

Supreme Court Case No.

IN THE SUPREME COURT OF THE STATE OF CALIFORNIA

DISABILITY RIGHTS CALIFORNIA

PETITIONER,

V.

GAVIN NEWSOM, in his official capacity as Governor
of the State of California; and MARK GHALY, in his official capacity as
Secretary of the California Health and Human Services Agency.

RESPONDENTS

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REQUEST FOR JUDICIAL NOTICE
VOLUME 3 OF 4
EXHIBITS 21-22
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Exhibit 21

Pages: RJN-0442 through RJN-0616

**Certified Hearing Transcript of California
Assembly Judiciary Committee Hearing
dated June 21, 2022, re: SB 1388**

**Legislative History Report and Analysis for
Senate Bill 1338 (Umberg & Eggman –
2022) Chapter 319, Statutes of 2022**

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Community Assistance, Recovery and Empowerment
(CARE)

Assembly Judiciary (6/21)

RE SB 1338 Bill

1 ASSEMBLY MEMBER MARK STONE: Senator
2 Umberg, welcome.

3 SENATOR THOMAS UMBERG: Mr. Chair, how
4 are you this morning?

5 ASSEMBLY MEMBER MARK STONE: I'm good.
6 How are you?

7 SENATOR THOMAS UMBERG: I am
8 spectacular. Thank you.

9 ASSEMBLY MEMBER MARK STONE: I know
10 you've started your committee, so we'll --

11 SENATOR THOMAS UMBERG: Yes, yes.

12 ASSEMBLY MEMBER MARK STONE: We will
13 try and --

14 SENATOR THOMAS UMBERG: A busy time --

15 ASSEMBLY MEMBER MARK STONE: -- get
16 this through and move on to yours. All right.
17 Item Number 1, SB 1338.

18 Senator Umberg?

19 SENATOR THOMAS UMBERG: Thank you, Mr.
20 Chair and members. Let me -- let me thank you
21 personally, Mr. Chair and I see Ms. Merrilees is
22 not here right now, but I'm sure she'll be back
23 in just a second. I want to thank you and your
24 committee staff for helping us to continue to
25 improve this paradigm shift of a bill. Today I

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1 have the pleasure of presenting SB 1338, which
2 creates the Community Assistance, Recovery and
3 Empowerment Program. This bill passed the senate
4 with the unanimous bipartisan vote of 39 to 0.
5 The CARE Court is proposed framework sponsored by
6 Governor Newsom to deliver behavioral health
7 services to the most severely impaired
8 Californians, those who too often languish,
9 suffering in homelessness or incarceration
10 without treatment that they desperately need.

11 I believe we probably have some family
12 members here. If not here, they will be watching
13 and listening. As those family members know,
14 that those who are severely ill, schizophrenic,
15 et cetera, that the revolving door is extremely
16 painful, not just for those who are afflicted
17 directly, but for the families, knowing that a
18 phone call at any time may be a relief if it
19 comes from the jail because you know that person
20 is as opposed to somewhere else. They know the
21 pain, the suffering, the anxiety of waking up at
22 3:00 in the morning thinking we're just going to
23 go drive around and look for that family member,
24 even though we don't know where that person is,
25 because we can't sleep.

1 This program is a response to the
2 urgent need for innovative solutions for
3 individuals who are suffering with untreated
4 schizophrenia spectrum and psychotic disorders,
5 often unhoused in our communities, face high risk
6 of repeated hospitalization, incarceration,
7 institutionalization, mental health
8 conservatorship and premature death.

9 This program will create a system where
10 we connect a person in crisis with a court-
11 ordered care plan for up to 12 months with the
12 possibility to extend it for an additional 12
13 months. The program provides the individuals
14 with a clinically appropriate, community-based
15 set of services and supports that are culturally
16 and linguistically competent.

17 This includes short-term stabilization
18 medications, wellness and recovery supports and
19 connection to social services, including, and
20 most importantly, housing. We've taken several
21 rounds of comprehensive amendments throughout
22 this bill's journey, and the bill continues to
23 improve. In the senate, we strengthened the
24 housing component of the care plan, along with
25 local government accountability, which is

1 critical. Housing, for purposes of stabilizing
2 someone who is acutely ill, is critical. We
3 provided a series of key clarifications
4 recommended by a range of state stakeholders.
5 We've also tightened up the presumption language,
6 loosening the county sanctions piece, but making
7 sure that there is a tool by a judge who has
8 responsibility and accountability for
9 administering the plan to require that those with
10 the resources step up and provide those
11 resources, clarifying medication orders and due
12 process protections, increasing the petition
13 requirements and process in favor of the person
14 subject to the petition.

15 I want to make it clear there's been a
16 lot of misinformation about the CARE Courts and
17 the program and the system that we're trying to
18 design right now. It's not a conservatorship.
19 There is no substitution -- no substitute
20 decision-maker for the person. CARE Court does
21 not create a path to arrest. CARE Courts are not
22 a function of criminal courts. They're a
23 function of civil courts. CARE Court does not
24 allow for forced involuntary medication. CARE
25 Court participants cannot be forced to

1 participate. Law enforcement will not arrest
2 them if they do not come to court. And CARE
3 Court does not involve secure facilities.

4 Finally, CARE Court does not take away
5 rights, due process is protected and self-
6 determination is supported. It's simply a
7 creative and collaborative solution to an acute
8 problem that we and thousands and thousands of
9 Californians have been dealing with for quite
10 some time.

11 With me is Dr. Ghaly, secretary of
12 health and human services, and Christina Roup,
13 director of programs for Crisis Intervention
14 Training International and NAMI. She's a NAMI
15 California board member.

16 Dr. Ghaly?

17 ASSEMBLY MEMBER MARK STONE: Thank you.
18 So we're going to handle this one a little bit
19 differently. We've had a lot of folks on the
20 support, opposition and then sort of in the
21 nebulous area in between.

22 So what we're going to try to do is 10
23 minutes for support, 10 minutes for opposition,
24 10 minutes for those in between. And then when
25 we go to the phone lines, and just for those who

1 are on the lines -- and some of the primary
2 witnesses for within those 10-minute blocks are
3 on the phone, some are here. We will do that the
4 best we can. And then when we have others who
5 want to indicate support, opposition or in-
6 between, we'll start in the hearing room. We'll
7 do all of those together.

8 So if you're in support or opposition
9 or in-between, and not giving testimony, but just
10 want to indicate such we'll ask for everyone to
11 come up. Then we'll move to the phone lines and
12 again do that in a block rather than breaking it
13 down so that we can get everyone who wants to be
14 heard, heard.

15 So Dr. Ghaly, welcome here, and we will
16 start the support. I appreciate you being with
17 us.

18 SECRETARY MARK GHALY: Yeah. Thank
19 you, Assembly Members and Chair. Thank you to
20 all of the members of the committee for having me
21 today, Senator Umberg and Senator Eggman, who's
22 not here with us today for all of the tremendous
23 working together. And let me start by
24 acknowledging first what a difficult question and
25 challenge is in front of us, and to first also

1 think the partners in the communities that have
2 given great feedback. Really the back and forth
3 on so many different issues has been heartening
4 that we've been able to meet on a number of the
5 topics and really advance amendments and concepts
6 that I think do create important improvements.

7 And then also just to say the amazing
8 gratitude I have, and I think the entire
9 administration, I think the entire legislature
10 has for the tremendous work that happens in
11 communities today for exactly those individuals
12 we're hoping to do more for through the CARE
13 Court program.

14 And I want to start by really just
15 focusing on two words. Prioritization and
16 accountability. Really what CARE Court is
17 proposing is a new pathway, not a new program,
18 not a new set of responsibilities but really to
19 say we know, see, feel, interact with so many
20 Californians who are very sick, very vulnerable,
21 often living unhoused on the streets. And our
22 answer is to walk by them until either a charge
23 is -- a crime is committed, a charge is made or a
24 hospitalization through our 5150 or LPS process.

25 And at some point, when we look at the

1 impact and effect of our current system, we must
2 ask what more can we do to prioritize this
3 population, and CARE Court creates a system of
4 prioritization that says yes, we understand there
5 are the whole host of important behavioral health
6 concerns in our community, and that we are
7 looking to say that this is a group that, because
8 of how sick they are, because of how vulnerable
9 they are, we need to prioritize them and make
10 sure that our resources, our efforts, our staff,
11 our dollars, our housing availability can meet
12 their needs so they are no longer as vulnerable,
13 no longer threatened by death or arrest or
14 involuntary hospitalization, as we have today.

15 But the prioritization cannot happen --
16 it must happen together with the accountability.
17 And CARE Court creates that accountability
18 through the courts, that those of us, counties,
19 cities, others who receive resources to provide
20 the three key components of the CARE Court plan,
21 the care plan: first, stabilization medications;
22 second, a treatment team that is skilled and able
23 to interact holistically with the individual in a
24 person-centered way and housing. Those entities
25 that are receiving funding to deliver any of

1 those three pieces are part of that
2 accountability process to ensure that we're not
3 just prioritization -- prioritizing individuals
4 without a sense of strong accountability, but
5 that accountability supports this prioritization.

6 So together those two concepts,
7 prioritization, accountability, will help us move
8 forward in a pathway that I think allows us to be
9 upstream. And I think some people misunderstand
10 what we mean by upstream. We are not saying
11 upstream that these are individuals who aren't
12 quite sick enough, who aren't quite decompensated
13 enough, who aren't quite vulnerable enough. They
14 are clearly some of the most vulnerable, sick and
15 at-risk individuals in California.

16 The concept of upstream is let's not
17 require us to wait until an arrest is made, until
18 the third or fourth 5150 hospitalization in the
19 same calendar year has to occur. Let's come in
20 early, let's put and wrap around the individual
21 with a set of resources that we know are
22 available to some in the county. We need to
23 prioritize those and make sure that we can serve
24 them earlier.

25 To this end, I think the vision and

1 hope is this is not a solution for every
2 individual experiencing homelessness. This is
3 not a solution for everyone with a serious mental
4 illness or substance use disorder. We are
5 focused on a key set of individuals. We estimate
6 7,000 to 12,000 individuals across the state that
7 if supported and served in this way, we believe
8 we can change the arc of their life, bend it
9 towards success, effective, living engagement in
10 the community to avoid some of these other, more
11 traumatizing, frankly, more costly, more end-
12 stage interventions that we depend on today.

13 So with that I look forward to the
14 testimony of Chris, who I believe is next and
15 available by phone.

16 ASSEMBLY MEMBER MARK STONE: Yes. I do
17 have Christina Roup, and I guess with us on the
18 telephone. Are you -- are you with us?

19 CHRISTINA ROUP: -- my testimony today.
20 In addition to my professional credentials and
21 experience, I'm a family member and I'm a peer,
22 and I support CARE Court. This is a much needed
23 tool for a small but very vulnerable population
24 of individuals living with serious mental
25 illness, allowing them an opportunity to

1 voluntarily engage in treatment services with
2 many supports and accountability in place.

3 We do need to do this right and with
4 care. This will prevent unnecessary traumatic
5 experiences as they navigate this journey.

6 Community education of this program will be
7 essential to ensure successful outcomes for the
8 vulnerable persons it's intended for, and as
9 you've read and heard and will continue to hear
10 stories of our loved ones' experiences living
11 with mental illness, there is dire need for
12 systemic change earlier than at the intersection
13 for the CARE Court option.

