with criminal records, noting this as a persistent form of discrimination. She reflected on how the full spectrum of LPS holds is often oversimplified under the term “conservatorship,” and highlighted the misconception that conservatorship equals permanence, when in fact, a “permanent” conservatorship is a one-year term. Welch stressed that individuals on conservatorship remain part of the community, and the CARE Act was inspired by the belief that every person can and should have the resources and support they need to live in the community.

Welch asked Nielsen to describe the caseload breakdown between LPS and probate conservatorships in a typical Public Guardian’s office, and how it impacts the pressures on the office.

- Nielsen explained that in San Francisco, LPS and probate conservatorships are run as separate programs with different legal counsel. LPS staff are license-eligible and carry average caseloads of about 50, though some reach 65–70. For clients in permanent supportive housing, caseloads are capped closer to 25–30 due to higher needs. In other counties, deputies may only perform court-related duties and carry up to 100 cases. She emphasized that without dedicated state funding, it’s hard for counties to maintain manageable caseloads and there’s wide variation statewide.

Ivan Bhardwaj reflected on how structural changes, such as the dissolution of the Department of Mental Health and the absorption into DHCS, have led to more diffused responsibilities. While this has allowed workload to be shared across programs, it has also created silos. He asked Nielsen to elaborate on what the state LPS liaison role looked like in 2012 and what she envisions that role, or perhaps a team, could be today to better support counties, given that LPS responsibilities now intersect multiple program areas at the state level.

- Nielsen thanked Bhardwaj for being open to feedback and clarified that she wasn’t in her role in 2012, so her understanding of the prior LPS structure comes from Dr. Barnard’s research. While she isn’t suggesting things were working well back then, she emphasized that today, counties essentially receive zero state-level support. She noted DHCS doesn’t even maintain an email list for LPS offices and that key communications, like the SB 43 Behavioral Health Information Notice, weren’t shared with their offices or association. Nielsen shared a past example from APS, where a single, Governor-appointed liaison made a significant difference by providing communication, coordination, and policy expertise. She suggested that even starting with one dedicated LPS liaison at the state level could help counties identify problems, share promising practices, and support implementation efforts.

Hon. Ebrahim Bayteigh raised a question regarding how counties can better support transitions from LPS proceedings to the voluntary, collaborative framework of CARE Court. He emphasized that while CARE is designed to prevent or step down from conservatorship, many of the same legal teams (County Counsel, Public Defender) serve in both processes, which may create barriers in shifting mindsets from adversarial to collaborative. He also asked about training for attorneys and staff to support this transition and how counties can better identify clients ready for CARE.

- Nielsen responded that San Francisco is actively reviewing its LPS caseload to identify clients appropriate for CARE, especially those voluntarily engaging in treatment or living in non-locked settings. While progress is being made, she acknowledged the county

faces challenges. One common barrier is facility policy: some unlocked settings require a legal decision-maker and won't retain clients once conservatorship ends. Nielsen emphasized the importance of client engagement and the need to refer to CARE when individuals are ready to participate voluntarily in their care.

Lauren Rettagliata emphasized that conservatorship can be effective and has helped individuals recover with treatment. She urged state leaders to address the lack of funding and support for Public Guardian offices, calling it an abdication of responsibility. She added that while the goal of conservatorship may be to make it rare and brief, she stressed that for individuals with severe, recurring psychosis, that's not always realistic. She urged earlier intervention when necessary, not just as a last resort, and called for stronger collaboration with psychiatrists in CARE to assess respondents' decision-making capacity. Rettagliata also highlighted the need for more high-quality treatment facilities and expanded use of evidence-based practices like ACT to ensure those under conservatorship receive the care they need.

Amber Irvine asked if San Francisco has received any 5200 evaluation orders and how they are handled.

- Nielsen responded that they've received a few, mostly for individuals in custody with public safety concerns, and they are extremely difficult due to placement challenges. Her team coordinates with jail health for evaluations and discharge planning, but suitable placements are scarce. A recent San Diego court case emphasized the urgency of moving individuals once charges are dropped, adding pressure. Though rare now, Nielsen expects more 5200 orders and is concerned about managing increased volume.

Bill Stewart asked if there's a connection between the elimination of the State LPS liaison role around 2012 and the decline in LPS referrals.

- Nielsen said both references came from Dr. Barnard's book and noted it was difficult for researchers to analyze data then due to the lack of state data. She couldn't confirm a direct link, though said 2011 realignment may have played a role. While community-based treatment has expanded, conservatorship hasn't received similar attention or resources, despite ongoing need for it in a small subset of individuals.

Welch asked what data the State should collect to better understand how conservatorship influences client outcomes, particularly in relation to CARE and Proposition 1 goals like reducing institutionalization.

- Nielsen responded that it's unclear from SB 929 data whether individuals are being counted more than once, which makes interpretation difficult. She suggested that understanding re-referral rates after conservatorship would be a strong tool to measure outcomes. Most counties use private vendor systems to manage conservatorship data, but access and functionality vary. She said that her team only has read-only access to behavioral health data and cannot run analytic reports. She suggested that a broader study on how counties collect and use conservatorship data would be valuable.

Welch emphasized that the frequency of 5150 and 5250 holds, especially for individuals with schizophrenia, signal that CARE could help break that cycle of repeated hospitalizations.

Chantal from Placer County asked whether it's better for Behavioral Health Services to file CARE petitions, noting concerns that when conservators file, the process may take longer.

- Nielsen responded that while she couldn't speak to the court process in detail, San Francisco has a protocol where all referrals go through the Behavioral Health Department, as they are best equipped to compile CARE petitions. Her office collaborates closely with them to determine the best fit for clients. For more specifics, she recommended reaching out to City Attorney Leanne Dumas.

3. Implementation Updates and Discussion: The Alameda CARE Approach

Representatives from Alameda County

Linkins introduced representatives from Alameda County, including Hon. Sandra K. Bean, representatives from Behavioral Health, contracted providers, and Roberta Chambers, PsyD, who was brought on by the county as an external consultant to support CARE implementation. Linkins invited panelists to introduce themselves and share one insight about CARE implementation they wish they had known a year ago.

- Roberta Chambers, PsyD, Founder of the Indigo Project, shared that her team has been supporting Alameda County's CARE planning and implementation by facilitating conversations between partners and community stakeholders, documenting processes, and conducting early data analysis to estimate the eligible population. Reflecting on lessons learned, she said she wished they had better anticipated not just how many people might be eligible, but the pace at which individuals would enter the system, a factor that would have helped with planning and resource allocation.

