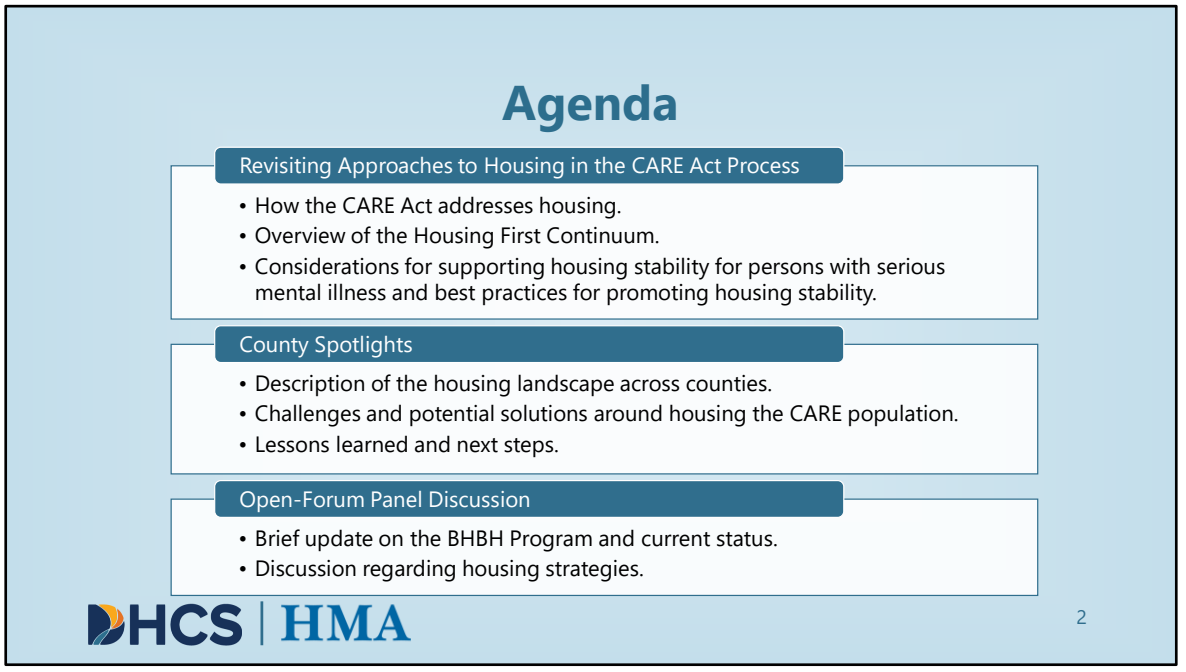
[Slide Image Description: This cover slide introduces the title and category of this training. It contains the logos for the California Department of Health Care Services and Health Management Associates.]

Today's session is to share lessons learned from counties as they provide services for the CARE population. If you're joining our trainings for the first time, we do have a number of resources available on the CARE Act Resource Center, including two separate trainings on housing (one geared toward county behavioral health [BH] and one geared toward volunteer supporters). We have a number of other trainings and resources that address the CARE process flow, the goals of CARE, support for volunteer supporters, support for family members, etc. If you are looking for a resource or need technical assistance, please email **info@CARE-Act.org**.

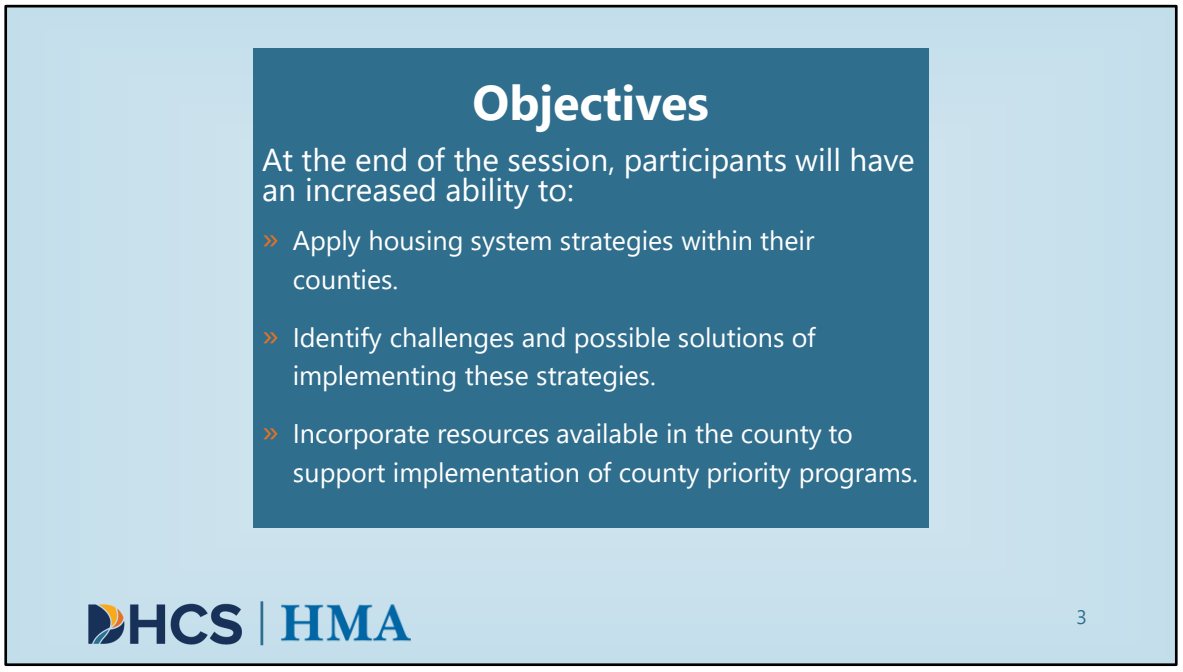
Disclaimer: This session is presented by Health Management Associates. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement by, California Department of Health Care Services.