14 And while CARE Court aims to prevent
15 unnecessary conservatorship and incarceration, we
16 do need to continue to work upstream to improve
17 the mental health system of care so that access
18 to appropriate and equitable care is available
19 before that crisis occurs, and that it's
20 available when one is voluntarily seeking
21 treatment options before their quality of life
22 for this very vulnerable population has declined
23 to the heartbreaking and unacceptable depths that
24 we know.

25 The goal of developing crisis response

1 in communities is to provide the most
2 compassionate, most effective and least intrusive
3 option for them. For far too long, we have found
4 our loved ones engaged in the criminal justice
5 system for their mental health care or placed on
6 conservatorships because there were no other
7 effectively structured opportunities for
8 successful engagement to find recovery. And I do
9 believe that this new framework and paradigm
10 shift will allow us an opportunity to help these
11 individuals sooner. Thank you again so much for
12 your time today.

13 ASSEMBLY MEMBER MARK STONE: Thank you.
14 So that's the support side. Okay.

15 SENATOR THOMAS UMBERG: That's correct,
16 Mr. Chair.

17 ASSEMBLY MEMBER MARK STONE: Thank you.
18 So we will now move to opposition. I have two
19 witnesses listed, Kim Peterson on the phone and
20 Shonique Williams here in person. Is Shonique
21 here? Great. So we'll start in the room and
22 then we'll move to the phones, and you're welcome
23 to come up to the table if you like.

24 SHONIQUE WILLIAMS: Good morning, all.
25 Before we begin, I made a request for ADA in

1 order to have an extended amount of time and that
2 request was not yet answered from the chair. So
3 I would like to take this time to exercise my
4 right as an American with a disability to see if
5 there is an opportunity for extension of time due
6 to being a person with lived experience with
7 mental health disability and the severity of this
8 issue. Thank you.

9 ASSEMBLY MEMBER MARK STONE: So we have
10 given support, opposition and the sort of in-
11 betweeners each 10 minutes. So you can divide
12 that up between yourself and Kim Petersen
13 however you like.

14 SHONIQUE WILLIAMS: Perfect. Thank you
15 so much for the opportunity. So I have heard
16 everything regarding CARE Court. I have been
17 following this bill from the very beginning, and
18 I just want to start by saying I can't look at
19 all of you in the back of the room.

20 But what is very clear to me is for
21 one, none of you are representative of me.
22 There's not one person sitting on this chair on
23 today that is from the black community. That in
24 itself is a problem. Some of them into health
25 disparities that we face as black Americans is

1 due to the oppression of the black community.
2 That cannot go without being said when we're
3 speaking in regards to CARE Court. This is a
4 racial systematic issue as a black American.

5 Speaking directly to you, Umberg. We
6 are facing opportunities in which we are stripped
7 of our rights on a daily basis at the hands --

8 ASSEMBLY MEMBER MARK STONE: And ma'am,
9 address your testimony to the committee, not --

10 SHONIQUE WILLIAMS: I'm speaking to
11 everybody, including Umberg. So, with that being
12 said, you're not speaking for me. You may
13 believe you're doing the right thing. But you're
14 not speaking for me. You cannot speak for me.
15 You do not know what I have gone through, and you
16 do not know what my community of people have gone
17 through. So your heart may intentionally be in
18 the right place. But you're going about it all
19 wrong.

20 The way to go about this is to partner
21 with those of us that have lived experience of
22 these issues, those of us that advocate for
23 mental health, those of us that advocate for
24 unhoused populations, those of us that actually
25 do this work every day. We don't have the

1 opportunity and the liberty to sit here in
2 Sacramento and to make decisions for lives that
3 are not impacted directly by us. I've heard
4 testimonies of oh, I'm a peer, I'm, you know,
5 this, I'm the family member.

6 How many of you actually have a mental
7 health disability? How many of you actually know
8 what I'm going through sitting here diagnosed
9 with post-traumatic stress disorder, anxiety,
10 bipolar disorder, misdiagnosed for many years as
11 a victim of child abuse, sexual assault and
12 domestic violence. None of you have spoken to
13 that.

14 I hope none of you have endured that.
15 But I can speak to that, and I have not been
16 invited into any conversations in any rooms nor
17 has anyone that looks like me, whether that is a
18 black man or a black woman. And that in itself
19 is a problem because we are the population of
20 people that are misdiagnosed with bipolar
21 disorder, with schizophrenia because people do
22 not understand what it is like to be a black
23 American, and to live in fear every single day.

24 From the moment a black woman
25 conceives, we are at risk for death, period. And

1 with that being said, there's no way to have this
2 discussion without the black community, but it's
3 being said, and it's been done.

4 This was a ridiculous idea to bring
5 this forward in such a short timeframe and to
6 cause the panic and the fear and the terror that
7 you all have caused on the black community, the
8 brown community as well. But I'm going to speak
9 to what I know. This has been an absolute
10 ridiculous nightmare. You guys have caused me an
11 increased amount of trigger for my PTSD, for my
12 anxiety and from my panic disorder every day.

13 I may look very well put together and
14 very beautiful today because I am, but I have
15 spent several days in panic, in fear, with
16 insomnia, not having the opportunity to sleep,
17 preparing myself to come speak for myself in this
18 limited amount of timeframe, to be given five
19 minutes to speak for my life and to speak for the
20 life of not only thousands, but ultimately
21 millions because as this goes forward in
22 California, we're going to impact the entire
23 country.

24 People watch California and they wait
25 to see what are we going to do on political

1 issues before they make a decision for their
2 state. So with California being one of the most
3 progressive states in the nation, we are
4 absolutely should be ashamed of ourselves for
5 what we are doing here today. There's nothing
6 about care that involves forced treatment.

7 I know that it was said on today that
8 this is not involuntary treatment. However it
9 is. I have read through every single piece of
10 bill text. If someone is responded to CARE Court
11 and they do not comply, the courts, a judge and
12 an attorney has the opportunity to take it upon
13 themselves to decide if it's in their best
14 interest as a court to remand somebody to CARE
15 Court.

16 That, sir, is, in fact -- ma'ams
17 present, that is, in fact involuntary treatment.
18 You can dress it up and frame it however you
19 want. But that's involuntary treatment and that
20 involuntary treatment, as far as the black
21 community is concerned, is an extension of the
22 carceral system.

23 We don't have time on today to get into
24 the roots and the history of the carceral system.
25 But we all know that it started at the hands of

1 slavery. As a black American, in order to be
2 abolished from slavery was also then written in
3 the 13th Amendment, that the way to keep me and
4 my people enslaved was going to be to charge us
5 with a crime. Those crimes started as small as
6 loitering, and they have now grown and developed
7 into the mass incarceration system that we see
8 today, and it has disproportionately impacted the
9 black communities and the brown communities.

10 So I bring you to that point to also
11 say many of you, everybody here should be well
12 aware of the 1994 crime bill, three strikes law.
13 Guess what? When we had crack cocaine being
14 dropped in black communities, when we had guns
15 being dropped into black communities, everyone
16 thought they were doing the right thing by
17 pushing forward with the 1994 crime bill.

18 We now have the president of the United
19 States, you know, Biden and others saying that
20 they made a mistake, that that was not the right
21 answer. It was, in fact, a need to address the
22 drugs in the communities, to address the guns in
23 the communities, just like there is a need to
24 address the houseless crisis, just like there's a
25 need to address the mental health crisis. But

1 this is not the way to go.

2 The way to go about it is to fund
3 voluntary programs that we know that work. This
4 program, CARE Court, is actually taking away from
5 dollars for voluntary services. This program is
6 actually not providing any permanent, affordable
7 housing. This program is actually not funding
8 any peer support services, and again, I go back
9 to the point of originally saying none of you
10 look like me.

11 So none of you know what my community
12 of folks need. So none of you should be passing
13 a bill for my community of folks because you do
14 not identify with my community of folks. I need
15 a peer that identifies with me. I need to be
16 able to call on someone for support, for access
17 to care, for resources, for tools that actually
18 work and have the opportunity to do that.

19 And so even as you all are making your
20 decisions on today, and as this bill moves
21 forward to the floor, I would really love for you
22 to check your conscience and to think about that.
23 Do you want to be on the wrong side of a bill and
24 find yourself one day saying, well, I thought it
25 was the right answer, just like the 1994 crime

1 bill and now we're doing all the work that we can
2 as Americans to dismantle that and to do what is
3 right.

4 So I thank you so much for your time.
5 I had a whole lot more to say. But I just feel
6 it would be appropriate to say that those that
7 are domestic violence survivors, sexual assault
8 survivors, child abuse survivors such as myself,
9 I stand in solidarity with you. I hope that I
10 did a great job speaking on behalf of us.

11 I am so sorry that we have been limited
12 to such a small amount of time in order to
13 amplify and uplift our voices. But I hope this
14 will not be the last conversation that I will
15 have with anyone that is sitting before me on
16 today, including yourself, Senator. So with that
17 being said, thank you.

18 ASSEMBLY MEMBER MARK STONE: Thank you.
19 All right. We will now move to Kim Pederson on
20 the telephone. Kim Pederson, are you with us?

21 KIM PEDERSON: I am.

22 ASSEMBLY MEMBER MARK STONE: Good. You
23 have about three minutes.

24 KIM PEDERSON: Yeah. Can you hear me?

25 ASSEMBLY MEMBER MARK STONE: Yes.

1 KIM PEDERSON: Okay. Great. Good
2 morning. My name is Kim Pederson and I am
3 attorney at Disability Rights California. I'd
4 like to thank the committee for the opportunity
5 to testify here today and to the committee staff
6 for all of the work you have done on this bill,
7 including your thoughtful analysis that raises
8 many critical questions.

9 I have spent my 18-year career as a
10 lawyer at the intersection of courts, behavioral
11 health and housing, exactly the intersection that
12 the CARE Court proposal inhabits. My years of
13 firsthand experience tells me that SB 1338 will
14 not achieve the results that its authors, sponsor
15 and proponents seek.

16 First, I have seen how court is not a
17 therapeutic or healing setting. Court is the
18 last place a person should have to go to obtain
19 behavioral health treatment and supportive
20 services. Second, SB 1338 defies decades' worth
21 of evidence that undeniably prove that housing
22 first, combined with voluntary intensive services
23 like assertive community treatment, successfully
24 engages the same population that CARE Court seeks
25 to help.

1 Effectively carrying out housing first
2 policies requires making available low barrier,
3 permanent housing to all who need it. California
4 is nowhere near achieving this goal. Lastly,
5 calling a program voluntary does not make it so.
6 The word voluntary has very different meanings in
7 the context of court and behavioral health
8 treatment.

9 In the court context, voluntary
10 generally refers to parties to a dispute entering
11 an agreement to end litigation in lieu of
12 proceeding with the court process. In the
13 behavioral health context, voluntary means the
14 autonomy to choose one's own services and support
15 from an array of available options outside of the
16 arbitrary confines of a court process. Once
17 referred to CARE Court, voluntariness is illusory
18 because true freedom of choice cannot exist in a
19 system where there are consequences for not
20 following a court order.

21 Tomorrow is the 23rd anniversary of the
22 Supreme Court's landmark Olmstead decision, which
23 established that unjustified segregation of
24 people with disabilities is discrimination under
25 the Americans with Disabilities Act. With the

1 CARE Court proposal and policy choices, including
2 yesterday's announcement of a half a billion
3 dollars going towards treatment beds, not
4 community-based treatment and other policy
5 choices to invest in temporary segregated
6 settings, the state is taking a giant step
7 backwards in the process of full integration of
8 all Californians living with disabilities.

9 With that, I conclude my testimony and
10 I'm going to stay on the line to answer any
11 questions that the committee may have.

