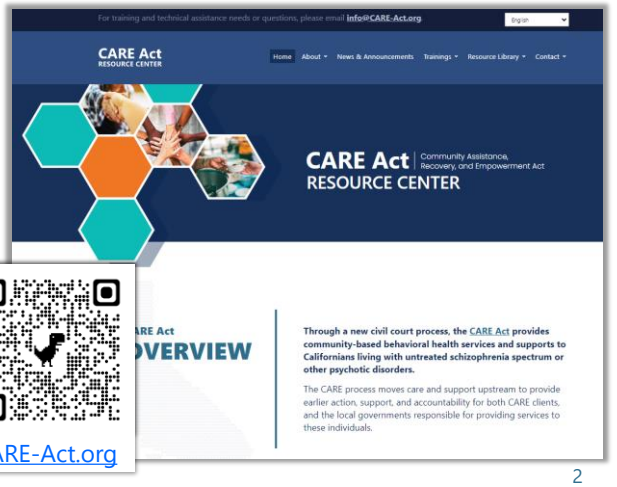
[Slide Image Description: This cover slide introduces the title and category of this training. It contains the logos for the California Department of Health Care Services and Health Management Associates.]

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.

CARE Act Resource Center

- Resources
  - Training and Resource library
  - Upcoming Trainings
  - County Directory
  - Frequently Asked Questions (FAQs)
- Ways to contact
  - Listserv
  - Technical assistance (TA) request form
  - Data TA request form
  - Stakeholder feedback form
  - Email: info@CARE-Act.org



CARE-Act.org

DHCS | HMA

2

[Slide Image Description: This slide shows a screenshot of the CARE Act Resource Center website, along with a QR code to scan and access the website.]

The CARE Act Resource Center is where you can find resources and request training and technical assistance (TTA).

- Resources:
  - Training and Resource library:
    - We post all trainings to the CARE Act Resource Center; these include trainings that we have done live and also recorded trainings that are available asynchronously. The training materials include a video (with captions available) and a PDF of the slides and talking points that are tagged for accessibility.
  - Upcoming trainings: Upcoming trainings will be posted to this site, including registration information, speakers, and topics. Stakeholder communication will also highlight upcoming training opportunities.
  - County Directory: On the CARE Act County Website Directory page, we include links to Self-Help Centers (which can provide legal information and resources to people without a lawyer), links to NAMI, and county-specific

links (including county CARE websites created by county BH and by courts in counties).
    - FAQs: We frequently add FAQs to the Resource Center based off questions that come up during trainings, through TA requests, and other avenues. There is an option to search and filter FAQs by topic.
- Ways to contact us:
    - Listserv
    - TA request form
    - Data TA request form
    - Stakeholder feedback form
    - Email: info@CARE-Act.org

DHCS
CALIFORNIA DEPARTMENT OF
HEALTH CARE SERVICES

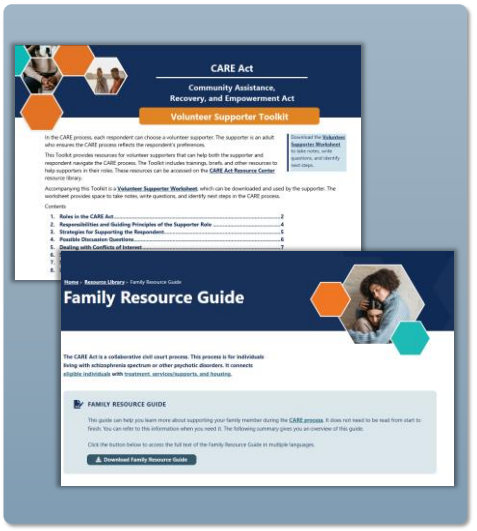
HMA

Resources

Volunteer Supporters
- Volunteer Supporter Toolkit
- Supporter Role in the CARE Act brief
- The Supporter Role in the CARE Act training

Families and Natural Supports
- Family Resource Guide
- Role of the Family in the CARE Process training
- Strategies for Integrating Families & Other Natural Supports into CARE training

Peers
- Role of the Peer in the CARE Process training
- How the CARE Act Can Help You Access Support and Treatment: A Peer's Perspective



Available on CARE-Act.org

DHCS | HMA

[Slide Image Description: This slide shows a screenshot of the volunteer supporter toolkit and family resource guide and lists existing resources.]