[Slide Image Description: This slide shows the major sections of this training on a light blue background.]

The agenda today:

- Revisiting Approaches to Housing in the CARE Act Process:
    - How the CARE Act addresses housing.
    - Overview of the Housing First Continuum.
    - Considerations for supporting housing stability for persons with serious mental illness and best practices for promoting housing stability.
- County Spotlights:
    - Description of the housing landscape across counties.
    - Challenges and potential solutions around housing the CARE population.
    - Lessons learned and next steps.



[Slide Image Description: This slide shows the learning objectives for this training with a light blue background.]

At the end of the session, participants will have an increased ability to:

- Apply housing system strategies within their counties.
- Identify challenges and possible solutions of implementing these strategies.
- Incorporate resources available in the county to support implementation of county priority programs.

Presenters

ANTHONY FEDERICO, MPA, MA

Senior Consultant

Health Management Associates

JON RUBIN, MSW

Principal

Health Management Associates

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[Slide Image Description: This slide includes images of the presenters of this training on a light blue background.]

Anthony Federico, from Health Management Associates, is a government and non-profit leader with over a decade of experience in housing and homeless services. Mr. Federico is experienced in designing and delivering innovative programs, implementing Medicaid waivers, and managing health system partnerships. While at HMA, he has provided subject matter expertise and evaluation of funding and services on housing and homelessness projects to a wide range of clients across human services and health care. Prior to joining HMA, Mr. Federico served in leadership roles with California local government agencies and community-based organizations to implement and analyze housing, homelessness, and healthcare programs.

Jon Rubin, from Health Management Associates, is an experienced human services leader with over 20 years of experience in strategic planning, identifying and analyzing problems, and implementing plans while systemically evaluating progress and impact of efforts. While at HMA, Mr. Rubin has provided subject matter expertise in human services and behavioral health program integration and outcomes to a wide range of clients. Prior to joining HMA, Mr. Rubin served as the deputy secretary for children,

youth, and families for the state of Pennsylvania and previously served as director of housing and human services in Bucks County, Pennsylvania, where he was responsible for public human services including housing, mental health, drug/alcohol, Medicaid behavioral services, and intellectual disability services. At the state level, Jon focused on strengthening community and family systems to support child safety and well-being. He started housing programs specifically for families involved in the child welfare system and engaged individual counties throughout the state in needs-based planning. At the county level, he worked directly with county commissioners and the chief operating officer to develop division strategy and plan and implement system improvements for the $200 million-dollar human services system. Jon also oversaw the human services block grant and implemented delivery of the human services development fund component of this funding. During this time, he focused the county's work on development of a more integrated model of human services delivery and building the public/private partnerships needed to address the community's health-related social needs. Mr. Rubin started his career as a child welfare social worker, providing direct service work and caseworker supervision for 10 years before taking on higher level leadership roles.

[Slide Image Description: This is a section divider slide to indicate a major section of this training.]

In this section, we are going to review some concepts we've covered more in-depth in other settings, to serve as a foundation for the discussion led by our counties in the next section.

CARE Trainings

- Practical Approaches to Housing for the CARE Act
  - For county behavioral health (BH).
  - Housing models, funding sources.
  - Behavioral Health Bridge Housing (BHBH) program.
- Housing, Services, & Supports Available Through the CARE Act: Training for Supporters
  - For volunteer supporters.
  - Addresses Housing First approach, snapshots of the housing continuum for CARE participants, and elements of the CARE agreement and CARE plan specific to housing and community supports.

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[Slide Image Description: This slide contains a picture of an apartment building along with links to relevant trainings.]

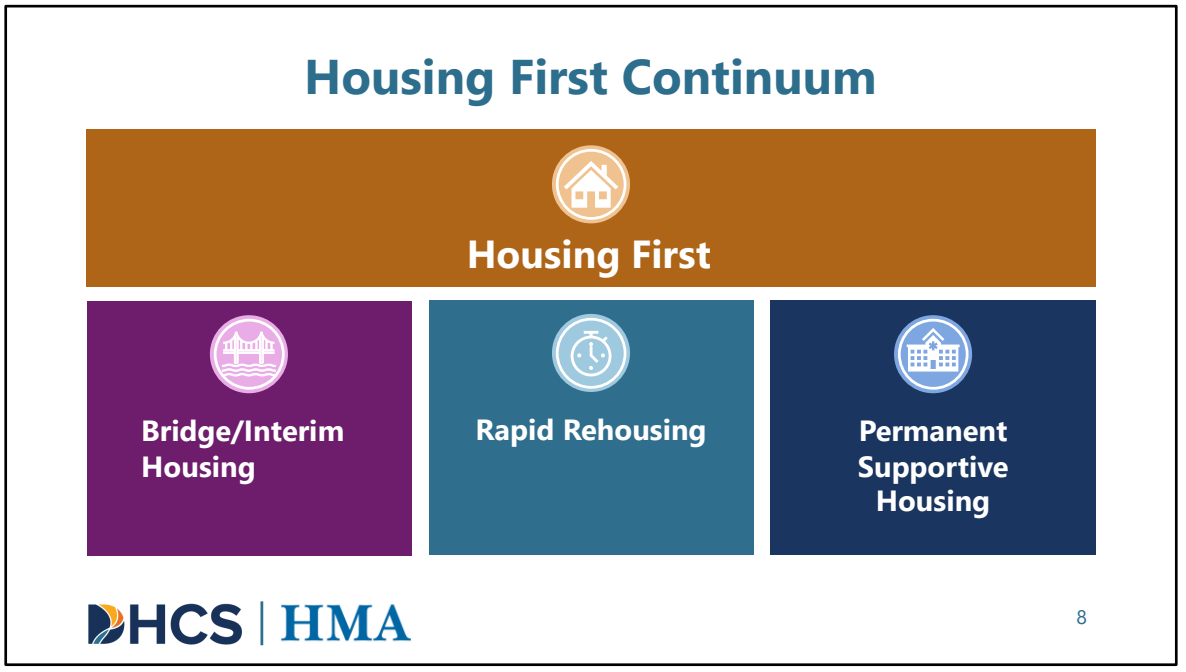
There are many trainings on the CARE Act Resource Center that reference housing as a key component of CARE. Two trainings specifically on housing are:

- Practical Approaches to Housing for the CARE Act : This training discussed housing models and funding sources for persons with serious mental illness (SMI) who are experiencing housing instability, including a discussion of the challenges. This training explored a client vignette in order to address individualized challenges clients face, shared technical assistance related to the Behavioral Health Bridge Housing (BHBH) program, and identified potential funding.
- Housing, Services, & Supports Available Through the CARE Act: Training for Supporters : This training, designed for the volunteer supporter, provided highlights of housing, services, and supports that are available and clarified the role of the volunteer supporter to help ensure the CARE participant's preferences are considered.

[Slide Image Description: This slide shows why housing is essential for the CARE Act. An icon of a building and an individual involved in the CARE Act are shown.]

Housing is an important component to CARE, since finding stability and staying connected to treatment is difficult when a person is experiencing the stressors associated with living outdoors, in a tent, or in a vehicle.

CARE participants will need a diverse range of housing, including clinically enhanced interim or bridge housing, licensed adult and senior care facilities, supportive housing, or housing with family and friends.



[Slide Image Description: This slide shows icons for each of the parts of the Housing First continuum.]

Consider what housing might meet a CARE participant's needs as we go through the next few slides about a range of housing options that adhere to a "Housing First" philosophy:

- Bridge Housing.
- Rapid Rehousing.
- Permanent Supportive Housing.

Housing First

- An approach that recognizes:
  - Housing as a basic human right.
  - People can better utilize services, maintain employment, and sustain recovery when they have housing stability.
  - Eliminates housing preconditions and requirements like sobriety and program completion.
- Study of 2,000 participants found that Housing First:
  - Rapidly ends periods of being unhoused.
  - Is a good investment.
  - Improves quality of life.

For more information, visit the National Low Income Housing Coalition three-pager.

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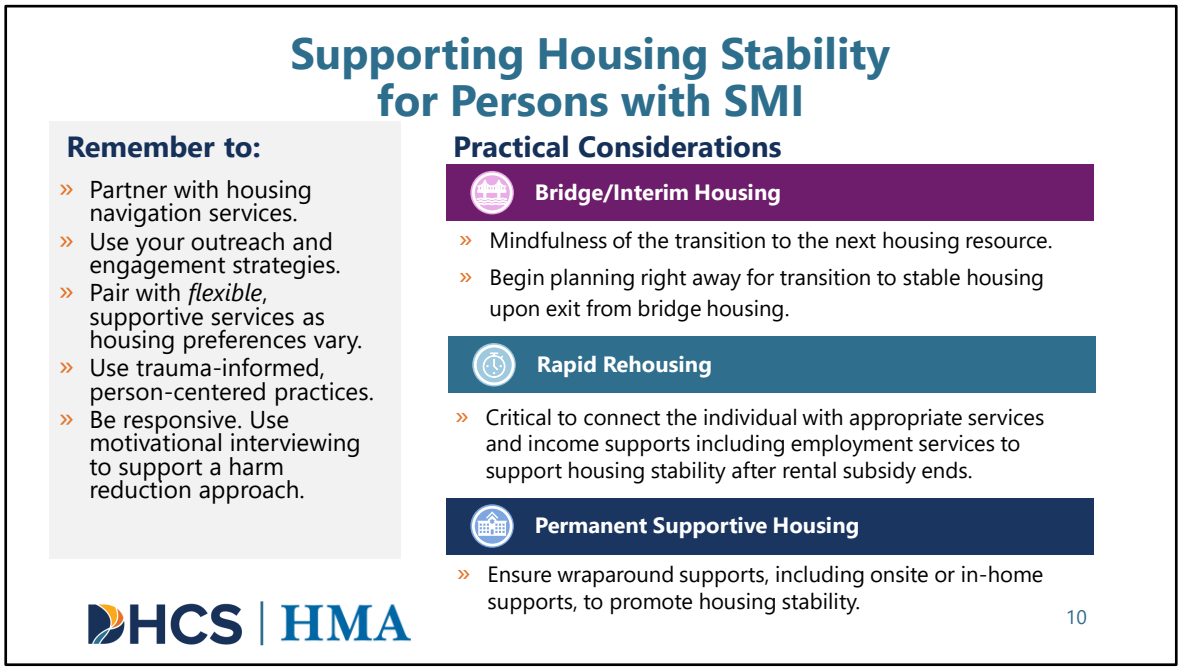
[Slide Image Description: This slide shows an icon of a house and gives a description of the Housing First Model.]

It's critical to offer tailored access to services to clients in Housing First. Housing First is a housing philosophy that incorporates services and needs that can help lower barriers, enhance supports to improve stability, and achieve better outcomes.

- "Housing First" is a recovery-oriented approach that recognizes:
  - Housing as a basic human right.
  - People can better utilize services, maintain employment, and sustain recovery when they have housing stability.
  - Eliminates requirements like sobriety and program completion which are not required of renters in the general population.
- A study of 2,000 participants found that Housing First:
  - Rapidly ends periods of being unhoused:
    - 62% maintained housing at 2 years versus 31% with treatment requirements.
  - Good Investment:
    - Every $10 invested resulted in a $21.72 savings.