12 ASSEMBLY MEMBER MARK STONE: Great.
13 Thank you very much. Okay. We will now move to
14 the concerns. We have Michelle Cabrera.

15 MICHELLE CABRERA: Good morning, Chair
16 and members. Michelle Cabrera. I'm the
17 executive director of the County Behavioral
18 Health Directors Association, and I'm speaking
19 today with concerns on SB 1338.

20 County behavioral health agencies are
21 the safety net for Californians living with
22 serious mental illness and substance use
23 disorders, and our members would be responsible
24 for screening, outreach, evaluation, treatment
25 and coordination of services under CARE Court.

1 Today, in all but three small jurisdictions,
2 county behavioral health agencies partner with
3 the judicial branch in California to support over
4 400 collaborative courts focused on mental health
5 and/or substance use disorders, including 67
6 mental health courts, 165 courts focused on
7 substance use and 18 homeless courts.

8 Our members have been true partners
9 with our judicial branch in establishing these
10 courts, including through our own financial
11 contributions, which make these partnerships
12 possible. CARE Court represents a significant
13 departure from this model in several ways.
14 First, CARE Court would fundamentally alter the
15 relationship between county behavioral health
16 agencies and our court partners.

17 Rather than coming together as partners
18 with a common goal of supporting a criminal
19 defendant, CARE Court establishes a civil court
20 process whereby the court can impose a number of
21 orders on county behavioral health and other
22 local public agencies with the threat of
23 significant sanctions and even receivership.

24 This experimental approach will
25 fundamentally alter the balance of power between

1 courts and the respondent as well as courts and
2 our county behavioral health agencies. Although
3 the court can order a respondent to develop their
4 CARE Court plan with the county, it will really
5 be up to the county behavioral health agency to
6 try and track down and convince the respondent to
7 say yes to us and our services, to staff the
8 courts, transport the respondents and ensure that
9 they are engaged in treatment throughout.

10 County behavioral health agencies do
11 this every day on a voluntary basis. One study
12 found that it typically takes around 40 touches
13 per client to get them to yes. This is intensive
14 and costly work often built on small touches. A
15 bottle of water. A granola bar. The consistency
16 in order to build trust is successful. However
17 this work is often misunderstood. For example,
18 none of it is reimbursable through MediCal, let
19 alone other insurance types. Often the public
20 points to the small numbers of individuals
21 conserved under alternative models like Laura's
22 Law as an indication of low participation. In
23 fact, having fewer conservatees under Laura's Law
24 is a marker of the success because they're
25 participating voluntarily.

1 The overwhelming number of individuals
2 outreach to come into services after we've
3 established trust. And the number of conserved
4 individuals represents those that we didn't
5 succeed in connecting to voluntary services. We
6 invest so much in voluntary services because a
7 person who's brought into services on a voluntary
8 basis is much more likely to maintain their
9 recovery in the long run. And it is consistent
10 with the Olmstead Act and other laws requiring us
11 to provide services in the least restrictive
12 level of care.

13 If I may share one more example of our
14 voluntary outreach and engagement, today county
15 behavioral health brings more than 14,000
16 unhoused individuals into voluntary treatment
17 services each year under one of our intensive
18 outreach and treatment models. These individuals
19 say yes to treatment and intensive case
20 management, even while they remain unhoused.

21 Despite our efforts to connect them
22 with housing through this whatever it takes
23 approach, in the end more than 8,000 of them
24 remain unhoused either because there is no
25 housing available in that community or because

1 the housing that does exist isn't available to
2 them often due to their own condition.

3 Housing providers today require, if you
4 can believe it, credit checks for people who are
5 experiencing homelessness. And with demand for
6 low income housing so high, they don't need to
7 bother with the high needs and challenging
8 behaviors of our clients. Ours is not a problem
9 of prioritization. It's a problem of access to
10 housing and resources.

11 CARE Court is also a departure from
12 what exists today in that it establishes
13 eligibility based on a set of specific diagnoses
14 alone, including one, schizophrenia, with a well-
15 documented history of racist underpinnings that
16 without additional awareness around racial bias
17 leads to misdiagnosing particularly black and
18 Latinx individuals.

19 The proposed eligibility criteria that
20 a person is unlikely to survive safely in
21 community without supervision can be very broadly
22 applied to a significant number of individuals
23 with these diagnoses, meaning that we anticipate
24 that tens of thousands of Californians, more than
25 the 7,000 to 12,000 estimated, will qualify for

1 this court and that our judicial branch will be
2 overwhelmed by the scores more referrals from
3 cities and concerned family members.

4 Many of these Californians would not
5 qualify for county behavioral health safety net
6 services today as CARE Court creates a new
7 pathway for individuals with private insurance to
8 come into our services and to be prioritized over
9 the low income Californians we serve. CARE
10 Courts will become an attractive option for the 7
11 out of 10 Californians with private insurance who
12 are rightfully fed up with the lack of adequate
13 coverage and options for their loved ones with
14 serious mental illness.

15 While CARE Court may assist with
16 housing for those individuals who are brought
17 before the court, we must ensure that our scarce
18 resources are not diverted away from those
19 14,000-plus individuals who said yes without a
20 court order to our services and the 8,000 for
21 whom our existing array of housing options fell
22 short.

23 The significant threat of immediate
24 sanctions and even receivership for failure to
25 comply with the court's orders will also mean

1 that the safety net, staff and our other
2 resources will be diverted away from both our
3 voluntary outreach and engagement but also those
4 cases where funding is very limited away from
5 children and youth under MediCal. Our members
6 will need to balance our responsibilities to meet
7 federal Medicaid entitlements with the threat of
8 CARE Court fines and receivership even for
9 failure to prioritize those with private
10 insurance.

11 Finally while the proponents point to
12 recent investments in bricks and mortar
13 infrastructure and the bump in revenues we
14 received due to the healthy economy, those
15 onetime investments are not allocated only for
16 behavioral health. It will not sustainably fund
17 a statewide program that will require an expanded
18 workforce of trained outreach workers and
19 clinicians to take on a new set of
20 responsibilities throughout the state.

21 We are already expanding eligibility
22 under DHCS's innovative CalAIM federal waiver,
23 building out a new peer's benefit to incorporate
24 more people with lived experience and financing a
25 30-year service obligation for new infrastructure

1 dollars on -- with no new state funding for
2 county behavioral health services.

3 Given the historic underfunding of our
4 public behavioral health safety net, the current
5 increases in funding that we are seeing now are
6 spoken for and necessary to address our existing
7 expanded obligations. Our members are
8 appreciative that we have been able to work with
9 the committee, with the administration and the
10 authors on a series of amendments to strengthen
11 this proposal. We remain concerned, however,
12 that without additional amendments to ramp the
13 implementation up over time, as well as to ensure
14 sustainable funding for county behavioral health
15 and protect our existing revenues, to properly
16 balance the court's oversight role with our
17 entitlement responsibilities, we will not be set
18 up to succeed in truly shifting the paradigm for
19 individuals who are experiencing homelessness in
20 California.

21 Our members are deeply invested in this
22 mission, and we respectfully request
23 consideration of our concerns. Thank you.

24 ASSEMBLY MEMBER MARK STONE: Thank you.
25 All right. We will now go to others who would

1 like to indicate -- again, I'm not going to break
2 this up by support, opposition or in-between
3 because I know we have folks really quite across
4 the spectrum. But we'll not be taking further
5 testimony at this point. If you just give us
6 your name, your affiliation and what you
7 recommendation is.

8 LEAH BARROS: Leah Barros, on behalf of
9 California Hospital Association, in support.

10 GLENN BACCHUS: Good morning. Glenn
11 Bacchus, for ACLS California Action and the Ella
12 Baker Center for Human Rights, in opposition.

13 ALEX TORRES: Alex Torres, director of
14 government relations with the Bay Area Council.
15 We are in support. Thank you.

16 ALISON MONROE: Alison Monroe, Alameda
17 County Families Advocating for the Seriously
18 Mentally Ill, in strong support.

19 KAREN LANGE: Good morning, Mr. Chair
20 and members. Karen Lange, on behalf of the
21 boards of supervisors in Butte, Del Norte,
22 Fresno, Kern, Nevada, San Luis Obispo and
23 Humboldt, with concerns articulated in the letter
24 that was shared with the county, or with the
25 committee. Thank you.

1 DOUG SUBERS: Thank you, Mr. Chair and
2 members. Doug Subers, on behalf of the
3 California Professional Firefighters, in strong
4 support.

5 JEAN HURST: Mr. Chair and members,
6 Jean Hurst here today on behalf of the Urban
7 Counties of California and the Rural County
8 Representatives of California, also with a
9 concerns position.

10 PAUL YODER: Mr. Chair and members,
11 Paul Yoder -- Paul Yoder, on behalf of the City
12 and County of San Francisco, in support, and also
13 on behalf of the California State Association of
14 Psychiatrists, in support. Thank you.

15 FARRAH MCDAID TING: Thank you, Mr.
16 Chair and members. Farrah McDaid Ting, on behalf
17 of the California State Association of Counties,
18 representing all 58 counties, with a concerns
19 position.

20 MIKE CARROLL: Mr. Chair and members,
21 Mike Carroll, with the Western Center on Law and
22 Poverty. We are in opposition to this bill and
23 wish to be associated with the comments of the
24 opposition.

25 DANICA RODARM: Good morning. Danica

1 Rodarm, on behalf of Drug Policy Alliance, in
2 opposition.

3 UNIDENTIFIED: Good morning, Mr.
4 Chairman and committee members. Mental Health
5 Association for Chinese Communities. Stronger
6 support, Carol Holt. This bill will be the key
7 to saving many lives of the mental health
8 patient.

9 ASSEMBLY MEMBER MARK STONE: Thank you.

10 UNIDENTIFIED: Life is the first human
11 right.

12 ASSEMBLY MEMBER MARK STONE: Thank you.

13 MATTHEW GALLAGHER: Mr. Chair and
14 members, Matthew Gallagher, on behalf of Cal
15 Voices, in opposition. Thank you.

16 SHAUN ROBINSON: Shaun Robinson, on
17 behalf of Anti-Recidivism Coalition, in strong
18 opposition.

19 MICHELLE MASACCIO: Thank you, Mr.
20 Chair and members. Michelle Masaccio,
21 Transforming Justice, Orange County, in strong
22 opposition. Thank you.

23 MARI CASTALDI: Hello. Mari Castaldi.
24 I work on homelessness at Housing California, in
25 opposition.

1 JEAN HURST: Mr. Chair, apologies.
2 Jean Hurst, here today on behalf of the County
3 Welfare Directors Association of California, also
4 with concerns.

5 TRENT SMITH: Trent Smith, on behalf of
6 the State Association of Public Conservators and
7 Public Guardians, supportive of the concept but
8 concerned with the lack of funding for our
9 services.

10 DANIELLE SANCHEZ: Danielle Sanchez, on
11 behalf of the Chief Probation Officers of
12 California. Certainly appreciate the necessary
13 resources in this but have concerns as outlined
14 in our letter. Thank you.

15 ASSEMBLY MEMBER MARK STONE: Thank you.
16 Anyone else in the hearing room? Seeing none,
17 Operator, would you open the lines for anyone who
18 would like to indicate support, opposition or
19 concerns on SB 1338.

20 OPERATOR: If you would like to speak
21 on this matter, press one and then zero at this
22 time. First line comes from 35. Please go
23 ahead. 135. Please go ahead.

24 AUDREY GEORGE: Hi. Can you hear me?

25 ASSEMBLY MEMBER MARK STONE: Yes, we

1 can.