- Renee Pace, Program Specialist with Alameda County Behavioral Health, shared that she supports CARE by tracking incoming petitions and inquiries from providers and agencies, coordinating engagement efforts, and working closely with her team. Reflecting on lessons learned, she echoed Dr. Chambers' point, wishing she had known how quickly petitions would start coming in. She said that as of that morning, Alameda County had received 77 CARE Court petitions.

- Kara Palmer, Senior Program Specialist with Alameda County Behavioral Health, shared that she recently transitioned to Behavioral Health six months ago from being a supervisor in the Public Guardian's office. She echoed Dr. Chambers and Pace, noting that receiving 80 CARE Court petitions within six months, some of which have been dismissed or closed, was an unexpectedly high volume. She emphasized that while it's been a challenge, it's also been a positive outcome.

- Hon. Sandra K. Bean, Supervising Judge at Alameda County Superior Court, shared that the court began working on CARE implementation in August 2023. She praised the coordination by Dr. Chambers and her team. With over 18 years on the bench and prior experience as Deputy County Counsel representing the Public Guardian and Adult Protective Services, Hon. Bean brings relevant background to the role. She noted that the most surprising challenge has been the difficulty in getting participants to appear in court and engage, but once individuals do come to court, the collaborative support proves beneficial. She expressed concern about holding CARE Court in a traditional criminal courthouse, which may not feel welcoming for participants. While efforts have been made to make the space more inviting, Hon. Bean stressed the need to explore alternative, more appropriate settings for CARE Court statewide.

- Nicole Avshalomov, Bay Area Community Services (BACS) CARE Program Manager, shared that she wishes she had known how impactful CARE would be. She noted that they've worked with some of the most decompensated clients she has seen and successfully supported them with psychiatric and outpatient care. As a result, many have become stable enough to engage in services consistently.

Linkins asked the panel what process improvements and other adjustments they've made since launching CARE Court in December.

- Hon. Bean shared that judges in Alameda County began meeting in August 2023 to discuss CARE Court. Initially around 12 judges were involved but over time the group narrowed down to just Judge Sorin and herself, both of whom remained committed to launching CARE in the county.
- Dr. Chambers shared that while there haven't been major overhauls since Alameda's launch of CARE, the team has steadily refined processes like improving housing referrals and expanding the CARE alert system to more locations. She emphasized strong collaboration from the start, a clear focus on participant needs, and the benefit of learning from Cohort 1 counties, especially regarding forensic involvement.
- Pace shared that a key improvement has been streamlining meetings. Initially, the CARE team met daily with BACS and the public defender, but now they meet twice a week, focusing only on key updates. This change has freed up more time for the team to engage with participants in the community.
- Stephanie Regular, Assistant Public Defender in Alameda County, shared that she had expected a smoother transition from criminal court to CARE but noted this has been the slowest part of the rollout. A major challenge that remains is bridging clients from the criminal legal system into CARE while maintaining confidentiality and ensuring participation remains voluntary, which is essential for building trust and supporting ongoing engagement even when clients struggle.

Linkins invited the panel to elaborate on their approach to petitioning. She said that during CalHHS' recent site visit to Alameda, it stood out that Behavioral Health had centered equity in their petitioning strategy, something not commonly seen in other counties. She encouraged the team to share more about how that focus shaped their approach.

- Dr. Chambers explained that during early planning, Alameda County weighed Behavioral Health's role in filing and explored how CARE could serve as a diversion from the criminal justice system. Stephanie Montgomery, the county's Health Equity Director, emphasized the need to reach individuals who don't have family or loved ones available to file petitions, especially those caught in the justice system. As a result, the county decided to prioritize outreach to petitioners most connected to individuals who would benefit from CARE and developed workflows to support these petitioners. Hon. Bean also pushed the team to follow through with broad outreach. As a result, the county trained around 300–450 staff, first responders, mobile crisis teams, FSP providers, and others likely to interact with eligible individuals, to ensure equitable access to the CARE process.
- Hon. Bean emphasized that many CARE petitions in Alameda come from first responders, who often have extensive contact and insight into individuals' mental health needs. She shared a recent example where a family struggled to complete a petition, and a first responder who knew the individual stepped in and filed on their behalf. Hon. Bean highlighted this as a strong example of how the system can bridge gaps.

Working Group Member Q&A:

Tim Lutz asked about Alameda's outreach and education strategies with community stakeholders, especially first responders. Lutz shared that in Sacramento, referrals have been lower from cities than expected despite early interest, possibly due to paperwork barriers. They're working to streamline the process and are exploring a model that embeds a clinician within EMS teams. He also reflected on the ongoing challenge of stepping individuals down from conservatorship and asked how Alameda is approaching that.

- Pace shared that she and a colleague conduct a "road show" to educate first responders on IHOT, AOT, and now CARE. After noticing many petitions from first responders, they proactively offered support and built strong collaboration. So far, 16 CARE petitions have been filed by emergency responders. Pace said her team actively collaborates with first responders to determine whether a CARE petition is appropriate or if other resources may be better. They also help verify individuals' identities when limited information is available, maintaining open communication to support responders through the process.
- Dr. Chambers shared that education for community stakeholders, including cities and first responders, was ongoing throughout planning. Early efforts focused on foundational information about CARE and its potential impact, followed by tailored trainings closer to launch. These included overviews of county processes and FAQ-style sessions adapted for different audiences (e.g., clients, families, first responders, providers). They also met multiple times with city managers to ensure first responders were informed. She noted existing collaboration with agencies like fire departments and EMS mobile crisis teams helped build momentum.

Linkins asked Hon. Bean how she handles incomplete petition forms, especially considering challenges first responders face with Form 101, which requires clinician input. In jurisdictions without co-response teams, this can be a barrier.

- Hon. Bean shared that she takes a flexible, holistic approach when reviewing CARE petitions. While the Form 101 requirement is part of the process, she prioritizes whether the individual appears to meet diagnostic criteria based on the information provided. If petitions are missing information, her clerk contacts the petitioner to fill in gaps. Unlike the County's stricter probate procedures, CARE petitions are treated with more leniency to avoid creating barriers. She emphasized collaboration with Behavioral Health staff to assess eligibility and ensure appropriate follow-up.
- Palmer added that she reviews every CARE Court petition submitted in Alameda County. When petitions are missing details, like diagnosis, her team works to gather and share that information with Hon. Bean. Only one petition so far required amendment before filing, with Hon. Bean playing a key role in that process. She also noted that no petitions have been received from the Public Guardian or criminal court system. Most petitions to date have come from Behavioral Health and the community.
- Hon. Bean emphasized the need for educating judges about their ability to refer individuals to CARE Court—a gap they plan to address. She also expressed surprise that no petitions have come from the Public Guardian, especially given that some individuals in facilities like Villa Fairmont might have been on a temporary conservatorship. She noted this as a key area for future focus and outreach.