- Improves Quality of Life:
    - Improved quality of life and community functioning.

For more information, visit the National Low Income Housing Coalition three-pager.



[Slide Image Description: This slide shows icons for each of the three components of the Housing First Model and gives practical considerations for supporting housing stability for persons with SMI for each of the three Housing First components.]

Focus on individualization, promoting choice and dignity and ensuring services are flexible and responsive.

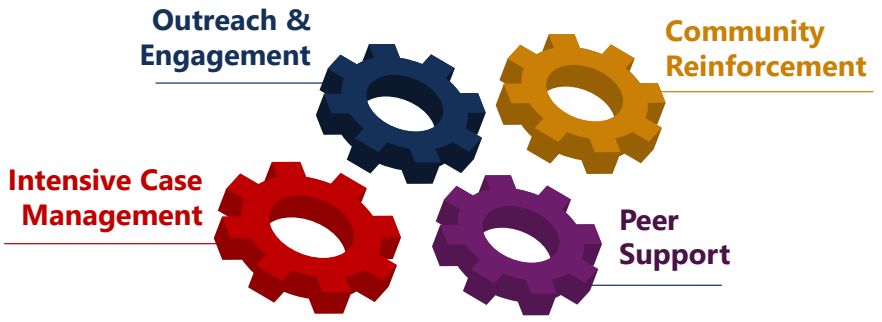
Remember to:

- Partner with housing navigation services.
- Use your outreach and engagement strategies
- Housing preferences will vary greatly by person and situation and need to be paired with *flexible,* supportive services.
- Consider trauma and use trauma-informed, person-centered practices.
- It is critical that we are responsive to the needs of the of the individual and focus on motivational enhancement techniques to support a harm reduction approach.

- Practical considerations for each model:
    - Bridge Housing:
        - Be mindful of the transition to the next housing resource.

    - Begin planning right away for transition to stable housing upon exit from Bridge Housing.
- Rapid Rehousing:
    - If not connected with appropriate services, individuals may have a return to being unhoused; support housing stability by connecting clients to appropriate services.
- Permanent Supportive Housing:
    - Lapses in engagement can reduce stability; work to provide wraparound supports to promote housing stability, such as onsite or in-home supports.

Best Practices for Promoting Housing Stability



For more information, visit the Practical Approaches to Housing for the CARE Act and SAMHSA Evidence-Based Resource Guide Series.

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[Slide Image Description: This slide shows four gear icons for each of the best practices for promoting housing stability.]

In our training for county BH, we recap some of the best practices highlighted in an evidenced-based resource guide series on "Expanding Access to and Use of Behavioral Health Services for People Experiencing Homelessness." Take a look at that training for more information about these best practices.

Those best practices include:

- Outreach & Engagement:
    - Meet people where they are.
    - Seek to understand housing preferences including geography and amenities.
    - Ensure that there is cross-system coordination and collaboration to meet the needs of the whole person.
- Intensive Case Management:
    - Community supports.
    - Provide linkages to:
        - Mental health.
        - Substance use disorder (SUD) treatment.

        - Housing.
        - Wraparound support services.
    - When housing issues arise, work with landlords or housing providers to address concerns in order to maintain housing stability.
- Community Reinforcement:
    - Identifies factors that reinforce target behaviors.
    - Work with the individual to build new, positive reinforcers.
    - Components include:
        - Treatment plan.
        - Behavioral and job skills training.
        - Social and recreational counseling.
        - Relapse prevention.
        - Relationship counseling.
- Peer Support:
    - Non-judgmental encouragement.
    - Can model recovery, promote shared understanding, focus on strengths, offer positive coping strategies, and provide information and resources.
    - Provide both practical support and emotional support.

For more information, visit the Practical Approaches to Housing for the CARE Act and SAMHSA Evidence-Based Resource Guide Series.

Glenn

Tuolumne

Orange

Los Angeles

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[Slide Image Description: This slide shows four images from housing site visits across four counties.]

One of the best parts of the recent site visits was seeing new housing settings funded through various means including BHBH, Homekey, and others. It was inspiring to hear how creative each county got, and every county did something different. These pictures show examples from Glenn, Orange, Tuolumne and Los Angeles.

Housing and Community Supports Technical Assistance Activities

- Since each county's housing inventory, continuum, and strategic plans are different, HMA offers individualized technical assistance (TA) to support each county's needs.
- This flyer includes a list of TA options and directions for setting up a conversation to discuss county needs.

See the Housing and Communities Supports TA Activities flyer.