2 AUDREY GEORGE: Oh, okay. My name is
3 Audrey George. I'm a member of White People 4
4 Black Lives and strongly oppose 1338. Thank you.

5 OPERATOR: Next comes from Line 174.
6 Please go ahead.

7 PRISCILLA: Good morning, Chair and
8 members. Priscilla (indiscernible) on behalf of
9 the City of Beverly Hills and the City of Santa
10 Monica, in support. Thank you.

11 OPERATOR: Next is Line 176. Please go
12 ahead.

13 MOIRA TOPP: Good morning, Mr. Chair
14 and members. Moira Topp, on behalf of San Diego
15 Mayor Todd Gloria and the City of San Diego, as
16 well as the Orange County Business Council, both
17 in very strong support.

18 OPERATOR: Next we have the line of
19 144. Please go ahead.

20 EDWIN BROWBONE: Yes. Hi. Good
21 morning, Chair and members. This is Edwin
22 Browbone, on behalf of the City of Ontario, in
23 support and on behalf of the County of Orange, in
24 support if amended to address county concerns.
25 Thank you.

1 OPERATOR: Next we have Line 182.
2 Please go ahead.

3 TARA GAMBOA-EASTMAN: Good afternoon,
4 Chair and members. Tara Gamboa-Eastman, on
5 behalf of the Steinburg Institute, in support.

6 OPERATOR: Next we have Line 190.
7 Please go ahead.

8 KIRK BLACKBURN: Good morning, Chair
9 and members. This is Kirk Blackburn calling on
10 behalf of the City of Santee in support. Thank
11 you.

12 OPERATOR: Next we're going to go to
13 the line of 191. Please go ahead. 191, your
14 line is open. 191? Next we have Line 192.
15 Please go ahead.

16 EMELLIA ZAMANI: Emellia Zamani, on
17 behalf of California Travel Association, in
18 support.

19 OPERATOR: Next we're going to --

20 UNIDENTIFIED: (indiscernible) on
21 behalf of the City of Santee, in support. Thank
22 you.

23 OPERATOR: Next we're going to 197.

24 MICHELLE KING: Good morning. My name
25 is Michelle King. I'm a resident of Los Angeles,

1 and I strongly oppose SB 1338. Thank you.

2 OPERATOR: Next we have 186. Please go
3 ahead.

4 COLIN SUAREZ: Good morning, Chair and
5 members. Colin Suarez, with the California
6 Psychological Association, with a concerns
7 position. Thank you.

8 OPERATOR: Next we have Line 188.
9 Please go ahead.

10 MADELEINE COOPER: Good morning, Chair
11 and members. Madeleine Cooper, with Nielsen
12 Merksamer, on behalf of the County of San Diego,
13 in support. Thank you.

14 OPERATOR: Next we have 216. Please go
15 ahead.

16 ANTHONY MOLINA: Mr. Chair and members,
17 Anthony Molina, on behalf of the California
18 Association of Code Enforcement Officers, in
19 support. Thank you.

20 OPERATOR: Next we have 202. Please go
21 ahead.

22 STACIE HIRAMOTO: Good morning. Stacie
23 Hiramoto, with REMHDCO, the Racial and Ethnic
24 Mental Health Disparities Coalition, in strong
25 opposition.

1 OPERATOR: Next we have 222, or I'm
2 sorry, 224. Please go ahead.

3 DANNY OFFER: Danny Offer, with the
4 National Alliance on Mental Illness, also known
5 as NAMI California, in support of the bill.
6 Thanks.

7 OPERATOR: Next up, we have Line 117.
8 Please go ahead.

9 KAREN VICARY: Good morning. Karen
10 Vicary, on behalf of Mental Health America of
11 California and the California Youth Empowerment
12 Network, in strong opposition.

13 OPERATOR: Next we have Line 117.
14 Please go ahead. I'm sorry. 107. Please go
15 ahead. Line 107, your line is open.

16 DR. KATIE WILSON: Good morning. My
17 name is Dr. Katie Wilson. I'm a psychiatrist in
18 far northern California. I am very concerned
19 about the fact that it looks like the state is on
20 planning --

21 ASSEMBLY MEMBER MARK STONE: Thank you.

22 DR. KATIE WILSON: -- to implement the
23 CARE Court program equally across the entire
24 counties and --

25 ASSEMBLY MEMBER MARK STONE: Thank you.

1 Move on. Please.

2 OPERATOR: Next we have Line 210.

3 Please go ahead.

4 NAOMI RAMIREZ: This is Naomi Ramirez,
5 with the California Behavioral Health Planning
6 Council, and the council is in an opposed unless
7 amended position.

8 OPERATOR: Next we have Line 167.

9 SHARON RAPPORT: Good morning, Chair
10 and members. This is Sharon Rapport, on behalf
11 of the Corporation for Supportive Housing, in
12 strong opposition. Thank you.

13 OPERATOR: Next we have Line 87.

14 Please go ahead.

15 SHARON GONSALVES: Good morning, Mr.
16 Chair and members of the committee. Sharon
17 Gonsalves, on behalf of the cities of
18 Bakersfield, Carlsbad, Corona, Redwood City and
19 Santa Rosa, in strong support. Thank you.

20 OPERATOR: Next we have 137.

21 OLIVIA ENSIGN: Good morning. Olivia
22 Ensign, on behalf of Human Rights Watch, in
23 strong opposition.

24 OPERATOR: And now we have 173.

25 NIKKI JONES: Hi. My name is Nikki

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1 Jones. I'm a mental health first Sacramento, De-
2 carcerate Sacramento and the Sacramento Homeless
3 Organizing Committee, in strong opposition, urge
4 a no vote.

5 OPERATOR: Our next line is 132.
6 Please go ahead.

7 PEGGY LEE KENNEDY: My name is Peggy
8 Lee Kennedy, with the Venice Justice Committee
9 and Los Angeles Services Not Suites, in very
10 strong opposition.

11 OPERATOR: Next we have Line 68.
12 Please go ahead.

13 CLAUDIA CASTANEDA: Good morning, Chair
14 and members of the committee. This is Claudia
15 Castaneda, on behalf of the Los Angeles Area
16 Chamber of Commerce, calling in support.

17 OPERATOR: Next we have 172. Please go
18 ahead.

19 VAL CARLSON: Hello. My name is Val
20 Carlson, with the In-Home Assist Now Los Angeles
21 Campaign, in strong opposition.

22 OPERATOR: Next we have 245. Please go
23 ahead.

24 YASMIN PELED: Good morning. Yasmin
25 Peled, on behalf of Justice in Aging, in

1 opposition.

2 OPERATOR: Next we have 198. Please go
3 ahead.

4 ROBERT COUPLE: Hi. My name is Robert
5 Couple. I belong to Sacramento Homeowners
6 Organizing Committee, strong opposition. Thank
7 you.

8 OPERATOR: Our next line is 105.
9 Please go ahead.

10 CAROL PATTERSON: Carol Patterson, with
11 the Peer Connection, strong opposition.

12 OPERATOR: And next we have 130.
13 Please go ahead. 130, your line is open. Moving
14 on to 124, go ahead.

15 MATT WADE: Hi. This is Matt Wade,
16 resident of Los Angeles, in opposition.

17 OPERATOR: Next we have 213. Please go
18 ahead.

19 JOHN RAPHLING: Hello. This is John
20 Raphling, resident of Los Angeles County,
21 strongly opposed.

22 OPERATOR: The next line we have is
23 178. Please go ahead. 178, your line is open.
24 Moving on to Line 244. Please go ahead.

25 JENNA LU: Hi. This is Jenna Lu, from

1 Orange County, California, daughter of someone
2 who has -- I mean, mother of a schizoaffective
3 child, and I am in complete 100 percent support,
4 support. Thank you.

5 OPERATOR: Next we have Line 219.
6 Please go ahead. Line 219, your line is open.
7 Moving on to Line 161.

8 JULIE CRANDALL: Hi. This is Julie
9 Crandall, from Mission Viejo, California. I'm a
10 homeless advocate, in strong opposition. Thank
11 you.

12 OPERATOR: Next is Line 229. Please go
13 ahead.

14 PAUL SIMMONS: Yes. This is Paul
15 Simmons, with the Depression and Bipolar Support
16 Alliance, in strong opposition of this antichoice
17 bill.

18 OPERATOR: Next we have Line 128.
19 Please go ahead.

20 LAWRENCE REYES: Hello. Lawrence
21 Reyes, a county and community mental health
22 worker, in strong opposition.

23 OPERATOR: Next we have Line 185.
24 Please go ahead.

25 BRIAN SAPP: Brian Sapp, on behalf of

1 the San Diego Housing Commission, in support.

2 Thank you.

3 OPERATOR: Next we have 240. Please go
4 ahead.

5 ASANTEWAA BOYKIN: Hello. Can you hear
6 me?

7 OPERATOR: Line 240 -- yes.

8 ASANTEWAA BOYKIN: Okay. I would just
9 like to take notice how a lot of the folks that
10 do direct services are in opposition and I hope
11 that the committee takes notice to that. My name
12 is Asantewaa Boykin. I am the cofounder of APTP
13 and co-creator of Mental Health First, in very
14 strong opposition. Thank you.

15 OPERATOR: Next we have Line 227.
16 Please go ahead.

17 UNIDENTIFIED: Is this 227? Am I open?

18 OPERATOR: Yes.

19 UNIDENTIFIED: I am a -- my only
20 qualifications are that I'm the parent and
21 grandmother of people who have a descendent line
22 of mental illness. My daughter needs to have
23 ongoing monitored support. Instead she's going
24 in and out of the court and is getting --

25 ASSEMBLY MEMBER MARK STONE: Thank you.

1 Thank you, ma'am.

2 UNIDENTIFIED: And is going homeless
3 for --

4 ASSEMBLY MEMBER MARK STONE: I'm sorry.
5 We're not able to take more testimony.

6 UNIDENTIFIED: That's good.

7 ASSEMBLY MEMBER MARK STONE: Thank you.

8 UNIDENTIFIED: So I'm just saying that
9 we need something that --

10 OPERATOR: Next we have Line 158.
11 Please go ahead.

12 DOUGLAS DUNN: Hello?

13 ASSEMBLY MEMBER MARK STONE: Go ahead.
14 Please.

15 OPERATOR: Your line is active.

16 DOUGLAS DUNN: Hello?

17 ASSEMBLY MEMBER MARK STONE: Hello. Go
18 ahead. Please.

19 DOUGLAS DUNN: This is Douglas Dunn,
20 parent of a loved one with mental health
21 challenges, member of NAMI Contra Costa and the
22 Contra Costa Mental Health Commission,
23 commissioner, in support. Thank you.

24 OPERATOR: Next we have Line 189.
25 Please go ahead.

1 ANDREA WAGNER: Hi. My name is Andrea
2 Wagner, a person with lived experience and a
3 family member. I'm the interim executive
4 director for CAMHPRO, the California Association
5 of Mental Health Peer Run Organizations that
6 supports care, not court. We are in strong
7 opposition.

8 OPERATOR: Next we have Line 143.
9 Please go ahead.

10 SHARON YATES: Good morning. My name
11 is Sharon Yates. I am on the Mental Health
12 Services, Oversight and Accountability
13 Commission, as a committee member of the Client
14 Family Leadership Committee, and I am in strong
15 opposition of this bill. Thank you.

16 OPERATOR: Next we are with Line 184.
17 Please go ahead.

18 SYLVIA O'REYES: Hello. My name is
19 Sylvia O'Reyes. I'm a resident of Los Angeles
20 County, and I am in great support. I have a son
21 who has schizoaffective disorder and substance
22 abuse, homeless.