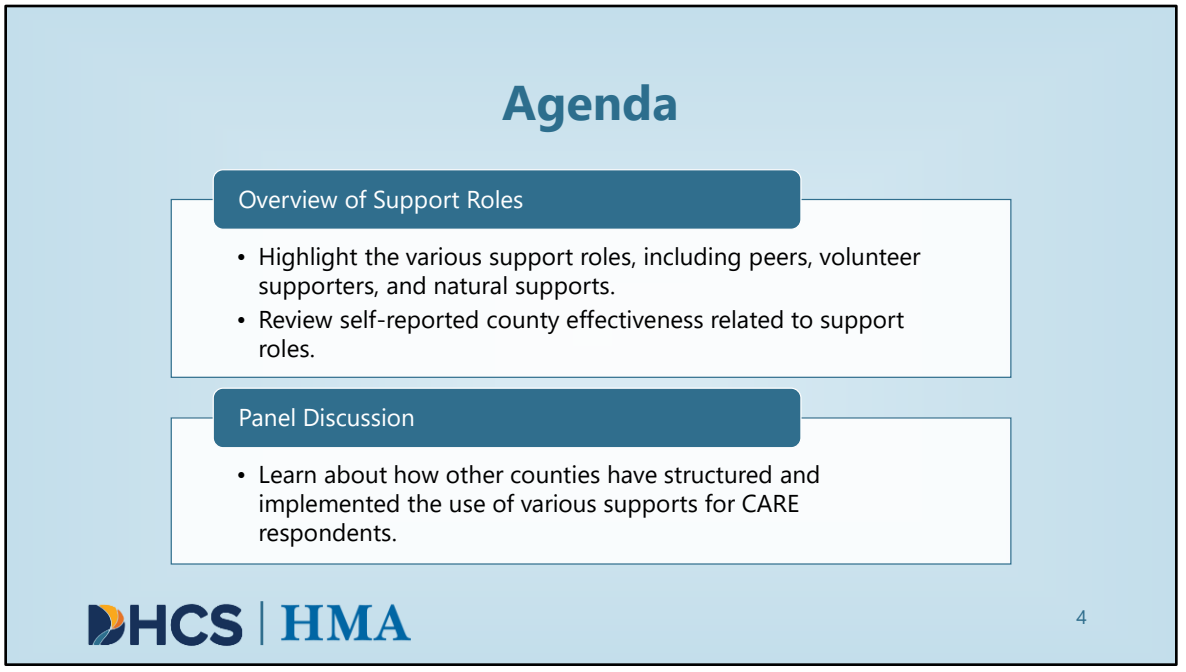
There are a number of resources available for volunteer supporters that cover a number of topics, including:
- Volunteer Supporter Toolkit
- Supporter Role in the CARE Act brief
- The Supporter Role in the CARE Act training
- Overview of CARE Agreement & CARE Plan for Volunteer Supporters training
- Overview of CARE Process for Supporters training
- Series: Trauma-informed Care for Volunteer Supporters
- Series: Schizophrenia Spectrum Disorders & Evidence-based Care for Volunteer Supporters
- Supported Decisionmaking for Volunteer Supporters training
- Maintaining Neutrality as a Volunteer Supporter training
- Housing, Services, & Supports Available Through the CARE Act: Training for Supporters training

Resources for Families and Care Partners:

- Family Resource Guide
- Role of the Family in the CARE Process training
- Strategies for Integrating Families & Other Natural Supports into CARE training
- NAMI's resources for Family Members & Caregivers
- Caregiver Action Network discussion forum for Loved Ones with Mental Health Issues
- Caregiver Action Network's 10 Tips for Family Caregivers
- Family Caregiver Alliance resources on Caring for Yourself
- Very Well Mind's information on Caregiving for Schizophrenia
- Schizophrenia & Psychosis Action Alliance's Caregiver Toolkit
- LEAP Institute Resources

Resources for Peers:

- Role of the Peer in the CARE Process training
- How the CARE Act Can Help You Access Support and Treatment: A Peer's Perspective
- Peer Support Workers for those in Recovery
- NAMI Peer-to-Peer | NAMI: National Alliance on Mental Illness
- Painted Brain Services



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

Agenda:

- Overview of Support Roles
    - Highlight the various support roles, including peers, volunteer supporters, and natural supports.
    - Review self-reported county effectiveness related to support roles.
- Panel Discussion
    - Learn about how other counties have structured and implemented the use of various supports for CARE respondents.