Welch observed that Alameda appears to have created a hotline-like support system for petitioners, offering direct assistance with CARE petitions, especially for non-family members who can't use self-help centers. She acknowledged this level of support is rare, likely resource intensive, and asked for more detail given how often other counties report the petition process is confusing and burdensome.

- Pace clarified that it's not a formal hotline, but rather ongoing outreach and education to community partners like first responders and homeless outreach teams about CARE criteria and the petition process. For contracted providers, they offer support on specific inquiries when they're considering filing a petition.
- Hon. Bean clarified that Alameda County does not restrict self-help services to family members—any petitioner, including first responders, can use them. The court has prioritized accessibility from the start, recognizing how intimidating forms can be, and even court staff like her clerk assist when possible.

Welch followed up by highlighting Alameda's strong relationship with its county-operated acute psychiatric hospital, which stood out during the recent site visit. She asked the panel to share more about how that hospital partnership works in practice.

- Palmer explained that her prior roles as a conservator and supervisor with Adult Protective Services allowed her to build strong relationships with staff at the county's acute hospitals. These connections have made it easier to coordinate care for clients, especially those hospitalized under 5150 or 5250 holds or needing a higher level of care. She's able to communicate directly and quickly with hospital contacts to discuss potential CARE petitions or client needs, which has helped maintain a smooth, collaborative process.

Dr. Warburton commended the collaboration among stakeholders and how challenges are addressed collectively in Alameda County. She noted early reports from Cohort 1 counties showed a high rate of petition dismissals and asked whether Alameda is experiencing the same. She also inquired about the clinical services available to CARE participants, whether they are sufficient, and if there are gaps in services the county wishes it could fill.

- Regular shared that Alameda County has avoided many petition dismissals by allowing time for engagement rather than rushing timelines. She praised Hon. Bean for appointing public defenders at prima facie, enabling early involvement and collaboration. BACS facilitates warm introductions to the public defender, which has helped clients initially unwilling to participate eventually engage successfully.
- Hon. Bean emphasized that dismissals only happen when someone clearly doesn't qualify, such as lacking a qualifying diagnosis, and not due to impatience. She echoed Regular's point, noting that while the statute may imply a quick process, in practice, CARE cases require a slow, deliberate approach.
- Avshalomov shared that their team provides full FSP services from the start, including housing, medical support, and psychiatric care. This flexible, client-centered approach has been key to their success. A major challenge remains the limited coordination between SUD and mental health services, despite most clients having co-occurring conditions. She also highlighted the power of persistent outreach and lived experience on the team, especially their SUD specialist, whose background allows her to connect meaningfully with clients and support them on their terms.

Linkins asked how Alameda is managing the high volume of CARE petitions, especially given the intensive clinical needs and time required for persistent outreach.

- Avshalomov shared that the team is managing caseloads week by week as the program evolves. While urgently needing more staff, they're committed to hiring thoughtfully given the intensity and specificity of CARE work. She acknowledged the team is stretched thin, but she and her supervisor are deeply hands-on, helping with assessments and court documentation, so staff aren't carrying the burden alone.
- Palmer shared that she and Pace support BACS by gathering background information to help build rapport with clients, often speaking with family members, reviewing documentation, and identifying what's meaningful to the individual. Their goal is to ease BACS's clinical burden by fielding inquiries and providing context that informs engagement. She highlighted the broader team's strength who quickly mobilize resources like housing and motel vouchers to help BACS focus on the clinical work.
- Avshalomov echoed Palmer's comments, expressing deep appreciation for the strong collaboration and support from the county.
- Regular shared that the public defender's office chose to assign one attorney exclusively to CARE, rather than splitting duties with LPS or other collaborative courts. While there was initial concern that caseloads may be too low, the volume has grown to about 70 cases. This focused approach has enabled the attorney to prioritize client engagement and conduct outreach directly in the field.
- Pace added that beyond client engagement, the team also carries a significant documentation and reporting workload, including status reports, agreements, and investigations. To help manage this, they've worked to streamline these documents, making them quicker and easier to complete while still meeting requirements.

Irvine shared that in San Diego, expediting housing placements has been a challenge since their housing resources are tied to FSP and thus come later in the CARE process. Irvine asked what specific housing resources Alameda is using and how they are funding them.

- Avshalomov shared that they offer immediate access to bridge housing and hotel vouchers, which help transition clients into interim or long-term housing. They also begin FSP enrollment early for more intensive support. Their agency has partnerships with SROs and other housing options, allowing them to quickly place clients based on their needs, even if it's temporary.

Welch mentioned that she was impressed on their site visit that Alameda's housing service coordinator was present in the courtroom during discussions about the client's housing. The exchange between the public defender, judge, and CARE team was excellent, especially as the client had concerns about living in certain areas that could affect their sobriety. She said that having someone with knowledge of available housing options right there made the process much more effective in finding the right solution.

- Dr. Chambers explained that Alameda County's Housing and Homelessness department administers bridge housing and other resources, including coordinated entry. The bridge housing coordinator at court has access to a full range of resources, allowing them to quickly find solutions. BACS also runs programs connected to coordinated entry,

providing additional integration with existing housing systems they can leverage for CARE clients.

Roberto Herrero asked if participants are screened for veteran status and whether there's engagement with the VA or County Veteran Service Office to support them.

- Pace said they currently do not screen for veteran status, but if that information is available, it is tracked. So far, no participants have been identified as veterans.

Dr. Clayton Chau asked whether Alameda has considered referring CARE participants to recuperative care, since individuals with Medi-Cal may qualify through their health plan.

- Palmer shared that recuperative care hasn't come up for their team yet. They recently received a petition for someone with high medical needs and are exploring services through the managed care plan, but that case is still new.

Jodi Nerell shared that Sutter launched a petitioning pilot through the Herrick inpatient unit and appreciated the partnership with Alameda County Behavioral Health. She asked what types of housing CARE participants most often request.