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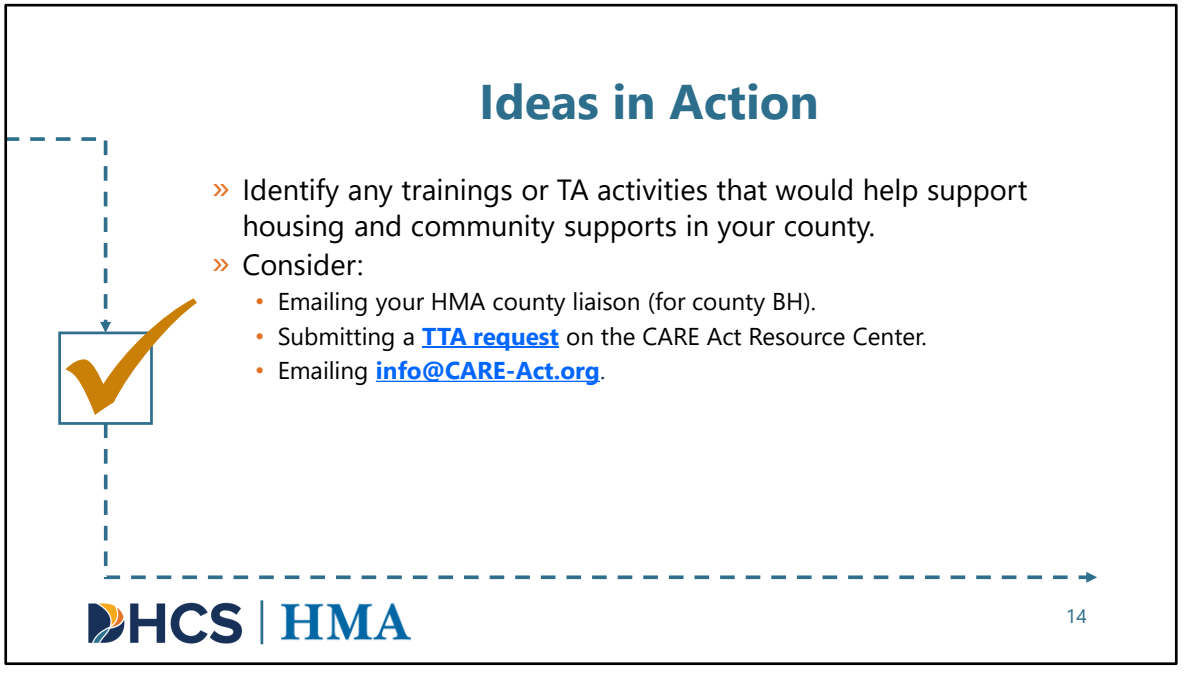
[Slide Image Description: This slide shows an image of a Housing and Communities Supports TA flyer.]

Since each county's housing inventory, continuum, and strategic plans are different, HMA offers individualized technical assistance (TA) to support each county's needs. This flyer includes a list of TA options and directions for setting up a conversation to discuss county needs.

See the Housing and Communities Supports TA Activities flyer.



[Slide Image Description: This is an Ideas in Action slide that provides an opportunity for participants to practice using the information. It contains a checkbox and an arrow.]

- Identify any trainings or technical assistance activities that would help support housing and community supports in your county.
- Consider:
  - Emailing your HMA county liaison (for county BH).
  - Submitting a **TTA request** on the CARE Act Resource Center.
  - Emailing **info@CARE-Act.org**.

[Slide Image Description: This is a section divider slide to indicate a major section of this training.]

Presenters

CHARLIE NEWCOMB, LCSW

Program Manager
San Francisco Department of Public Health

NATE ROBBINS

Neighborhood Improvement Manager
City of Costa Mesa

MARCUS CANNON, LMFT

Deputy Director of Forensics
Riverside University Health System – Behavioral Health

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[Slide Image Description: This slide includes images of the presenters of this training on a light blue background.]

Charlie Newcomb, LCSW is the Program Manager at San Francisco Department of Public Health.

Nate Robbins joined Costa Mesa in February 2022 as the City's Neighborhood Improvement Manager overseeing the Network For Homeless Solutions (NHS), which includes an eight-person team of Outreach Workers, the 70-bed Bridge Shelter, and the development/provision of affordable housing. Prior to arriving in Costa Mesa, Nate was employed by the City of Garden Grove for a total of 14 years, with 8 years as a Police Officer and 6 years as a Senior Program Specialist in the Community Development Department at City Hall.

Marcus Cannon, LMFT is Deputy Director of Forensics for Riverside University Health System – Behavioral Health. His responsibilities include the Adult Detention and Juvenile Justice programs; the Office of the Public Guardian; Long-Term Care program; Transportation program; Mental Health Court program; Veterans Treatment Court; Homeless Court; and the Homeless Housing Opportunities, Partnership & Education

(HHOPE) program. He is a licensed marriage and family therapist and has worked in Riverside, San Bernardino, and Seattle in both children's and adult behavioral health programs. He earned his bachelor's degree from the University of Southern California and a master's degree from the Seattle School of Theology and Psychology. He is committed to excellence in public service.

Housing in the City & County of San Francisco

- Acute and continuing housing and homelessness crisis.
- Simultaneous opioid crisis.
- Homelessness Department (HSH) is an important partner outside of SFDPH; operates over 13,000 units/subsidies for various populations.
- Continued system investment and expansion.

Challenges/Strategies

- Active substance use – CARE staff can inform clients that abstinence is not needed to access housing.
- Mistrust among CARE populations – CARE staff can be persistent and practice a trauma-informed approach.
- Symptom stressors – CARE staff can review options with the client and use motivational interviewing to understand barriers.

Lessons Learned

- Community partners (both formal and informal) can make a difference.
- A strong understanding of the housing referral process can help when relaying that information to the client.
- If one form of housing doesn't work, continue strategizing about what the next option could be.

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SF.GOV 17

[Slide Image Description: This slide includes a photo of the golden gate bridge, as well as boxes indicating the housing landscape in San Francisco, challenges/strategies, and lessons learned.]

San Francisco's Housing Landscape:

- Acute and continuing housing and homelessness crisis.
- Simultaneous opioid crisis.
- Homelessness Department (HSH) is an important partner outside of SFDPH; operates over 13,000 units/subsidies for various populations.
- Continued system investment and expansion.

Challenges/Strategies:

- Active substance use: Clients who are intoxicated, or in withdrawal, are often difficult to engage and tend to have poor follow through with appointments.
    - CARE staff inform clients that abstinence is not needed to access housing, and most housing providers encourage harm reduction. If the conversation permits, staff members also attempt to find a time when a client is not using to have a conversation about moving forward with housing options.
    - Also, CARE staff initiate a nonjudgmental conversation with the client as to

why substances are used and what direction the client wants to take regarding their substance use. This conversation could lead to admission to SUD residential treatment.