[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:

- Explore strategies for integrating support roles into CARE teams including outreach, ongoing engagement, court participation, care planning, and retention.
- Gain insights from other counties on successful models, adaptations, and lessons learned in organizing around support roles.

Presenter

RACHEL JOHNSON-YATES, MA, LMHC, LAC

Associate Principal
Health Management Associates

DHCS | HMA

6

[Slide Image Description: This slide includes an image of the presenter of this training on a light blue background.]

Rachel Johnson-Yates, from Health Management Associates, is a licensed mental health and addiction counselor, public speaker, and educator with a demonstrated track record of developing innovative programs that focus on mental and behavioral health. She has dedicated her career to increasing access to care through approaching her work from an equity-focused and trauma-informed framework. Ms. Johnson-Yates has extensive experience designing, launching, and replicating complex programs to meet the disparate needs of the clients she serves, including low barrier and harm reduction shelter expansion for people with serious mental illness/substance use disorder and experiencing homelessness. She also has led the design and development of a safe haven model for unhoused veterans, in which she facilitated stakeholder engagement, educated the community, developed strong connections between supporting agencies, and implemented wrap-around treatment and case management services for populations with complex needs, including those with serious mental illness. She held significant leadership roles in outpatient behavioral health, state government, criminal justice, inpatient psychiatric care, low barrier shelters for veterans, higher education, and residential substance use disorder treatment.

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

Creating a Culture of Support

- CARE participants benefit from a range of supportive relationships.
- Each of these roles can work in concert to support recovery, engagement, and empowerment throughout the CARE process.

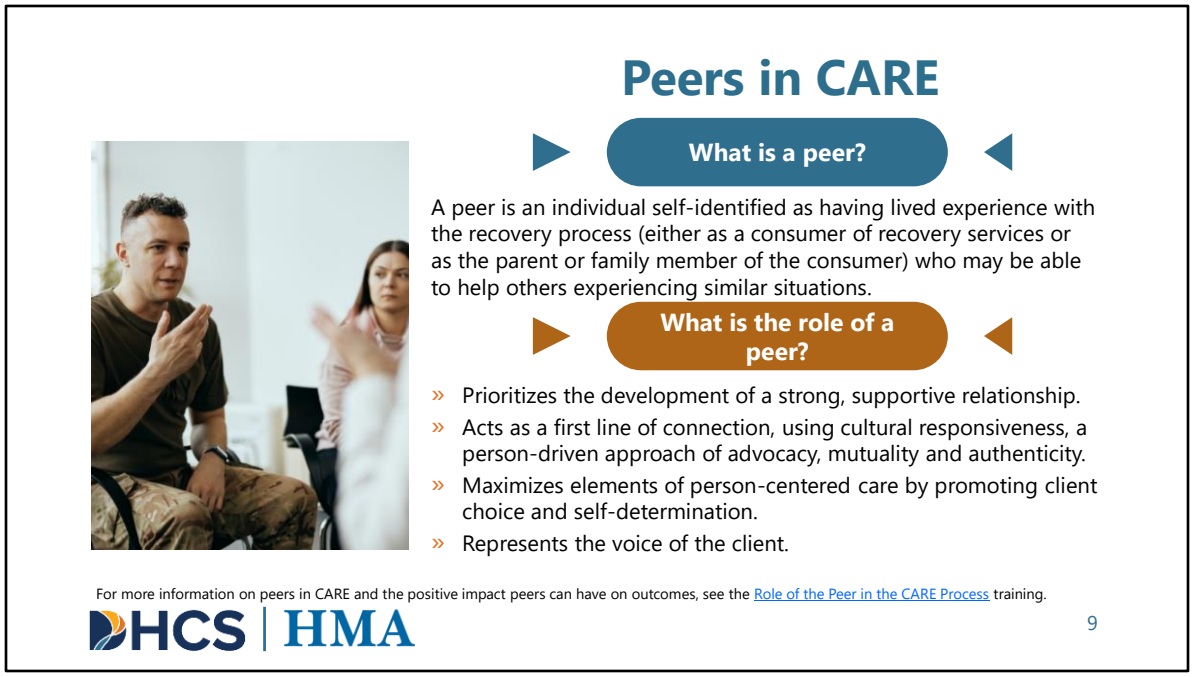
DHCS | HMA

[Slide Image Description: This slide emphasizes the importance of supportive relationships for CARE participants. It visually represents different types of support roles, including volunteer supporters, peer support, and natural supports such as friends, family, and mentors.]