- Dr. Chambers responded that there were few requests for room and board or congregate settings, with most preferring their own room or private locations.
- Hon. Bean responded that people want permanent, stable housing. While some interim housing exists, she and the public defender agree they prefer to avoid shelter-type housing and aim to provide opportunities for permanent housing.
- Avshalomov replied that while the goal is always permanent housing, the quantity of available single rooms is limited. They coordinate with a Forensic Reentry team at the courthouse to support clients in getting long-term housing, but interim housing is used as a step to help clients adjust from homelessness to being housed. She noted some clients need board and care for medication support, though many resist it. The challenge is balancing clients' needs for single rooms with available placements.

Linkins asked panelists to conclude by sharing one or two success stories.

- Avshalomov shared a story about a client who was unsheltered at the time she was petitioned. After several months in CARE, she secured permanent housing, receives medication management support, and is now stable and happy.
- Dr. Chambers shared a success story from the day of the CalHHS site visit: A client arrived at court with gardening tools that couldn't go through the metal detector, causing a delay. Hon. Bean and the public defender stepped in, with Hon. Bean offering to store the tools during the hearing, which built trust with the client. This small but meaningful act showed the team's dedication and how everyday efforts contribute to success.
- Palmer added that Hon. Bean bakes cookies for the courtroom, creating a warm and welcoming environment.

Linkins concluded the panel by noting that Hon. Bean was modest about her courtroom accommodations. Observers had seen flowers, donuts, cookies, Easter baskets, and parting

gifts. She asked each respondent what they needed and offered them gift cards. This thoughtful approach made the entire process feel unlike other courtrooms.

Updates from Neimand Collaborative

Linkins introduced Sarah Hutchinson from the Neimand Collaborative to present updates.

Hutchinson shared two videos that highlight successful county practices and reminded the group of key insights from earlier focus groups that Neimand has used to shape the development of CARE messaging with counties and partners. Learnings from those focus groups and other listening sessions consistently highlighted the value of collaboration in CARE and a shared motivation to make CARE work. She said that storytelling has remained central to their approach and that sharing court stories, like Hon. Bean's, helps address concerns about the CARE court process. Focus groups also revealed the importance of recognizing that stakeholders, including county staff and clients, have different perspectives and are at different stages of implementation. Hesitancy about CARE raised by focus group participants often stemmed from concern for clients, not opposition to CARE.

Hutchinson acknowledged that there is strong interest in hearing client stories, though today's videos focus on implementers. Capturing client voices remains a goal for the future. She said that since their last presentation to the Working Group in February, Neimand has been busy developing new videos, and she thanked the counties that contributed their time. Four videos have been developed so far, each with both long and short versions, making a total of eight. One video is an overview featuring voices from all three profiled counties, and the others focus individually on San Diego, Riverside, and Fresno.

Hutchinson played two of the new videos for the group: The CARE Act at Work and Fresno County's profile. All videos can be found on the CalHHS CARE website: CARE Act - California Health and Human Services. She said the goal is to make these stories available for wider distribution.

Hutchinson invited anyone to connect with her if they are interested in Neimand developing a video highlighting their county. The Neimand team is currently working to release the initial four videos, likely alongside the annual report. A toolkit will accompany the release, including video links, social media graphics, sample posts, and suggested copy for emails or newsletters to make sharing easy. She welcomed feedback from the group on who to share the videos with to maximize their reach and on any additional tools or resources that may be helpful for Neimand to share with counties as part of their toolkit.

Working Group Member Q&A

Welch expressed excitement about the video rollout and that she has many ideas for future videos. She emphasized that the videos should be paired with clear context, explaining why the viewer is watching, what they can do with the information, and how to get further training or support. Those working in the field, she noted, likely have a strong sense of what information viewers will need, and incorporating that context will be critical when the videos are released.

Stewart said the videos look great and suggested that content be appropriately presented to engage people with short attention spans and tailored to a variety of audiences.

- Hutchinson noted that she had shown two longer cuts but confirmed shorter edits will be available for social media sharing.

Jennifer Bender, Supervising Deputy Public Defender in Riverside County, suggested creating a future video to show prospective respondents what to expect from the process.

Emma Rasmussen from Fresno County suggested creating a brief introductory video. She noted that while some groups are familiar with the CARE Act, many, like business organizations, are not, so a simple overview would be helpful.

Deputy Secretary Welch suggested creating a simple cartoon-style video to explain what CARE is. She noted that such visuals, used often in political campaigns, are more engaging and can convey concepts like collaboration more clearly than words alone.

Beau Hennemann emphasized the importance of broadening the target audience to anyone involved in healthcare, physical or behavioral. He suggested the cartoon idea could help by clearly illustrating who benefits from CARE. He noted the videos lacked this high-level connection, which is crucial for those unfamiliar with CARE who won't spend hours researching it. He recommended starting with a simple story showing how CARE supports people, making it easier for a wider audience to understand and relate.

Linkins concluded by thanking Hutchinson for the presentation.

4. Implementation Update Part 2: CARE Act Respondent's Counsel

CARE Act Respondent's Counsel

Linkins introduced the following panelists to discuss the role of respondent's counsel in CARE.

- Jennifer Bender, Supervising Deputy Public Defender, Riverside County
- Katrina Steiner, Attorney, San Mateo County Private Defender Program
- Kellie Simon, Deputy Public Defender, Alameda County
- Stephanie Regular, Assistant Public Defender, Alameda County

Regular thanked Deputy Secretary Welch for including public defenders in the Working Group, emphasizing their critical role in the CARE process and the unique perspectives they bring. Regular invited Bender, Simon, and Steiner to share insights from their counties.

Bender introduced herself and shared an overview of her office's role in CARE in Riverside County:

- Bender has been with the Riverside Public Defender's office for nearly 17 years, primarily representing LPS clients. She volunteered for CARE when Riverside County joined Cohort 1. As the fourth largest county in California by both geography and population, Riverside faces unique challenges due to its size and spread, which shaped how they structured their local CARE team. Her office assigned two dedicated attorneys, including Bender, to serve CARE clients, along with a paralegal and four Social Service Providers who are skilled at building trust and rapport. Team members were selected based on their ability to positively engage with clients.
- The team uses trauma-informed interviewing to help clients feel at ease and keeps interactions informal by dressing casually. While court is held in a formal, quiet, and

confidential setting, clients meet privately with the team beforehand in a dedicated room to increase comfort. They prioritize flexibility whenever possible, using Wi-Fi hotspots to support video court appearances from a range of locations when clients are unable or unwilling to attend in person.