23 OPERATOR: Thank you. Next line is
24 196. Please go ahead.

25 LYNNE GIBBS: Lynne Gibbs, NAMI Santa

1 Barbara County, in strong support.

2 OPERATOR: Next we have Line 85.

3 Please go ahead.

4 HECTOR RAMIREZ: Buenos dias, and good
5 summer solstice. My name is Hector Ramirez
6 (indiscernible) and a member of Governor Newsom's
7 behavioral taskforce. Today I speak on behalf of
8 the 237,651 consumers of the Los Angeles County
9 Department of Mental Health who will be targeted
10 like myself, and I am in opposition of this bill.
11 I'm also a NAMI survivor. Thank you.

12 OPERATOR: Next we have Line 239.

13 Please go ahead.

14 ANJIT SO: Good morning. Anjit So, on
15 behalf of SEIU California, and we still have a
16 concerns position. Thank you.

17 OPERATOR: Next we have Line 183.

18 Please go ahead.

19 TARA GARCIA: Hi. I'm Tara Garcia, and
20 I have concerns.

21 OPERATOR: Next we have Line 187.

22 Please go ahead.

23 JP PRICE: Hi. I'm JP Price, Orange
24 County. I'm a physician assistant as well as
25 mental health peer. I oppose SB 1338.

1 OPERATOR: Next we have 171. Please go
2 ahead.

3 KEVIN DREDGE: Hi. Kevin Dredge, on
4 behalf of California. I am in-between NAMI,
5 which is the National Alliance of Mental Illness
6 and to Receive ACCESS, which is Advancing Client
7 and Community Empowerment through Sustainable
8 Solutions, and it'd be great to have Mental
9 Health America step in to where we can allocate
10 the proper resources for all of us here in
11 California and beyond. Thank you.

12 OPERATOR: Next we have Line 102.
13 Please go ahead.

14 RACHEL BLUCHER: Good morning. Rachel
15 Blucher, with Nielsen Merksamer, on behalf of the
16 Contra Costa Board of Supervisors, with a
17 concerns position. Thank you.

18 OPERATOR: Next we have Line 235.
19 Please go ahead.

20 LADDIE WILLIAMS: Hi. I'm in
21 opposition. Laddie Williams from Venice,
22 California, Homeless Enterprise and Save Venice.
23 Strong opposition. Thank you.

24 OPERATOR: Next we have 133. Please go
25 ahead.

1 REBECCA GONZALEZ: Good morning.

2 Rebecca Gonzalez, with the National Association
3 of Social Workers, California chapter, in
4 opposition.

5 OPERATOR: Next we have Line 151.
6 Please go ahead. 151, your line is open. Moving
7 on to Line 160. 160?

8 UDAY KAPOOR: Uday Kapoor, representing
9 NAMI, Santa Clara County. Strong support.
10 Salute Governor Newsom for his compassion.

11 OPERATOR: Next we have Line 252.
12 Please go ahead.

13 MARCELLA ROSEN: Hello. My name is
14 Marcella Rosen. I'm speaking on behalf of Care
15 First California, and I am in strong opposition.

16 OPERATOR: Next we have Line 157.
17 Please go ahead.

18 GENEVIEVE ROMERO: Hello. This is
19 Genevieve Romero, also speaking on behalf of Care
20 First California Coalition and also as a private
21 citizen of California, in strong opposition.

22 OPERATOR: Next we have Line 195.
23 Please go ahead.

24 LINDA MIMMS: This is Linda Mimms, with
25 Schizophrenia and Psychosis Action Alliance,

1 strong support for SB 1338. Thank you.

2 OPERATOR: Next we have Line 119.

3 Please go ahead.

4 SIMON VUE: Good morning. Simon Vue,
5 on behalf of the California Council of Community
6 Behavioral Health Agencies, and we have a concern
7 position on the bill. Thank you.

8 OPERATOR: Next we have 258. Please go
9 ahead.

10 ELIZABETH KAINO-HOPPER: Elizabeth
11 Kaino-Hopper, residing in Carmichael, California,
12 in Sacramento County, in strong support. Thank
13 you.

14 OPERATOR: Next we have Line 242.
15 Please go ahead.

16 BEN GOLOMBEK: Ben Golombek, with the
17 California Chamber of Commerce, in strong
18 support.

19 OPERATOR: Next we have 127. Please go
20 ahead.

21 ANDREA GARCIA-PONCE DE LEON: Good
22 morning, Mr. Chair, members. Andrea Garcia-Ponce
23 De Leon, here on behalf of San Bernardino Freedom
24 All, Project Amiga, in strong opposition. Thank
25 you.

1 OPERATOR: Next we have Line 257.
2 Please go ahead.

3 JASON BRYANT: Good morning. Jason
4 Bryant, on behalf of the California Downtown
5 Association. We are in strong support. Thank
6 you.

7 OPERATOR: Next we have Line 219.
8 Please go ahead.

9 RANDALL HAGAR: This is Randall Hagar,
10 on behalf of the Psychiatric Physicians Alliance
11 of California, in strong support.

12 OPERATOR: Next we have 261. Please go
13 ahead.

14 LILYANE GLAMBEN: Lilyane Glamben, from
15 ONTRACK Program Resources, speaking as a private
16 citizen, strong opposition. Thank you.

17 OPERATOR: And now we have Line 260.
18 Please go ahead.

19 JAMES BURCH: James Burch, Anti-Police
20 Terror Project and Justice Teams Network, strong
21 opposition.

22 OPERATOR: Next line is 15. Please go
23 ahead. Line 15, your line is open.

24 RICHARD GALLO: Hello. Can you hear
25 me?

1 OPERATOR: Yes, sir. Sir, Line 15, you
2 may go ahead.

3 RICHARD GALLO: Hello? Can you hear
4 me?

5 ASSEMBLY MEMBER MARK STONE: Yes, sir.

6 RICHARD GALLO: Okay. My apology. I'm
7 hard of hearing. This is Richard Gallo, Santa
8 Cruz, California, a volunteer with ACCESS
9 California, a project of Cal Voices, in
10 opposition. Thank you.

11 OPERATOR: Next we have Line 268.
12 Please go ahead.

13 MICHAEL RECTOR: Hello. This is
14 Michael Rector, LMFT, and resident, Fontana,
15 California, in support of the facts.

16 OPERATOR: Next we have Line 262.
17 Please go ahead.

18 CV SHAH: Hi. My name is CV Shah. I'm
19 with Street Watch and Services Not Sweeps, in
20 strong opposition.

21 OPERATOR: And we have Line 267.
22 Please go ahead.

23 CAROLYN GOOSSEN: Good morning. This
24 is Carolyn Goossen, from the San Francisco Public
25 Defender's Office, calling in opposition.

1 OPERATOR: And at this time, Mr. Chair,
2 we have nobody else in queue.

3 ASSEMBLY MEMBER MARK STONE: All right.
4 Thank you. Thank you, Operator. You may close
5 the lines, and I'll bring it back to the
6 committee. I have Mr. Bloom, Mr. Kalra.

7 Go ahead, Mr. Bloom.

8 ASSEMBLY MEMBER RICHARD BLOOM: Thank
9 you, Mr. Chair, and I want to begin by thanking
10 Senators Umberg and Senator Eggman in absentia
11 for working on this important and complex issue,
12 and I want to applaud you and the administration
13 for addressing many of the issues that this
14 committee has raised and that advocates have
15 raised.

16 I want to thank all of the advocates,
17 you know, coming at this from multiple
18 perspectives, for being engaged and providing
19 input that is -- much of which has been adopted
20 into the bill.

21 The CARE Court proposal represents, as
22 Senator Umberg put it earlier, a paradigm shift
23 in how our state is going to help some of the
24 most vulnerable members of our society,
25 individuals who suffer and live on the streets

1 with severe mental illness. Many also suffer
2 from substance use disorders, most pressingly at
3 this time methamphetamine use that can itself
4 lead to psychosis. Fentanyl use is too common
5 and, together, these two substances have in fact
6 lead to an epidemic of additional suffering and
7 death in our communities.

8 In Los Angeles County alone last year,
9 nearly 2,000 people experiencing homelessness
10 died. That was a 56 percent increase over the
11 year before, and since I think it's 2014 the
12 number has been steadily rising. Death due to
13 overdoses, far and away led by meth and fentanyl
14 use, were up 78 percent from the -- from the
15 prior year. This is a public health emergency.

16 When we see these individuals on the
17 street, we are all rightly shocked by the squalor
18 that they live in, the degradation they
19 experience and the outrageous behavior we see,
20 and we vow to do something about it. But
21 solutions, including adequate funding, have
22 proven elusive.

23 CARE Court as proposed today may not
24 yet be perfect but represents a substantial and
25 compassionate new approach that deserves our

1 support and a chance to succeed. I want this
2 program to work, and I'm prepared to and will
3 vote for the bill today as I think negotiations
4 have led to amendments that have dramatically
5 improved the proposal, and further refinements
6 will continue to do that. And I hope that we do
7 see some additional refinements.

8 We've come a long way since my bill AB
9 2330 and Senator Umberg -- Senator Umberg's Bill
10 SB 1338 were introduced and while my bill is
11 parked, I want to express my appreciation and
12 admiration for the hard and stressful work of the
13 administration and the senate and the assembly
14 consultants who have labored mightily in their
15 efforts to get this right.

16 Naturally I do continue to have
17 questions and concerns. In order to achieve the
18 goals of the CARE Court, this legislation in my
19 view must provide the means to ensure that those
20 struggling with mental illness and substance use
21 disorders receive the treatment, resources,
22 support and housing that they need and deserve.
23 I feel like the plan before us gets us closer to
24 that goal, but still needs improvement.

25 The CARE Court program needs to be a

1 supportive system based primarily in
2 compassionate care and not a punitive one for our
3 unhoused neighbors who are struggling to recover
4 and heal. Therefore it is imperative that
5 individuals who are participating in the care
6 plan have suitable housing options and access to
7 services and support that they need in order to
8 achieve sobriety and health.

9 I'm pleased to see that the
10 administration and authors clarify that a
11 participant cannot fail out of the court program
12 if a component of the plan like housing or
13 services is missing. However unfortunately the
14 proposal still doesn't go far enough to ensure
15 their availability.

16 I'm concerned with the fact that the
17 program has no dedicated funding, instead
18 utilizing funding from current programs like
19 MHSA, bridge housing and county services, which,
20 in my point of view, are already overly
21 subscribed by the homeless population writ large.

22 I'm worried that in order to stabilize
23 the CARE Court population we are causing a strain
24 on vital support and housing services that
25 counties already rely on to take care of the

1 homeless population. In my cities, I hear of
2 seniors, homeless families who are priced out of
3 their rentals and from service providers, how
4 their clients are currently on large waiting
5 lists with vouchers in hand. But they're waiting
6 for housing and now we plan to make this
7 population, as we should, a priority. But they
8 will bump people up even further, bump some
9 people up the list and some people down the list
10 and this creates some difficult problems that
11 need to be addressed.

12 It's imperative that we scale up our
13 housing production, as so many of us have
14 advocated for in the legislature, but
15 particularly specialized housing to address these
16 populations' needs.

17 It is recognized that CARE Courts must
18 pass constitutional muster. Therefore to achieve
19 necessary due process, the program must be as
20 voluntary as possible before a person is placed
21 in an involuntary plan, and I'm pleased to see
22 that the plan has moved closer to this, but I
23 think requires additional clarifications.