CARE participants can benefit from a range of supportive relationships. In today's panel, we will focus on how counties are building a culture of support through three main ways: Volunteer Supporters, peer support specialists, and other natural supports (such as friends, family, and mentors).

Each of these roles can work in concert to support recovery, engagement, and empowerment throughout the CARE process. Counties have shared that:

- CARE participants with consistent supportive relationships are more likely to stay engaged.
- Including peers in their CARE teams can lead to better trust-building and stronger rapport with participants.
- Especially as individuals transition out of CARE (for a variety of reasons), building up a natural support network is a key to recovery.

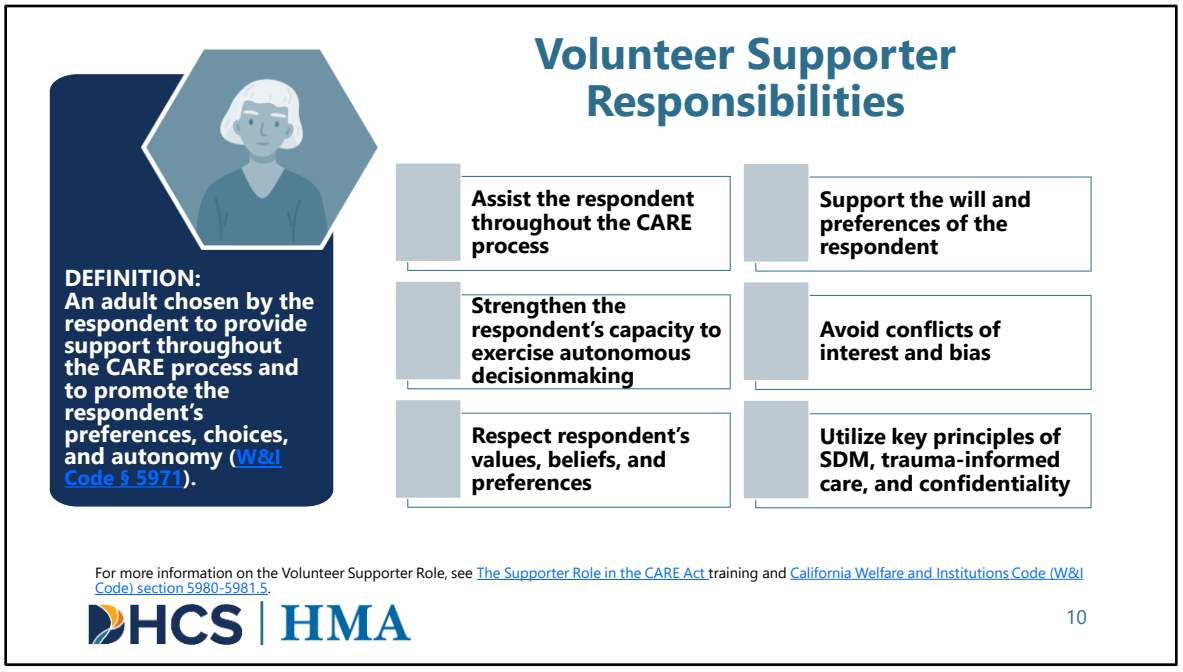


[Slide Image Description: This slide shows a picture of an individual talking in a group with a definition of a peer and an explanation of the role of a peer.]

In addition to volunteer supporters, many CARE teams are incorporating peers onto their teams.

- What is a peer?
    - A peer is an individual self-identified as having lived experience with the recovery process (either as a consumer of these services or as the parent or family member of the consumer) who may be able to help others experiencing similar situations.
- What is the role of a peer?
    - Prioritizes developing a strong, supportive relationship.
    - Acts as a first line of connection, using cultural responsiveness, a person-driven approach of advocacy, mutuality and authenticity.
    - Maximizes elements of person-centered care by promoting client choice and self-determination.
    - Represents the voice of the client.

For more information on peers in CARE and the positive impact peers can have on outcomes, see the Role of the Peer in the CARE Process training.