- To simplify communication, staff share a single cell phone with one phone number printed on business cards for clients. The team can text the clients with court reminders, appointment updates, or document requests, which has helped build trust and improve engagement.
- Many clients have open criminal cases, raising concerns about maintaining CARE as a voluntary, non-coercive process. She emphasized the need for a holistic approach, helping clients avoid graduating from CARE only to face unresolved warrants. Her team walks a fine line, offering help with legal issues only when clients are ready, but often clients eventually want support with their criminal cases once trust is built.
- Bender pointed to challenges with LPS step-down coordination in Riverside. Communication gaps between the Public Guardian's long-term care team and the CARE team have made it difficult to know when an LPS client is being considered for step-down through CARE, limiting opportunities to support those transitions.

Simon said that in her current role in Alameda County, she is solely dedicated to CARE, which has allowed her to focus on building the court, refining processes, and developing strong relationships with partners and clients. She's expressed her strong support of the CARE Act, noting that it's hard to fully understand its value without witnessing it firsthand. She shared the following information on Alameda's process and approach:

- The Alameda County Public Defender's Office serves as counsel for CARE Act respondents, though court-appointed attorneys are used when conflicts arise.
- Partners in Alameda share the desire to develop CARE agreements rather than CARE plans, which she believes is a major strength.
- When engaging with new CARE clients, she introduces CARE by highlighting available supports, housing, benefits, treatment, and more, emphasizing that the goal is to ensure clients are truly cared for. Simon stressed the benefit of counsel being appointed early in the CARE process, at prima facie, which allows her to be flexible with timelines and involved from the start. Strictly following statutory timelines, she noted, would likely lead to more petition dismissals.
- Thanks to strong collaboration in Alameda County, with Hon. Bean, Behavioral Health, and BACS, delays are understood and intentional. Warm handoffs from treatment teams are valuable to build trust with clients and allows her to begin advocating for client needs, such as housing, even before the initial hearing.
- Simon noted that like in most collaborative courts, there's a reluctance to rely on court orders out of concern they may set clients up for failure. While more treatment might help, mandating it can feel punitive, so voluntary engagement is preferred.
- To advocate effectively, she needs to know everything about the client's needs and goals. That means meeting them in their own space, having informal conversations, and staying updated through consistent contact from community outreach workers. This approach helps shape meaningful CARE agreements, knowing what to include, what to avoid, and how to best support each client's success.

Steiner introduced herself as an attorney with the San Mateo County Private Defender Program, noting the county's unique structure, relying on a private defender program rather than a public defender's office. She provided the following overview:

- In San Mateo, CARE representation is split between Legal Aid and the Private Defender Program. Her office handles CARE cases involving Penal Code §1370 (incompetent to stand trial) and those with LPS involvement, with two attorneys assigned to these cases. Most other CARE cases go to Legal Aid.
- Steiner primarily handles 1370 cases, including those referred by behavioral health or directly from the Department of State Hospitals, which can be complex.
- She emphasized the importance of early, consistent engagement, meeting clients where they are, whether on the streets, in hospitals, jails, homes, or even coffee shops, and working closely with BHRS and criminal defense attorneys.
- For 1370 clients, she helps develop CARE agreements that support their release from jail with a warm handoff to BHRS, housing, and services. When successful, this often leads to the dismissal of their criminal case.
- Steiner stressed that while navigating the intersection of CARE and criminal court can be complex, collaboration, information-sharing, and client-centered flexibility are key in meeting clients' unique needs and empowering them to lead their own process.

Working Group Member Q&A:

Regular opened with a question addressing the common criticism that CARE lacks an enforcement mechanism. She referenced previous points made about the voluntary nature of the proceedings and emphasis on CARE agreements and asked the panel to speak to why it's important that CARE remain a voluntary process from the perspective of client counsel.

- Bender responded that this population is not new to behavioral health and have often had negative past experiences with the system. There's little that can be used to "threaten" them into care, and research shows coercion doesn't work. Instead, CARE offers a different approach: presenting a menu of services and focusing on relationship-building through creativity and respect.
- Simon added that simply ordering this population to comply is ineffective. Instead, the model works because of consistent outreach, support, and client buy-in. She shared that clients who had long refused services are now taking medication and accepting help, not because they were ordered to, but because they felt supported and CARE gives them a sense of connection and community.
- Steiner shared that she has found the voluntary nature of CARE to be a strength rather than a problem. All of her clients have engaged in some way, and she believes being able to choose the support they want empowers them. She emphasized that it's hard to build genuine relationships under a mandatory model, and that the voluntary approach is exactly what makes CARE so effective.

Welch noted that a key but often overlooked aspect of CARE is the court's ability to oversee service delivery and ensure counties are held accountable if services aren't provided. She emphasized that CARE is meant to be a two-way accountability system: if clients are expected to engage, the service system must meet its obligations. She asked whether panelists have encountered challenges and whether the system is effectively supporting accountability on both sides.

Regular asked the panel to speak to the difference between pursuing a CARE agreement for the benefit of the client versus pursuing one primarily to meet the goals of behavioral health.

- Bender noted that the CARE Act exists because collaboration alone wasn't enough, systems were falling short. While most partners have good intentions, challenges like

limited housing or hard-to-place clients sometimes require gentle pressure. She emphasized that counsel's role isn't to be overly litigious but to advocate for appropriate services. If issues arise, they address them thoughtfully and collaboratively, though formal action can be pursued if necessary. She added that while their CARE Court is welcoming, its formal setting reinforces accountability and the seriousness of the process, which can be meaningful for clients.

- Simon emphasized that the court's ability to order services shouldn't come with negative consequences for clients. Tying service delivery to penalties could force attorneys to warn clients about potential risks, which undermines trust and participation. She shared that in Alameda, the court issues collaborative, non-punitive orders, such as requesting updates from the county within 30 days, without threatening sanctions. Everyone shares the goal of supporting clients, even if they differ on how to get there.

McTaggart clarified that the court does oversee CARE agreements, not just CARE plans, and that once approved, they are enforceable. She also reaffirmed that counsel must be appointed at the prima facie stage, in case there was any uncertainty.