24 I also believe that there need to be
25 more emphasis on training with the proper funding

1 for judges, court employees, supporters, mental
2 health professionals and any other person who may
3 be part of the care team. Given that we are
4 already experiencing a shrinking of this
5 workforce, there needs to be added emphasis on
6 reversing that trend.

7 Finally the accountability provisions
8 I think still need work. I think we as
9 legislators and the public need to know and need
10 to be able to assess whether or not the program
11 is fulfilling its purpose and what further
12 adjustments it may need. I would like to see the
13 accountability section have more detail,
14 including, for example, tracking participants to
15 see where and how they are doing post-completion,
16 the number of participants who are put on
17 involuntary holds who continue to languish in
18 jail and statistics on various populations.

19 In conclusion, I want to emphasize that
20 I believe in the promise of special purpose
21 courts like CARE Court. I champion the homeless
22 court in Santa Monica. I have reviewed
23 successful models in Los Angeles, elsewhere in
24 California and in New York City. But these
25 courts are only as strong as the resources that

1 support them. The bottom line is we cannot
2 afford to fail in this endeavor. There's too
3 much at stake.

4 If we fail to properly fund, provide
5 ancillary services, hospital beds, specialized
6 housing and sustain a workforce with the proper
7 expertise, then we are destined to not succeed.

8 Thank you again to everyone, including
9 the authors, for your hard work on this. I would
10 like to be requested that I be added as a co-
11 author of this important legislation that deals
12 with one of our most pressing issues. And I
13 would also like to move the bill.

14 ASSEMBLY MEMBER MARK STONE: Thank you.
15 We do have a motion. Is there a second?

16 ASSEMBLY MEMBER ELOISE GOMEZ REYES:
17 Second.

18 ASSEMBLY MEMBER MARK STONE: And a
19 second. All right. I have Kalra, then Reyes,
20 then Davies, than Haney.

21 Mr. Kalra?

22 ASSEMBLY MEMBER ASH KALRA: Thank you,
23 Mr. Chair and members, and I appreciate the
24 comments from our colleague from Santa Monica,
25 who I know has worked on these issues for many,

1 many years. And, you know, obviously the
2 homelessness crisis has proliferated throughout
3 our state, impacting our most vulnerable
4 communities, frankly, impacting every community
5 and combined with the cost of living, continued
6 increase lack of housing supply and perpetual
7 underfunding of vital social services and mental
8 illness treatment, solving this issue is no easy
9 task.

10 As the excellent staff analysis points
11 out, the number one reason for homelessness is
12 our cost of housing. There's no two ways about
13 it. I think we all know that, and we've all been
14 working on that in different ways. And I would
15 like to commend the author, Senator Umberg, as
16 well as Senator Eggman and the governor for their
17 continued work on addressing this complex,
18 critical issue.

19 I do believe the intentions are real.
20 Your hearts and minds are in the right place. I
21 -- however, CARE Court does raise questions for
22 me as to whether it is an effective or
23 sustainable solution before for a few different
24 reasons. And you know, as Senator Bloom
25 indicated, you know, it's not perfect, but no

1 bill is perfect. And so it's not a matter of
2 whether it can be improved upon because most
3 legislation can. The question is what is the
4 current condition of the crisis that we're
5 facing? And what are the best solutions to
6 resolving it? And where is the -- where are the
7 resources best spent?

8 And I think it is telling over the last
9 several weeks, you know, hearing from advocates,
10 the service providers, those who are providing
11 the services that are raising the most concerns
12 about this approach.

13 Now we heard some of the issues
14 regarding resources, of programs that have issues
15 but in some cases are working. I just went to a
16 permanent supportive housing for the homeless
17 right in the downtown of my district in San Jose.
18 I spoke to several folks there, many of whom used
19 to be homeless, many of whom had severe mental
20 health issues.

21 None of them had to go to court in
22 order to get the help. What got them the help
23 was that social workers went out to them day
24 after day, week after week, and eventually they
25 built that trust. Eventually they built the

1 trust while they were living in a tent. And
2 then, when housing became available, they quickly
3 moved them in there and stabilized them and got
4 them the support and the shelter that they all
5 deserve.

6 I do want to ask some questions,
7 whether Dr. Ghaly or the senator, of course, you
8 know, or anyone else can feel free to answer.
9 One has to do with the appointment of counsel.
10 We already know -- you know, having been a public
11 defender, I understand that there are always
12 resource issues. And, you know, just a question
13 regarding ensuring that there's enough resources
14 because it's a big difference. I've represented
15 clients that have faced conservatorship or other
16 types of mandates from the court. It's a much
17 larger obligation in terms of resources and time
18 and energy that are put into those cases.

19 And so not just ensuring the public
20 defenders have resources, but counties that don't
21 have public defenders or counties where public
22 defenders have a mandate to only take criminal
23 cases. Is that -- has that been contemplated
24 because different counties are differently
25 situated.

1 SENATOR THOMAS UMBERG: Let me -- let
2 me first try to take the question, and then Dr.
3 Ghaly will correct me. So your point's well
4 taken, Assembly Member Kalra, that resources are
5 a challenge. The challenges that have been
6 raised are all real challenges that we are trying
7 to meet, both with resources and also with
8 innovation.

9 So in terms of the public defender, you
10 are correct that originally the concept was to
11 have several different entities engaged in the
12 process, a judge, a public defender and a
13 supporter. We've now decided that rather than a
14 public defender, that's in the criminal context,
15 and this is not in the criminal context, that it
16 will be different counsel who will provide that
17 assistance and support, from legal aid most
18 likely, either directly from the county or
19 through other legal aid resources.

20 Yes, we do need to fund that. That's
21 exactly correct. But since this process is one
22 that's supportive, and since this process also
23 does not -- just to be clear, if someone is
24 participating in a different program and being
25 successful, they have housing, they're not forced

1 to come into CARE Court. No one is forced to
2 come into CARE Court. In fact, no one is forced
3 to remain in CARE Court.

4 As I mentioned at the outset,
5 unfortunately I think that there's been some
6 confusion about that. So Dr. Ghaly, do you care
7 to supplement?

8 SECRETARY MARK GHALY: No. I think
9 just to punctuate the point that representation
10 and counsel, either, you know, the original
11 concept through public defenders and now
12 exploring other routes I think is a high
13 priority, something that should and committed to
14 being funded so that all participants in CARE
15 Court have that essential counsel.

16 ASSEMBLY MEMBER ASH KALRA: Now it does
17 indicate because -- I read the text of the
18 legislation, and it does indicate that if -- that
19 the respondent that is -- or that the indication
20 that it's not required that they participate.
21 However if -- my reading of it is that once they
22 are brought before, and if it's deemed that they
23 have a severe mental illness, that they can be
24 required to participate in CARE Court. Is that
25 correct?

1 SENATOR THOMAS UMBERG: They can --
2 they can't be required as such, except for the
3 fact that they can -- I suppose if they decide
4 not to cooperate, then the result is that they're
5 placed in conservatorship. So you are required
6 to participate in CARE Court if you wish to
7 receive the kinds of resources that CARE Court
8 will provide. If you choose otherwise, and you
9 choose not to participate, not to cooperate, then
10 the alternative typically is conservatorship.

11 ASSEMBLY MEMBER ASH KALRA: And this
12 bring a concern because there's a pretty broad
13 spectrum of folks that can refer someone to CARE
14 Court. And so they ought not to do it and they
15 already have severe -- you know, by definition
16 they have schizophrenia, some other severe mental
17 health issues, then it's setting them up for a
18 conservatorship if they choose not to.

19 And in fact they don't even have to be
20 at the hearing. If they have severe mental
21 issues and they waive, well, they already have
22 severe mental health issues, so we're already
23 saying someone that doesn't have the mental
24 capacity necessarily to make decisions for
25 themselves now have to -- we're going to abide by

1 their decision to waive their appearance, which
2 is a very serious decision to make.

3 I'm approaching -- and these initial
4 questions are really kind of speaking of kind of
5 the coercive nature of this because the reality
6 is that, you know, as a public defender or as
7 counsel, especially if it's not going to be a
8 public defender, is their approach going to be
9 avoiding the detention or the -- not attention --
10 well, I guess in some cases detention, but the
11 requirement of participating and if they don't,
12 now you're facing conservatorship which is a very
13 serious step to take.

14 So if someone is brought before the
15 court to participate in CARE Court and housing is
16 not available, what happens to them?

17 SENATOR THOMAS UMBERG: Do you want to
18 take that, Dr. Ghaly?

19 SECRETARY MARK GHALY: Sure. Let me
20 also just address a few things.

21 ASSEMBLY MEMBER ASH KALRA: Sure.

22 SECRETARY MARK GHALY: Severe or
23 serious mental illness is a broad range of
24 conditions. The CARE Court focus is on a
25 narrower set, right? So severe mental illness,

1 serious mental illness is one of the criteria.
2 But we are looking at a specific set of
3 diagnoses. So I don't -- I want to make sure
4 that we acknowledge the 7,000 to 12,000 estimate
5 really comes from the set of definitions. So
6 severe mental illness, criteria entry code, but
7 not everyone with SMI would be would be eligible.

8 Secondly, the notion that if somebody,
9 a respondent is not either participating,
10 cooperating, whatever it might be, it isn't that
11 it necessarily absolutely leads to
12 conservatorship. It is just that the other tools
13 available within the current spectrum of
14 services.

15 So conservatorship, we know many of the
16 individuals become either misdemeanor or felony
17 incompetent to stand trial. Enter the criminal
18 system. As you well know as a former public
19 defender, that we see plenty of individuals with
20 these diagnoses who languish and linger so long
21 that these are the only systems, either that 5150
22 conservatorship pathway or we see on the criminal
23 side, either misdemeanor or felony ISTs.

24 If they're fortunate in some ways to
25 get services through those branches, they end up

1 having that happen much later. So I think those
2 are two really important pieces of sort of
3 augmentations to Senator Umberg's response.

4 ASSEMBLY MEMBER ASH KALRA: But the end
5 result could very well be the same, whether
6 they're coming through the criminal system or the
7 civil system. The end result could end up
8 conservatorship because if they go through the
9 CARE Court, and they're unsuccessful in it, now
10 you have further data and evidence to say that
11 they should be in a conservatorship because they
12 were just offered everything under the sun, and
13 they didn't accept it or didn't -- or didn't
14 succeed. So now the next step could very well
15 logically be conservatorship.

16 SECRETARY MARK GHALY: And I would say
17 that the expectation is that many individuals who
18 are respondents in CARE Court end up having a
19 change because the comprehensive set of services
20 that will be sort of prioritized and accountable
21 to be provided to that individual, that the
22 expectation is that many folks who might have
23 been on that path anyhow, just much later, will
24 not be on that path and in fact have stable
25 community-based housing and services that allow a

1 material change to not just the community's
2 outlook, but their own personal outlook.

3 ASSEMBLY MEMBER ASH KALRA: But where's
4 the housing going to come from if it's not
5 existent?

6 SECRETARY MARK GHALY: So, you know,
7 every day we house individuals across California.
8 We do it all the time. We -- this
9 administration, with the legislature support, has
10 put in \$12 billion, another \$2 billion proposed,
11 \$1.5 billion committed to behavioral health
12 bridge housing.

13 So the question of for 7,000 to 12,000
14 individuals, that if California's communities put
15 their mind to ensuring that these individuals are
16 housed in a prioritized way, there's a belief,
17 right, and we see it every single day, that
18 individuals with serious behavioral health
19 conditions -- we know our behavioral health
20 partners at the local level working with their
21 county family, their city partners, other
22 partners do achieve stable housing in community-
23 based settings for people with serious behavioral
24 health conditions.