[Slide Image Description: This slide shows an avatar representing the volunteer supporter, as well as the description of the volunteer supporter role.]

- Definition & Purpose:
  - A volunteer supporter is an adult chosen by the respondent to provide support, advocate for their preferences, and help maintain autonomy and decision-making authority.
  - The role is voluntary and based on trust, respect, and respondent choice. W&I Code § 5971
- Key Responsibilities:
  - Assist the respondent with understanding, making, and communicating decisions and expressing preferences throughout the CARE process.
  - Strengthen the respondent's capacity to exercise autonomous decision-making and prevent or remove the need for more restrictive protective mechanisms.
  - Respect the values, beliefs, and preferences of the respondent.
  - Abide by laws to protect people with disabilities and older adults from mistreatment.
  - Offer the respondent a flexible, culturally responsive way to maintain

autonomy and decision-making authority over their own life by developing voluntary supports to assist them.
    - Support the will and preferences of the respondent to whatever extent possible.
    - Avoid conflicts of interest, such as conflict with the respondent.
    - Utilize key principles of SDM, trauma-informed care, and confidentiality.

- Core Principles:
    - Supported Decisionmaking (SDM): Respondent retains the right to make decisions, with help from a trusted supporter.
    - Avoiding Personal Bias: Supporter must prioritize the respondent's will and preferences, not their own.
    - Trauma-Informed Care: Interact in ways that recognize and minimize trauma; maintain safety and trust.
    - Confidentiality: Must protect all private information unless formally released; cannot be compelled to testify in court.

- Keep in mind, the Volunteer Supporter:
    - Cannot override or make decisions for the respondent.
    - Must avoid conflicts of interest or causing discomfort.
    - May be removed by court if in conflict with respondent.
    - Must abide by disability rights laws and avoid mistreatment.

For more information on the Volunteer Supporter Role, see The Supporter Role in the CARE Act training and California Welfare and Institutions Code (W&I Code) section 5980-5981.5.

Natural Supports

- Informal, non-professional help.
- This can come from family, friends, peers, and community members.
- They may give emotional encouragement and help with daily tasks. They may also offer companionship and the chance to socialize or participate in activities.

DHCS | HMA

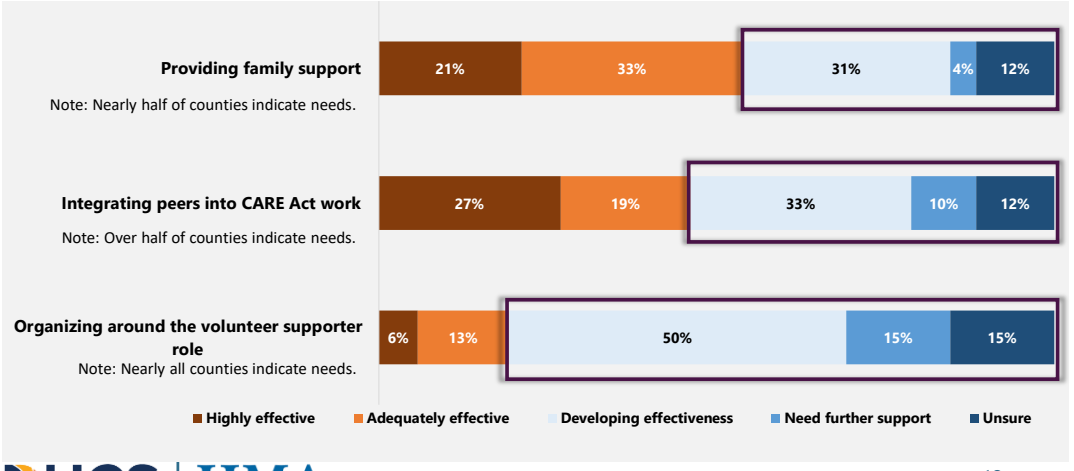
11

[Slide Image Description: This slide shows two individuals spending time together and includes information about natural supports.]

“Natural supports” are informal, non-professional help. This can come from family, friends, peers, and community members. They may give emotional encouragement and help with daily tasks. They may also offer companionship and the chance to socialize or participate in activities.

Natural supports are an important part of an individual’s recovery, during the CARE process and beyond.