- Regular noted the importance of collaboration, noting that in Alameda, there's a balance between giving the county time to engage with clients and wanting CARE agreements signed early so the court can begin ordering services. She identified a potential gap in the legislation regarding what the court can enforce during the engagement phase.
- She emphasized how much personalities matter in CARE's success, sharing that while she is motivated to push for county sanctions at times, Simon helps steer the conversation toward collaboration first. She also highlighted a key benefit of CARE compared to LPS: it gives public defenders a mechanism to ask the court to hold the county accountable.

Warburton asked whether any panelists have seen individuals enter CARE through the SB 1323 pathway, where, if someone is likely to be found incompetent on a felony, the judge must consider a CARE referral. She also asked if there are suggestions for streamlining this process, acknowledging the complexities of navigating CARE within the criminal legal system.

- Bender shared that they receive many referrals under Penal Code §1370.01, which allows judges to refer individuals found incompetent on misdemeanors to CARE. However, she flagged that statute requires dismissal of the criminal case once the person is "accepted into CARE" but doesn't define a specific point in the process. She also noted the lack of clarity around who is responsible for notifying the criminal court about the person's CARE status. Additionally, she said that public defenders are cautious about sharing information for clients found incompetent, as they cannot give informed consent. This creates a significant legal gray area they are forced to navigate carefully, despite the risks.
- Steiner agreed with Bender, noting the ongoing confusion about when someone is officially "entered into CARE." She typically argues it's early in the process to help secure dismissal and release and has been fortunate to work with a judge who interprets the statute in favor of the client. In San Mateo, the same judge handles both CARE and 1370 cases, which greatly simplifies coordination. Challenges mainly arise when the DA or defense attorney isn't present, requiring careful handling of what can be shared. She added they haven't seen CARE petitions come directly from SB 1323.
- Simon shared that in her county, the SB 1323 process has largely ineffective. There are few incompetency cases, and judges may be hesitant to find that referral to CARE is in the interest of justice. She also described cases where a person may have appeared incompetent at arrest, but by the time the CARE petition is filed, they're stable and no

longer meet incompetency criteria. In one instance, experts confirmed a client was doing well, but because the case didn't come through the standard 1370 route, there was no clear way to dismiss the criminal charges. She emphasized the need for a better mechanism to resolve these cases beyond narrow IST pathways.
- Regular noted that a challenge with the IOJ determination is the court's reliance on CONREP evaluations. In over 95% of cases, CONREP recommends inpatient treatment. This makes courts hesitant to refer to CARE, especially because it differs from the compliance-focused approach they're used to.

Rettagliata thanked Regular for highlighting the importance of CARE plans and county accountability. She emphasized that respondents cannot "fail" CARE Court, it's not their responsibility to ensure treatment works. If a plan isn't effective, it signals a gap in the system, not a failure of the individual. She praised the CARE Act and Proposition 1 for pushing counties to improve their behavioral health infrastructure and build a more responsive system. Rettagliata also thanked Bender for innovative practices like using Wi-Fi hotspots to reach clients where they are. She hopes other counties adopt these approaches and see the development of CARE plans as a step toward strengthening the entire system.

Regular reiterated that a CARE plan is not required for the court to order services; the court can issue orders based on the CARE agreement alone. She then asked the panelists, many of whom have experience in collaborative courts or LPS, to reflect on how the services provided through CARE compare to those in other systems they've worked in.

- Bender shared that CARE has significantly improved access to services for her clients. For example, clients are now able to access FSPs, which were often limited to justice-involved individuals. CARE has helped move clients to the front of the line, connecting them quickly to psychiatry, peer support, and wraparound services the same day they're ready to engage. She also said that her office has helped justice-involved clients without benefits or housing file CARE petitions for themselves, giving them agency and quicker access to support upon reentry.
- Simon described the difference made by CARE as "night and day" compared to other systems. CARE clients receive immediate, wraparound support, no waitlists, no showing up to court alone. Providers accompany them to appointments and court, and clients can be housed the same day they agree to participate, sometimes even the night they're engaged. She shared a story of a man still thanking the team for "saving" him after getting him off the street. She also emphasized the holistic support her office provides CARE clients, including immigration attorneys and a legal assistant partnering with Clean Slate to help clear old records. Clients also get assistance to dismiss old tickets, fines, fees, and low-level misdemeanors. Her office actively monitors criminal cases to prevent warrants, ensuring clients leave CARE without lingering legal barriers.
- Steiner, who also handles the LPS calendar in her county, highlighted a stark contrast between LPS and CARE Court. In CARE, the approach is highly individualized, with abundant support and a wide range of people showing up to provide coordination. In LPS Court, by contrast, the focus is much narrower, with little attention to broader supports or personal needs. She emphasized how CARE feels more effective, especially because it meets clients where they are. Steiner regularly travels to clients' homes or placements for court appearances, believing it's critical to reduce pressure on clients to come into the courthouse.
- Simon shared that Hon. Bean recently discussed launching a mobile court for clients who are unwilling or unable to come to court, essentially bringing the court to them.

Irvine emphasized that CARE places clear accountability on county behavioral health. She noted the "Black Robe effect" isn't on the client, but on behavioral health staff, who treat CARE agreements as binding, even without formal plans. At the same time, she shared that many clients actually find court empowering. Some even request to stay in CARE Court beyond the initial year because they value having a judge in their corner, advocating for their needs and holding the system accountable. Irvine also asked for grace toward behavioral health teams who are constantly triaging emergencies. CARE participants often have complex needs, including substance use, homelessness, and justice involvement. She said the commitment is there, but it's critical to acknowledge the challenges of delivering care in a strained system.

Stewart acknowledged the dedication and compassion shown by panelists and Working Group members, but raised concerns about language used during the discussion, specifically, the repeated reference to clients as "these people." He emphasized that such phrasing is stigmatizing and asked for increased attention to using respectful and person-centered communication. He also expressed appreciation for Bender's mention of cultural considerations and urged continued awareness of cultural factors as CARE expands. While recognizing workforce limitations, Stewart encouraged ongoing growth in culturally responsive services and language as a key part of building a more inclusive, supportive system.

Linkins closed the panel portion and expressed deep appreciation to all the panelists, noting how valuable it was to hear directly about their roles. She acknowledged that their approach and anecdotes truly exemplify what meaningful collaboration looks like: a genuine cross-sector effort to address complex challenges.

5. Implementation and Training and Technical Assistance Updates

Representatives of Health Management Associates (HMA) and the Judicial Council of California

Linkins introduced Laura Collins and Serene Olin with HMA and McTaggart and Salena Chao from the Judicial Council.