25 So the question isn't is it possible?

1 We agree that there are limits on all of these
2 resources, and that's why certainly my testimony
3 leads with a focus on prioritization. So there's
4 a belief that that can happen, and there's
5 evidence every single day in our county's, big
6 and small, where individuals who meet the CARE
7 Court criteria do happen to, because of some
8 consider it focus, because of some other charge
9 locally to be stably housed in community, non-
10 locked settings where they are treated
11 effectively --

12 ASSEMBLY MEMBER ASH KALRA: And I do
13 commend the governor with the partnership of the
14 legislature because I have seen a lot of that on
15 the ground, including in Santa Clara County,
16 which is great, in terms of the housing kind of
17 rapidly being put in place.

18 But if someone is in the CARE Court,
19 and they don't have housing available, because
20 it's not necessarily guaranteed they get it.
21 What is their living condition expected to be
22 while they're going through the CARE Court?

23 SECRETARY MARK GHALY: I think it's
24 really ensuring that all the stops are pulled
25 out, that we effectively work to get that

1 individual into the stable housing, so --

2 ASSEMBLY MEMBER ASH KALRA: But what if
3 they don't? Are they -- at any point would they
4 be incarcerated?

5 SECRETARY MARK GHALY: No
6 incarceration. No. The focus is not on
7 involuntary hospitalization. That's all on
8 community-based settings and a work in progress
9 towards ensuring that the housing is not just
10 sufficient, but that it -- that the individual
11 who's involved, the respondent has a say,
12 understands that there's options, works to create
13 and move into a unit that makes most sense for
14 their life, their community, et cetera.

15 SENATOR THOMAS UMBERG: Let me just
16 augment Dr. Ghaly's response on two issues.
17 First in terms of conservatorship, right now
18 conservatorship is an early intervention, if you
19 will. What we want to do is we make -- we will
20 make it the last alternative, not the first
21 alternative. CARE Courts provide a support
22 system to make that the last alternative.

23 In terms of housing, one of the
24 challenges, as both of you have indicated, as all
25 have indicated, there are challenged resources.

1 But the CARE Court has a judge who can use a
2 tool, which is to the extent that housing is
3 available, to order that housing unlike the
4 current situation, where that -- you don't have
5 someone who is, one, in charge and, two,
6 accountable. And so that that provides another
7 level of support.

8 We all recognize that having housing is
9 a critical component to stabilization and that's
10 part of the whole challenge here, and it's part
11 of the initiative.

12 ASSEMBLY MEMBER ASH KALRA: Isn't this
13 -- isn't this kind of contrary to the housing
14 first model because it's having the treatment --
15 because if someone's living on the streets,
16 living in a tent, the likelihood that they're
17 going to succeed in a program like CARE Court,
18 even given the supports, is probably --
19 especially if they have a severe mental health
20 issue, even as narrowly defined, they're almost
21 guaranteed, in my experience -- you know, I was
22 11 years a public defender, five-and-a-half years
23 in drug treatment court, had a lot of clients
24 with mental health issues and substance use
25 issues.

1 It's almost next to impossible to
2 expect that they're going to be able to success,
3 which means they're not -- they're not failed out
4 of it. What it means is now the court will say,
5 well, now you're in for another year.

6 SENATOR THOMAS UMBERG: So the
7 challenges is if someone's living under a bridge,
8 right, if they're living under a bridge, and then
9 they are engaged in the CARE Court process, and
10 they continue to live under the bridge, the
11 chances of success are diminished dramatically.

12 And so the prioritization of housing,
13 which exists, and a person who has a tool to
14 order housing is a critical element. Now what's
15 the alternative without CARE Court is you just
16 leave that person to live under the bridge?
17 That's the alternative. So we have challenges.
18 This is an effort to meet those challenges with
19 both the tools and resources to address the 7,000
20 to 12,000 Californians and their families who are
21 severely afflicted with, for example,
22 schizophrenia.

23 ASSEMBLY MEMBER ASH KALRA: I would
24 suggest that there could be other alternatives.
25 Like I said, I have literally -- I've met

1 numerous individuals that because of social
2 workers, we're able to work with them. I've met
3 people just as recently as last week that are
4 living in tents that are on lists to get housing,
5 that are working with social workers, that are
6 just waiting for housing to open up. Some of
7 them, some of whom have mental health issues,
8 some of whom are, you know, getting connected
9 with prescription medication, if necessary,
10 through their social workers.

11 Is it enough? No. Do we need more of
12 those resources? Absolutely. But -- or, you
13 know, we need more residential treatment
14 programs. Absolutely. I would have clients that
15 would be released straight to residential
16 treatment programs voluntarily. Certainly once
17 they were stabilized, would have a 72-hour hold.
18 They get stabilized, and then they voluntarily go
19 into residential treatment which is a very
20 different setup than what CARE Court would put
21 forward.

22 I want to -- the last couple of things
23 -- you know, I have already been speaking for a
24 while. But last couple of things has to do with
25 what the data shows in terms -- and I've seen

1 this firsthand, but the data shows it in terms of
2 the -- if you look at the homeless population,
3 predominantly Latino and African American.

4 And I want to talk about trauma because
5 a big reason why so many of those in the streets,
6 especially black and brown individuals, are
7 having mental health -- mental health issues or
8 substance abuse is because of trauma that they've
9 had in the criminal justice system or in the
10 court system, with law enforcement, what have
11 you.

12 You know, there may be very well-
13 intentioned law enforcement that will go out
14 there and say, look, you know, you need help. I
15 want to bring you forward to CARE Court. That
16 doesn't change the trauma that individuals face.
17 And is this the best setting to expect someone to
18 be able to successfully get treatment for mental
19 health issues and eventually become successful
20 and get housing.

21 I would suggest that it's not. I hope
22 I'm proven wrong. You know, I don't want this or
23 any program put forward with the good intentions
24 of helping people to be anything but successful.
25 But I think that we should not underestimate the

1 trauma that is incurred when someone is brought
2 before the court system. I've seen it. I've
3 dealt with it. I've had to hold a lot of hands.
4 Sometimes successfully, sometimes very
5 unsuccessfully.

6 SENATOR THOMAS UMBERG: So I agree with
7 you that -- for example, I've spent, I don't know
8 --

9 ASSEMBLY MEMBER MARK STONE: I'm sorry,
10 Mr. Umberg. There wasn't really a question
11 there.

12 ASSEMBLY MEMBER ASH KALRA: Yeah.

13 ASSEMBLY MEMBER MARK STONE: I do want
14 to keep this hearing moving along. I just would,
15 you know, I would -- certainly if this was --
16 there's not a pilot. It's going -- permanently
17 creating a new system. You know, if there was a
18 one county that said, hey, I want to pilot with
19 the state and let's try it out and let's get all
20 the resources they need to house every single
21 person in the program without taking away from
22 other housing programs or other social services
23 and direct care programs, I would, I think, be
24 more open to it.

25 But I am unable to offer support today.

1 But I want it to be successful and not doing it
2 because I don't want it to be successful. I just
3 think that there's a grave risk that it's going
4 to take resources away from those on the ground
5 doing the work now that that can be proven
6 effective if we put more of the resources into
7 those areas, and again, all of us, as we've been
8 doing, continue to focus on building more
9 housing, including supportive, transitional, tiny
10 homes, whatever it takes to get people into a
11 safe, secure system.

12 And the last, last thing I'll say is, I
13 am also -- look, you know, this is -- this is
14 about, you know, about the dignity of the
15 individual. It's also about their freedom, and
16 essentially requiring someone to go into a
17 program that's severely disabled or has severe
18 mental health issues, which leads to a path to
19 conservatorship I think is also a very dangerous
20 path because it's not about what our intentions
21 are. It's about what tools we're giving to the
22 local courts and how they're going to use them.

23 And I can't say, having worked in the
24 court system for over a decade, that I am always
25 going to trust everyone making those decisions on

1 the ground. Thanks.

2 ASSEMBLY MEMBER MARK STONE: Thank you.
3 Ms. Reyes?

4 ASSEMBLY MEMBER ELOISE GOMEZ REYES:
5 Thank you, Mr. Chair. When the idea of the CARE
6 Court was first brought up by the governor, I
7 thought this is great because if the governor is
8 proposing this, all the resources will be brought
9 in to make sure it is an absolute success. Many
10 of us have talked about having to do -- that we
11 need to do something. What we've done up to now
12 has been unsuccessful.

13 But to have the administration and then
14 the legislature join together, I thought this is
15 going to be the best thing that can possibly
16 happen because I understand the need for the
17 bill. We need to be able to connect those who
18 are suffering with the services they need, to
19 make them successful, and that's -- the premise
20 of this is absolutely perfect.

21 But the proper funding is extremely
22 important. Of the letters that were sent in, it
23 wasn't an opposition letter, but a letter of
24 concern was from my county. The County of San
25 Bernardino sent a letter of concern and the very

1 areas that they've talked about are the areas
2 that we've talked about so far. The funding, if
3 we don't have proper funding, are we setting up a
4 system to fail? Sanctions, also for San
5 Bernardino County, if you don't have the proper
6 funding, if we don't have the workforce to
7 implement it and then they're going to be
8 sanctioned for not implementing it. There is a
9 problem there.

10 Housing, we've talked about that ad
11 nauseam. But it's such an important part of this
12 because it's such an important component of
13 having success. The eligibility, and the other
14 area that San Bernardino talks about is the
15 funding of existing programs. If we have
16 community-based organizations that are able to
17 provide the services and they're successful with
18 a few, if they have more funding, they can be
19 successful with many.

20 And I think this is something that many
21 of us have advocated for, is as we look to how
22 we're going to -- where we're going to spend the
23 money, how we're going to budget it, if we look
24 at those organizations, not at the top, not at
25 the state, sometimes not even at the county, but

1 at the local level we have so many organizations
2 that have been so successful in helping those who
3 need the services, who need the treatment, who
4 need the housing. And they work with the
5 individuals and these are people with heart.

6 It isn't just a mandate. They're
7 people with heart, and they work so hard with so
8 little. So finding ways to provide the funding
9 for them, making sure that we don't take funding
10 away from them to create a whole new system is of
11 concern for me.

12 In one of the letters, another letter,
13 this one is in opposition, San Bernardino Free
14 Them All. The very first bullet point is, as was
15 noted, it says that it will perpetuate
16 institutional racism through a system of coerced
17 treatment and will worsen health disparities,
18 directly harming black and brown community
19 members.

20 This is of concern for me. As a
21 Latina, this is of concern to me, and I hear the
22 testimony of my African American sister. This is
23 something that has to be addressed, and I know
24 that is as it moves forward, knowing what a big
25 issue this is, I am certain -- I'm asking, but

1 I'm also certain that this is something that will
2 be considered, making sure that the community as
3 a whole is brought in so that we are at the table
4 as discussions are had regarding this.

5 But it doesn't end today. It goes to
6 the health committee. So there are things that
7 you will hear today that perhaps can be addressed
8 by the time it goes to health and then to
9 appropriations. I don't have any doubt that in
10 the end this is going to be signed by the
11 governor. And so for me, it's really important
12 that we talk about those issues that are of
13 concern so that as it makes its way through, that
14 those concerns are addressed.

15 Another issue that my colleague from
16 San Jose has talked about is the supporter. I do
17 know that there's a difference between having an
18 attorney represent you and having someone who
19 knows you and cares for you representing you.
20 And when you have a supporter, though, that
21 supporter may not -- they want to be the
22 advocate, but they don't have the training to be
23 that advocate.