Self-reported County Effectiveness Related to Volunteer Supporters/Peers/Family Support



DHCS | HMA

12

[Slide Image Description: This slide shows a graph of self-reported county effectiveness related to volunteer supports/peers/family support.]

The CARE Act Post-Implementation Survey was distributed to all California counties in April 2025 and aimed to assess the current status of CARE Act implementation. It captured data from January to March 2025 and received an 89% response rate, with 52 out of 58 counties participating. This survey asked many self-assessment questions related to current and developing CARE Act activities.

The following data points show self-reported county effectiveness related to volunteer supporters, and peers, and family support:

- Providing family support: Just over half of counties indicated they are highly or adequately effective at providing family support, and about a third are currently developing effectiveness.
- Integrating peers into CARE Act work: Just under half indicate they are highly or adequately effective at integrating peers, and about a third are currently developing effectiveness.
- Organizing around the volunteer supporter role: This item is an area of opportunity for counties, and it's a focus of the panel discussion. Half of counties indicate they are developing effectiveness, and there are more counties that indicated they needed support.

This session is designed to provide additional support through facilitation of a panel discussion on approaches that counties across the state are taking to address this need.

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

Panelists

DELILAH GARZA

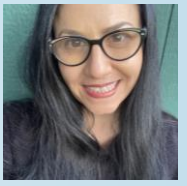
Community Enrichment Director, Merced County

AMBER IRVINE

Behavioral Health Program Coordinator, CARE Program, County of San Diego Health & Human Services Agency

MARTIN JONES

Countywide Chief, CARE Program, Los Angeles County Department of Mental Health



MELANIE KUSHNIR-PAPPALARDO

Director of Collaborative Justice Programs, Superior Court of California, County of San Francisco

DHCS | HMA

14

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

- Delilah Garza serves as the Community Enrichment Director for the Merced County Behavioral Health and Recovery Services (BHRS) CARE Division, overseeing vital programs including the Public Administrator, Public Guardian, Public Conservator, Representative Payee Program, Housing Support Programs, the CARE Act Program, and SB 43 implementation. With over 25 years of dedicated service to Merced County, Delilah brings a wealth of experience and commitment to her role. Her extensive background in social services is centered on serving older and dependent adults and their families, with a focus on ensuring safety, dignity, choice, and access to essential resources and support. Her academic credentials include a Bachelor's degree in Family and Human Development and a Master's degree in Sociology, providing her with a robust framework for effectively advocating for those in need. Passionate about the invaluable services provided by BHRS, Delilah is dedicated to addressing the evolving needs of the community and enhancing the quality of life for those she serves.
- Amber Irvine is a Licensed Marriage and Family Therapist who has dedicated her

career to working with the most underserved and vulnerable populations, including working with chronically homeless seriously mentally ill adults and older adults as part of Assertive Community Treatment teams, assisting in the development and implementation of the Whole Person Wellness pilot, and overseeing both county-contracted and county-operated behavioral health programs. She played a significant role in the planning, development, and implementation of the CARE Act program in San Diego County and has been the Program Coordinator, overseeing day to day operations, since its inception on October 1st, 2023.

- Martin Jones, Jr. has been in various leadership roles within the LAC DMH for over twenty years. His experience includes management of all outpatient services across four geographical Service Areas, Countywide Older Adult FSP, FCCS and PEI programs and Countywide Older Adult, Cal Works and other special initiatives. Currently, Mr. Jones leads the Countywide AOT and CARE Act programs.
- Melanie Kushnir-Pappalardo, LCSW, is the Director of Collaborative Justice Programs, Superior Court of California, County of San Francisco. She is an experienced behavioral health leader with over 20 years of expertise in direct service, policy, criminal justice reform, management, and court innovation. Melanie is passionate about advancing equity and access, and reimagining systems that fail to serve public safety or the common good. She is a skilled problem-solver, trainer, and public speaker with a strong track record in collaborative courts and alternative sentencing. Melanie has a proven ability to build innovative and effective partnerships across nonprofit, government, and private sectors to drive impactful outcomes. She is deeply motivated to modernize outdated systems by addressing the root causes of criminogenic behavior and systemic inequities.

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

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

- Explore strategies for integrating support roles into CARE teams including outreach, ongoing engagement, court participation, care planning, and retention.
- Gain insights from other counties on successful models, adaptations, and lessons learned in organizing around support roles.

[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**.