- All CARE clients have a schizophrenia or psychotic diagnosis; most are also dealing with trauma: Clients who have been unhoused for many years decline housing referrals as they feel safer in the environment they know and have experienced trauma (or have been re-traumatized) in the shelter system. When they encounter CARE Court, it's rarely their first interaction with the system (housing/BH/criminal justice/crisis response).
    - Clinicians are trained to be trauma informed and approach each client with compassion and understanding. Understanding the importance of involving clients in the housing referral process, letting them decline referrals, respecting their decisions, while exploring all possible options.
    - A promising practice is that CARE staff engage in a positive and persistent manner, as clients sometimes decline but later accept housing opportunities. Clinicians have also taken 'video tours' of housing opportunities and shown them to clients in the street.
- Some clients' mental health symptoms are not always compatible with housing: Auditory hallucinations can become more stressful in a quiet setting due to few distractions as compared with the passing crowds and auto traffic when living on the street. Alternatively, a client's delusional thoughts might prevent them from realizing that they don't have housing; to these clients living outside is a rational choice.
    - CARE staff begin the engagement by asking about a client's quality of life and what is needed to make it better. Clients typically respond that they want to feel safer and less vulnerable, and there begins a conversation. CARE staff can review the various housing options, both permanent and temporary, and gauge client's motivation toward accepting shelter. Clinicians use motivational interviewing (MI) to better understand barriers and resistance a client might have to accessing housing.

Lessons Learned:

- There is no one answer, but having many partners (both formal and informal) in the community makes a difference.
- Understanding the housing referral process completely and then relaying that information to the client.
- If one form of housing does not work, continue to strategize about what the next option could be.

Housing in Costa Mesa, Orange County

- Emergency/Interim/Bridge Housing.
- Permanent Supportive Housing.
- Specialized Residential Programs.

Challenges/Strategies

- Need a comprehensive, specialized system of care without gaps – leveraging collaboration and workflow.
- Develop specialized housing options amidst a housing crisis – conversion, repurposing, and mixed-use.
- Support clients to thrive in their housing – relationally and systemically.

Lessons Learned

- People > programs.
- Three-pronged approach: medication, services, and housing.
- Local, regional, statewide collaboration.
- Assess, identify, and augment.

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Costa Mesa City of the Arts 18

[Slide Image Description: This slide includes a photo of the palm trees, as well as boxes indicating the housing landscape in Costa Mesa, Orange County, challenges/strategies, and lessons learned.]

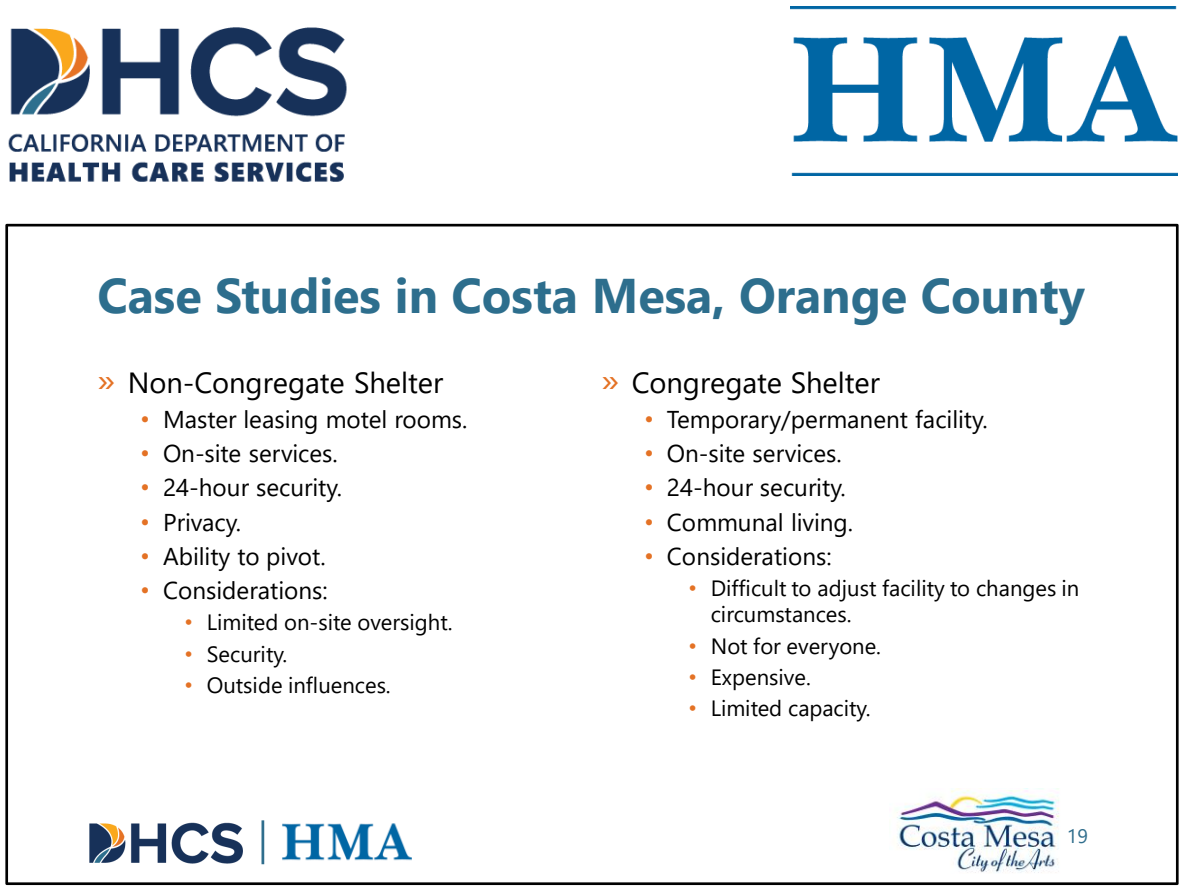
Housing Landscape:

- The available housing options in Costa Mesa, Orange County are emergency/interim/bridge housing:
    - Emergency housing can be temporary or permanent: Make sure to prioritize the individual and their wants. Check all housing options in progress for each individual to ensure a permanent housing option isn't forfeited due to placement in a temporary option. Recently, the city of Costa Mesa was awarded a 4.5-million-dollar grant that will add 15 beds to the permanent congregate housing facility and fund a full-time outreach worker that specializes in serious mental illness (SMI) and substance use disorders (SUD).
        - Temporary housing: Over 200 beds in temporary housing facilities.
        - Permanent housing: 85-bed congregate facility (15 beds being added through grant).
- Costa Mesa, Orange County also offers permanent supportive housing with a coordinated entry list where individuals can receive vouchers to move into a project

site. These sites provide continued support to help individuals achieve positive outcomes.
- Lastly, specialized residential programs are offered like crisis stabilization units (CSU) and inpatient detox and residential rehab facilities. There are a few psychiatric facilities, but a majority of those have been discontinued. They are typically not overnight facilities but are utilized during a crisis.

Housing Challenges and Solutions:
- How do we create a comprehensive system of care without any gaps that is specialized enough to address the needs of each client?
    - Leveraging collaboration and workflow.
- How do we develop specialized housing options without vacant land amidst a nationwide housing crisis?
    - Conversion, repurposing, and mixed-use.
- How do we assist clients to thrive in their housing?
    - Relationally and systemically.

Lessons Learned:
- People over programs: the key is to love people unconditionally.
- Use a three-pronged approach:
    - Medication – Anti-psychotic and/or medications for addiction treatment.
    - Services – Behavioral health care, assertive community treatment (ACT).
    - Housing – Varying types, low-barrier, Housing First.
- Local, regional, state-wide collaboration: There is a field of dreams misconception that the CARE Act will bring unhoused persons into areas. This is the opposite of what CARE Act is trying to do, developing infrastructure to help homeless people with SMI or SUD does not bring that population to an area because they are already there and are not receiving the resources they need to achieve positive outcomes.
- Assess, identify, and augment.



[Slide Image Description: This slide includes two list detailing non-congregate shelters and congregate shelters.]

There are pros and cons to congregate and non-congregate settings. Costa Mesa, Orange County did a case study that found the following:

Non-Congregate Shelter:
- Master leasing motel rooms.
- On-site services.
- 24-hour security.
- Privacy.
- Ability to pivot.
- Considerations:
    - Limited on-site oversight.
    - Security.
    - Outside influences.

Congregate Shelter
- Temporary/Permanent facility.

- On-site services.
- 24-hour security.
- Communal living.
- Considerations:
    - Difficult to adjust to changes in facility circumstances.
    - Not for everyone.
    - Expensive.
    - Limited capacity.

Housing in Riverside County

- Deep county BH investment.
- Robust continuum of care.
- Large county (7303 sq miles).
- 2.4 million residents.
- Fastest growing county in CA.
- Breadth is good, depth needed.

Challenges/Strategies

- Capital funding.
- Political support.
- Operating revenue.
- Master of one, not jack of all trades.

Lessons Learned

- Start early.
- Partnership meetings.
- Low-barrier needed.

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RivCoNOW COMMUNITY NOW. SERVICES NOW. 20

[Slide Image Description: This slide includes a photo of a road with palm trees, as well as boxes indicating the housing landscape in Riverside County, challenges/strategies, and lessons learned.]

Housing Landscape:

- Riverside County is a large county at 73,000 square miles. With 2.4 million residents, it is the fastest growing county in the state of California. The county is working on building further depth into all the housing options that are available. The breadth of housing options available is good, but more depth is needed.
- There is a robust homeless continuum of care (CoC) in the county and a deep investment in behavioral health. One surprising fact is that only 20% of CARE petitions have been homeless.

Challenges and Strategies:

- Capital funding is a limiting step in development, as new construction and rehabilitation are both expensive. The team is continually looking for funding to meet those needs, and recently received $81 million from No Place Like Home funding.
- Political support is a challenge to manage. While it's relatively easy to get political

support to say that there is a need for behavioral health facilities, housing, and settings, it's more difficult to get the political support for those facilities in their backyard. This requires ongoing investment in relationships with municipalities and officials to be responsive to their needs and work through challenges.

- Operating revenue is another challenge. The housing settings vary. Service-based housing settings may represent an opportunity bring down MediCal revenue. The team is working to build out community support offerings as it partners with managed care plans to have additional revenue streams that might bring in revenue and housing settings where there hasn't previously been revenue. There are settings that are pure housing without service offerings that are complicated to line up long term revenue.
- Master of one, not jack of all trades. Riverside has quite a few housing settings that are accustomed to serving a specialty population. Perhaps there are physical health recuperative care accustomed to those leaving institutions or hospitals with a skilled need. There may be residential substance use disorder settings that have a specialty in addiction treatment. There could also be a mental health urgent care or crisis residential treatment with a specialty in stabilizing individuals in the midst of a mental health crisis. Riverside doesn't have as many settings that are specialists in all of those. There are co-morbid individuals who have a skilled healthcare need, a mental health need, and a substance use need at the same time, but they are limited in the number of settings that can address those needs. This will require building out settings that are equipped to serve people with multiple barriers.