Collins provided an update on HMA's recent training and technical assistance (TTA) activities:

- She spotlighted a new peer-led video designed to support respondent education around CARE, which is intended to be used by outreach and engagement teams as an engagement tool. Developed in partnership with Painted Brain, a peer-run organization in Los Angeles, the video features Tristan, a team member with lived experience in the civil court process. While he hasn't gone through the CARE process specifically, he shares a relatable perspective. This video was developed in response to feedback from this Working Group and other stakeholders, highlighting the need for respondent-focused resources. It serves as a basic introductory tool, offering a peer voice to support initial engagement. The video can be viewed at this link: How the CARE Act Can Help You Access Support and Treatment: A Peer's Perspective
- She shared highlights from the latest post-implementation status survey, which had a 89% response rate (52 of 58 counties). The survey acts as a self-assessment of counties' progress, gaps, strengths, and successes. Counties reported progress in client engagement, graduations, service linkages, infrastructure development (staffing, workflows, referrals, data), and an increase in accepted petitions and CARE agreements.

- Since the last Working Group, HMA has updated three foundational trainings on the CARE process, eligibility, and the three potential CARE pathways (Agreement, Plan, and voluntary engagement), reflecting implementation lessons and recent statutory changes. New trainings were also added on CARE referrals and key assessment activities, including the investigative report and clinical evaluation.
- The HMA team recently hosted a panel session focused on housing and CARE with participation from numerous counties.
- The data team released resources aligned with Data Dictionary 2.0, including a supplemental guide, updated trainings, and new FAQs on topics such as eligibility, county investigations, administrative claiming, and legal process questions.
- The team has continued to provide TA through numerous sessions with counties, including targeted support for small counties.

Irvine said the new video highlighting a peer's perspective is relatable, well done, and thoughtfully produced. For distribution, she suggested sharing it with hospitals, especially emergency room waiting areas, as a way to reach a broad audience, including patients, staff, and families.

- Collins noted that families have also responded positively to the video, making it a useful tool for audiences beyond just respondents. She suggested team members could keep it on their phones and play it during outreach, when the moment feels right, as a way to start or support engagement.

Rettagliata said this was the best video shown, noting its potential to help the community understand and engage. She suggested using stills from the video as posters at bus stops or other public spaces.

Deputy Secretary Welch asked where to access the video so it could be shared on the listserv and posted on the website.

- Collins responded that it is available on https://www.chhs.ca.gov/care-act/.

Stewart agreed with Irvine's point and suggested San Diego County's family health clinics as ideal locations for the video, noting their high foot traffic.

- Collins added that the video has already been shared with all counties through their newsletter but acknowledged the need for more community-focused distribution strategies. She appreciated the suggestions of hospital waiting rooms, psychiatric hospitals, and family clinics, noting this could inform future TA to help counties expand outreach.

Hennemann suggested that while showing the video in clinic and hospital waiting rooms is a good idea, it would be more impactful to reshoot it in other languages with cultural representation rather than relying on subtitles.

Salena Chow, COO of the Judicial Council, noted that courts often struggle with outreach and may not see it as their role. She observed that courts more willing to embrace outreach have been more successful, while others need support through toolkits and marketing materials. She praised the video as a useful resource for all courts, suggesting it could be used as posters in self-help centers or with QR codes for easy access.

Welch noted that since a high proportion of petitions involve Spanish speakers, all communication materials absolutely need to be available in Spanish and presented by native Spanish speakers.

Collins reviewed additional TTA updates, highlighting a variety of delivery methods including liaison support, trainings, office hours, and small group sessions. She said that their focus this year is on "CARE in practice," emphasizing what counties are doing on the ground. The team facilitates peer-to-peer connections and tailors TA based on county feedback from regular surveys, helping counties identify gaps and share solutions. She noted strong participation in small county meetings where counties discuss challenges and share information, sometimes with TA provided during calls. Key ongoing TA needs include legal and referral process questions, behavioral health–court coordination, housing navigation, data reporting, EHR integration, and evolving requirements. Counties also seek basic tools and templates, prompting resource sharing to avoid duplication.

Collins outlined upcoming activities, including bi-weekly data office hours, recent sessions on court and facility referrals, and a training they are developing on paths out of CARE to support graduations, alongside updates to petitioning and claiming resources.

Meagan Subers asked if the team has gathered information on counties' engagement with fire departments, noting law enforcement seems more involved. Subers suggested sharing the best practices on fire department engagement or adding it to future surveys.

- Deputy Secretary Welch said they can follow up by speaking with counties to identify where engagement with fire departments has been successful. She noted that Alameda's fire department has been actively involved as petitioners.

McTaggart presented updates on TTA from the Judicial Council:

- In February, a live training for judicial officers covered court referral pathways to CARE, including LPS, AOT, and IST cases. The session was recorded and is now available online for other judges.
- McTaggart presented on CARE at the California Association of Collaborative Courts Conference, highlighting the CARE process, roles, and intersections with collaborative and criminal courts.
- Quarterly office hours for courts continue, allowing Cohort 2 courts to learn from Cohort 1 and discuss implementation.
- An upcoming June training for judicial officers will focus on best practices in CARE proceedings, with judges from both cohorts sharing strategies for working with individuals with psychotic disorders, engaging families, and addressing medication and housing issues.
- A CARE Act training on serious mental illness and de-escalation is planned for three locations: Los Angeles, the Bay Area, and Sacramento, with dates to be announced.
- A motivational interviewing training for judicial officers is scheduled for August, aimed at helping judges support behavior change and positive outcomes in and out of the courtroom.
- An on-demand training is also in development for judges newly assigned to CARE Court cases. Hon. Bayteigh will help create this resource, which will be available on the judicial training platform.
- McTaggart announced a new *Beyond the Bench* pre-conference in November for CARE Act judicial officers and justice partners. It will include presentations on behavioral health

systems, lessons learned, best practices, and space for affinity groups such as judges, behavioral health directors, and advocates. Outreach for participation will begin soon.

- The Judicial Officer Bench Guide is now complete. This comprehensive resource supports judges with the CARE Act's legal framework, procedural steps, courtroom best practices, clinical information, and intersections between CARE other court processes.
- She also announced updates to Judicial Council forms, effective July 1, 2025. The petition form has been simplified, with clearer structure and a lower reading level. A new CARE 102 form, for licensed behavioral health practitioners, combines elements of the previous CARE 100 and CARE 101.
- Starting July 1, 2025, a new form will notify original petitioners of continuances and dismissals. Additionally, updated rules will be released to improve communication between referring courts and CARE Act courts.