Lessons Learned

- Start early: Anything that can be done to obtain investments for housing now will be useful in the future. Riverside was fortunate to start over a year early in the planning process with various levels of committees working on planning.
- Partnership meetings: The county has a number of standing meetings with behavioral health, city staff, law enforcement, relevant supervisor offices, and relevant non-profits to promote partnerships. Additionally, there are biweekly or monthly roundtables to communicate as a responsive and transparent partner. These meetings have helped with building collaborative partnerships, goodwill, and political support. Being an accessible and available partner has been helpful and valuable to the team in getting support from other municipalities to be able to move forward additional projects.
- Low-barrier needed: There needs to be more low-barrier, high resource housing options that can meet multiple needs. Many CARE participants that are homeless have barriers to or do not want to utilize housing options.

Case Studies in Riverside County

- Mental health urgent care.
- Sobering center.
- Emergency shelters.
- Bridge shelters.
- Residential substance use treatment.
- Sober living.

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RivCoNOW COMMUNITY NOW. SERVICES NOW. 21

[Slide Image Description: This slide includes an image of building blocks as well as a list of case studies in Riverside County]

Most CARE clients have situations that are known/understood by the behavioral health teams in the county. We are seeing a lot of co-occurring disorders that tend to need treatment first before the individual can access other beneficial services like housing. Riverside county is fortunate to have investment into multiple different setting types.

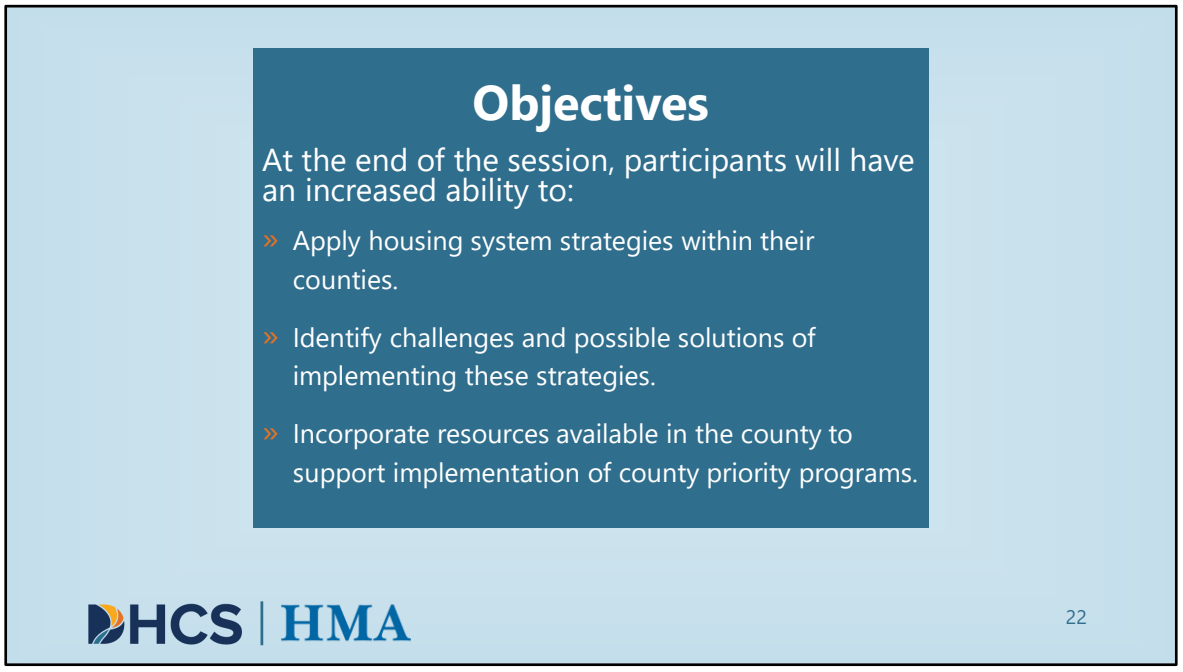
Riverside County conducted a case study and found the following resources to be most commonly used by unhoused individuals:

- Mental health urgent care—spread throughout the county.
- Sobering center—one current sobering center with15 chairs where people can stay for up to 24 hours and meet with a counselor and peer support specialist.
- Emergency shelters—many mainstream, traditional congregate shelters.
- Bridge shelters—some partners in Riverside.
- Residential substance use treatment—Riverside has a strong residential substance use treatment continuum. 48 beds with an additional 6 beds for withdrawal management. This facility helps with immediate transitions from the street and immediate withdrawal management needs. This can be an important first step in the

CARE journey.
- Sober living—this is a step down for people leaving residential substance use disorder treatment.

These resources have all been important because many of the individuals, specifically unhoused individuals, have co-occurring substance use disorder. Riverside is working with its local coordinated entry system and the continuum of care to get people referred for longer term housing settings. Those waiting lists are longer and there aren't as many spots available. On the other hand, individuals in the CARE population may not be fully ready for rapid rehousing or permanent supportive housing.

Overall, there is still further investment needed for those longer-term housing options.



[Slide Image Description: This slide shows the learning objectives for this training with a light blue background.]

At the end of the session, participants will have an increased ability to:

- Apply housing system strategies within their counties.
- Identify challenges and possible solutions of implementing these strategies.
- Incorporate resources available in the county to support implementation of county priority programs.

Next Steps

- Visit CARE-Act.org for resources (including recordings of past trainings) and to submit questions/technical assistance (TA) requests.
- Complete this form to join the communication listserv.

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[Slide Image Description: This slide shows bullets with next steps. It contains decorative arrows.]

Please let us know how we can best support your teams. Contact info@CARE-Act.org with questions, join the communications listserv, and submit requests and feedback for CARE Act TTA. Please also visit the CARE Act Resource Center website for training decks and recordings, which will be added two weeks after each training.

[Slide Image Description: This slide shows the CARE-act website and the email address.]

We are here to support you and provide you with those opportunities to connect and hear about implementing the CARE Act. The website is **CARE-Act.org** and our email address is **info@CARE-Act.org.**