McTaggart shared preliminary CARE Act data from the courts, noting it has not been validated. As of April 30, 2025, 1,808 cumulative petitions had been filed and 1,030 of those remain active. She said that 45 CARE agreements were approved in April, which was the highest monthly total to date, and 378 CARE agreements have been approved overall.

Chow provided additional updates from the Judicial Council, highlighting the extensive process improvements, trainings, and resources being developed to support ongoing CARE implementation, many informed by feedback from working sessions and site visits. She said that recent visits to Alameda and Sacramento courts were especially valuable, offering firsthand insight into proceedings and cross-sector collaboration. She praised the welcoming courtroom environments and the thoughtful approach of judges, noting the importance of giving people time to share their stories. She also emphasized the potential for peer-to-peer learning among courts, especially around building partnerships with law enforcement and fire departments.

Chow stressed the importance of having behavioral health partners at the table, acknowledging both their critical contributions and ongoing workforce constraints. As petition numbers rise, she emphasized the need to streamline processes, clarify roles, and ensure earlier assignments, especially for public defenders. She reaffirmed the Judicial Council's commitment to evolving training and policy guidance based on field input, with a focus on better connecting the courts to the behavioral health system. She closed by thanking all contributors for their hard work and collaboration.

6. Updates on CARE Act Working Group Ad Hoc Groups

Stephanie Welch, MSW, Deputy Secretary of Behavioral Health, CalHHS, Dr. Kate Warburton, State Medical Director, DSH, and Karen Linkins, Principal, Desert Vista Consulting

Welch shared that in this phase of implementation, the Working Group will continue its shift toward generating documented recommendations based on the rich discussions held during meetings. While this has happened informally, the goal now is to more intentionally capture and share insights to guide future work. She emphasized upcoming focus groups being convened, including groups of CARE judges and medical directors to explore complex clinical issues, particularly substance use disorders, which are prominent among CARE respondents.

Welch also reaffirmed the importance of incorporating peers with lived experience throughout the CARE process, beyond just providing peer support services. She highlighted different types of peer perspectives (e.g., with justice system, housing, or SUD experience) and how they can be integrated throughout the CARE process, from engagement to post-graduation. She said this

will be a key topic at the next meeting and also noted continued interest in the role of supporters and psychiatric advance directives (PADs), promising that these topics will be addressed later this year.

Warburton shared that various clinical professionals, including medical directors, providers, researchers, and petitioners, have reached out to discuss the complex needs they're encountering, such as integrating primary care and treating co-occurring disorders. She said that she is convening experts to develop best practice recommendations, which they plan to share with the Working Group by late summer.

7. Closing Thoughts

Welch expressed excitement about the progress shared today related to improving care and outcomes for the highly vulnerable population that CARE is designed to serve. She thanked everyone for their thoughtful and compassionate participation.

Linkins clarified that there will be a pause on ad hoc meetings over the summer due to expected lower attendance, except for the planned Data group meeting in July. The annual report is expected in early July and will be shared with all members once released.

8. Public Comment

Linkins opened the Public Comment period and requested that participants limit their comments to 2 minutes. She explained that comments can be made verbally in person or via Zoom and in writing in the Zoom chat or via email.

- Meron Agonafer from CalVoices expressed gratitude for the informative presentations on the CARE process. She commended Deputy Secretary Welch for her innovative idea to integrate peers in the supporter role throughout the CARE process and expressed eagerness to collaborate moving forward.
- Laurel Benhamida from the Muslim American Society Social Services Foundation in Sacramento and REMHDCO asked for clarification on the data shared, specifically about the figures shared by the Judicial Council. She noted that over a year ago, the California Court website stated that 7,000 to 12,000 people were eligible for CARE statewide, and recent AI searches still reflect that figure. She asked if this number is still accurate and up to date. She thanked the presenters for the valuable content, noting it will be helpful to share with peers, clinicians, and others working in the field.
- Deputy Secretary Welch responded that the 7,000 to 12,000 figure was the original eligibility projection. She emphasized that since the program is only about five months into full implementation, the number of petitions filed is expected to steadily increase as more is learned about the program.

9. Adjourn

Linkins thanked all attendees and shared the dates of upcoming meetings.

Upcoming Working Group Meetings

August 27, 2025: 10:00-3:00 pm
November 19, 2025: 10:00-3:00 pm

Appendix I: Public Zoom Chat

10:03:15 From John Freeman to Everyone:

Good morning!

10:03:23 From John Freeman 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.

10:03:38 From John Freeman to Everyone:

If you are a Working Group member who has entered as an attendee, please raise your hand to be made a panelist.

10:46:41 From John Freeman to Everyone:

SB43 information available here: https://www.dhcs.ca.gov/provgovpart/Documents/SB-43-FAQs.pdf

10:58:51 From John Freeman to Everyone:

For reference, here are the resources discussed during Jill's presentation:

City and County of San Francisco, Budget and Legislative Analyst. (2019). Review of Lanterman-Petris-Short (LPS) Conservatorship in San Francisco. https://sfbos.org/sites/default/files/SF_Conservatorships_BLA_Policy_Report.pdf

Barnard, A. (2023). Conservatorship - Inside California's System of Coercion and Care for Mental Illness; Columbia University Press

City and County of San Francisco, Office of the Controller. (2025). Expanding Behavioral Health Placements for a Complex Population - Findings and Recommendations of the Residential Care and Treatment Workgroup. https://www.sf.gov/sites/default/files/2025-01/Residential%20Care%20and%20Treatment%20Workgroup%20Report%20FINAL%201.7.25_Report%20and%20Appendix.pdf

13:45:49 From John Freeman to Everyone:

We appreciate everyone being here today. Members of the public will be invited to comment during the public comment period.

14:10:24 From John Freeman to Everyone:

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

Petitioner TTA and other resources can be found at: https://care-act.org/library/petitioners/

5 min CARE Act: Petitioning at a Glance video: https://youtu.be/eG6xsFvAZPY

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

14:21:45 From John Freeman to Everyone:

How the CARE Act Can Help You Access Support and Treatment: A Peer's Perspective: https://www.youtube.com/watch?v=xelsrnCYyQc

14:38:24 From John Freeman to Everyone:

CARE Act Eligibility Criteria

This five-minute video walks through the seven eligibility criteria that must be met in order for someone to be eligible for services under the CARE Act.https://www.youtube.com/watch?v=kmlQfyfqMI0