24 And so there are some -- there's some
25 part of this that will provide the training. And

1 that will be very important. I think that takes
2 us back to the community organizations, that to
3 be able to have that role as a supporter because
4 they will be the advocate and know what services
5 are available, what resources are available and
6 try to direct the person to those and advocate
7 for them, as opposed to just being the attorney
8 that, you know -- as attorneys, you know, we just
9 check -- do the check. Okay. I did this.
10 Check. I did this. Check. But as an advocate,
11 as a supporter, even the role, even the word
12 supporter for me means a whole lot more.

13 My colleague from Santa Monica talked
14 about accountability. That is -- I mean, even
15 when we talk about the funding that we've put
16 into homelessness, we've put in a whole lot of
17 money. And the question is where is the
18 accountability. Now here you have it will be
19 centralized. So in the end, there is
20 accountability. And I hope that that is
21 something that is embedded at every level because
22 if it isn't, then we're going to have the same
23 problem we have with many other programs that we
24 have.

25 Something else that was brought up is

1 the fact that -- and at Page 3 of the analysis,
2 it's about coordinating with existing programs
3 for those with mental illness. And instead of
4 that coordination, what this bill does, is it --
5 excuse me, it is -- it seeks to create and
6 implement a new program for those with mental
7 illness who need treatment. We have so many
8 programs already for those who have mental
9 illness and need treatment. Coordination -- I
10 think finding a way to coordinate, I think, would
11 assist us in making this a greater success
12 because in the end we want it to be successful.
13 We want it to be successful.

14 There is a crisis, as was mentioned by
15 one of my colleagues. This is a health crisis.
16 It's a humanitarian crisis. We have a
17 responsibility. We have an obligation to do
18 something more than what we have done. We can't
19 have people living under the bridge, as you have
20 said, Senator. We have to find ways to get them
21 out from under the bridge and in proper housing.
22 But as my colleague has said, we don't have
23 enough housing.

24 I want to make sure that I share with
25 you my thoughts. And I won't ask the question

1 about housing because that's been asked, and I
2 know that that's something you're working hard on
3 because you know that's an important component of
4 the success of this. I want this to succeed. I
5 absolutely want it to succeed. I want the issues
6 addressed that have been brought up by those who
7 oppose it because these are real. These are real
8 concerns and, as was mentioned, their lived
9 experiences and if we -- if we discount the lived
10 experiences when we're trying to come up with
11 policy, we lose out on a great opportunity.

12 We have to have everybody at the table
13 as percent we're coming up with the best
14 solution. But I know that if we're going to put
15 money into something, this is going to be it.
16 And I hope that we do the coordination that's
17 necessary. And I really refer us back to the
18 letter from San Bernardino County because they've
19 -- not just because it's my county. I'm very
20 proud of them.

21 But they've talked about the very
22 issues that -- the problems, the concerns with
23 the implementation of the bill. But with that I
24 will second my colleague's motion, if it hasn't
25 already -- oh, I think I seconded it already.

1 ASSEMBLY MEMBER MARK STONE: You
2 already did.

3 ASSEMBLY MEMBER ELOISE GOMEZ REYES:
4 Thank you.

5 ASSEMBLY MEMBER MARK STONE: All right.
6 So I have Davies, then Haney, then Cunningham and
7 Maienschein.

8 Ms. Davies?

9 ASSEMBLY MEMBER LAURIE DAVIES: Thank
10 you, Mr. Chair. Thank you, Senator. Like my
11 colleagues, we all want something to succeed,
12 especially a program like this, and there's no
13 question this is long overdue.

14 I think that listening to this, there
15 are a lot of concerns and I think that it really
16 is that if we're going to make this successful
17 and it's not -- it's not a perfect bill, is it a
18 successful bill that can actually happen, that we
19 have to make sure if we do something like this,
20 we've got the structure first, we have the
21 finances, we have the resources, we have the
22 infrastructure, we have the staff and the
23 training before we try to actually implement
24 this.

25 And one thing that -- sitting on city

1 council for eight years, when we had something
2 come up such as a program, what we did, as my
3 colleague has spoken about, is we went with a
4 pilot program because that's how you can learn,
5 and that's how you can actually tweak what needs
6 to be tweaked, you know, realize that this isn't
7 working, but this is, work with the nonprofits to
8 bring that in there. So for me, I mean, would I
9 like to have this done today? Absolutely. But
10 sometimes it's worth actually doing a pilot
11 program because we can see, you know, where the
12 strengths are and where the weaknesses are.

13 And that way too, as well, perhaps we
14 pick, you know, as we said, a county that would
15 be interested in doing this, maybe one in the
16 central, one in the south and one in the north.
17 And we then will have the funding. So we're not
18 taking 58 counties and going where's the funding
19 coming.

20 And then you take the concern of the
21 county going how are we going to actually fund
22 this ourselves. So we can take the funds, show
23 how to do a successful program so when we
24 complete this, we can say we've got this. This
25 is how it's working. It may not work exactly the

1 same way in the north or the south or the
2 central. But they can actually, you know,
3 finetune it to make sure that it does. So for
4 me, that's where I think you'd have a lot more
5 concerns taken care of, if we can actually make
6 this a pilot program.

7 And again always accountability,
8 results. Let's, you know, look at how's this
9 working, where can it be changed. But for me, I
10 would love to see this come forward and be a
11 pilot program for the next one or two years.
12 That way, the state can afford to fund this. It
13 would be sustainable and I think you'd have a lot
14 of people behind it because it's -- the idea is
15 there.

16 We just have to make sure that we do it
17 right because if we don't, we're going to watch
18 so much money go out the door again, and people
19 are going to be going, well, that didn't work.
20 This didn't work.

21 As well, if we've got people waiting
22 for housing, we don't want to take people off the
23 street and then replace them with others back to
24 the street because they weren't able to have that
25 housing. So let's look at it, and I just think a

1 pilot program would be fantastic because we could
2 actually have the funding. I think we could have
3 the support all the way around. Thank you
4 Appreciate it.

5 ASSEMBLY MEMBER MARK STONE: Thank you.
6 Haney?

7 ASSEMBLY MEMBER MATT HANEY: Thank you.
8 And thank you, Senator, for your leadership, and
9 Dr. Ghaly and the governor for taking this on,
10 and to all the advocates and people who have
11 weighed in, you know, I've had the opportunity to
12 read through many of the letters. And they are
13 strong and powerful testimony as to how we can
14 improve on this and how we can build it over
15 time.

16 One of the things that I would want to
17 underscore is just to make sure that we are
18 centering and including people with direct
19 experience, people who have experienced mental
20 illness, their family members and making sure
21 their voices are put at the heart of this. You
22 know, I know that we all agree that the current
23 system is broken and failing. You can walk
24 outside of this building and go a few blocks. I
25 walk outside of my home where I live in the

1 Tenderloin in San Francisco and see those
2 failures every single day. Those are collective
3 failures, our failed responsibility to take care
4 of people who are sick, people who deserve and
5 need housing and care.

6 And we've talked about this as a
7 paradigm shift. We need a paradigm shift. A
8 paradigm shift is overdue. What we see across
9 our state is when you have people who we are
10 failing to provide care and housing for, too
11 often the only place that they receive any
12 anything at all or any attention from us is jails
13 and prisons.

14 And so the options of sending people
15 into a criminal justice system that often does
16 more harm than good or into a conservatorship,
17 which also is often not the most appropriate or
18 effective or immediate response for people, is a
19 failed choice, and so adding another way that we
20 can provide people with care that puts treatment
21 on the table, puts housing on the table, and most
22 importantly, puts oversight and accountability on
23 the table.

24 One of the things that we've seen in
25 San Francisco, and this is an issue that I took

1 on -- I came here from a county board of
2 supervisors. And the first issue that I worked
3 on was revamping our mental health care system,
4 our behavioral health care system in a system
5 that now is called Mental Health SF, and we've
6 poured hundreds of millions of dollars into this
7 new approach.

8 And what we know, and this is true not
9 only in San Francisco, is that there isn't enough
10 housing. There aren't enough beds. There aren't
11 enough staff and that's something that I think
12 that we also need to underscore. We built out a
13 system. But then we had hundreds of positions
14 that we needed to fill to be able to provide that
15 care and couldn't fill those positions.

16 But the other thing that was there and
17 I think that this is where this intervention can
18 make a huge difference, is that there wasn't
19 enough accountability and there wasn't enough
20 oversight. And we saw again and again people
21 falling through the cracks in our system because
22 nobody was insuring that they actually got the
23 care or the housing that they needed.

24 We did an analysis of our system. We
25 found that we had over 700 empty supportive

1 housing beds that needed to be filled and there
2 were delays and there was processing and there
3 was all these different excuses as to why it
4 wasn't happening. But at the end of the day it
5 was because nobody was accountable. And nobody
6 could say put this person into housing right now
7 or there are going to be consequences. And
8 that's not, you know, something that as a member
9 of the county board of supervisors, and certainly
10 many of the counties respectfully aren't going to
11 like that aspect of it.

12 But I came from a city and county. I
13 saw how challenging this was. But I also saw
14 that when there wasn't that level of oversight
15 and wasn't someone to say you have to help this
16 person, you have to get them inside, too often
17 it did not happen.

18 So we can say that there needs to be
19 more housing. There does. There needs to be
20 more beds. There needs to be more care. But we
21 also need to make sure that when somebody needs
22 help, that we don't engage in bureaucratic,
23 systematic indifference, and fail them as a
24 result.

25 So I believe that this model can help,

1 that it can work. It will take a lot of work
2 together to build it out, to partner with it and
3 to build the resources to make it successful.

4 I do want to ask just a couple quick
5 questions. One is we've heard about again and
6 again from the counties, and now putting my
7 county hat back on in a more understanding way,
8 there are challenges around resources, and I
9 think they're right to say, you know, for some
10 counties, they may be able to do this. For
11 others, they don't have the access to beds or
12 support or staffing.

13 Is there an approach within this that
14 can that can allow for an acknowledgement that
15 counties are in different stages? Is there a
16 phased-in implementation? How do you account for
17 some of the unevenness that exists out there?
18 And I think it's leading people to feel that
19 maybe a pilot program is better. I don't support
20 that. I think we do need to build this
21 statewide. But how does the implementation work
22 and particularly understanding that counties are
23 in different places?

24 SENATOR THOMAS UMBERG: I mean, the
25 short answer -- the short answer is yes, Assembly

1 Member Haney. I'll let Dr. Ghaly supplement if
2 he chooses to.

3 SECRETARY MARK GHALY: Yeah. I think
4 there's conversations about how to recognize the
5 various stages that different counties are in and
6 how that comes into the plan and the bill
7 ultimately. And again, as I think many of us who
8 have done this work on the ground, participated
9 at the county level understand, that counties
10 often, given all of the demands, have challenges
11 with resources and again with the prioritization
12 and focus on a specific group can deliver on
13 certain things.

14 And just take a moment to acknowledge
15 also that there are programs just like this that
16 are active in parts of California, that are doing
17 work, getting individuals who just the week
18 before were in an orange jumpsuit and handcuffs
19 for their mental health services in jails and
20 prisons into community-based placements with the
21 right kind of support.

22 So the idea that we can do this in
23 California I think is real. There is evidence
24 across different parts of the state, and I think
25 we need to acknowledge and work and support each

1 other. I think many of you said this is going to
2 take a deep amount of partnership and I think
3 there's a commitment at all levels to make sure
4 that that partnership is there to make this
5 successful.

6 ASSEMBLY MEMBER MATT HANEY: And the
7 other question that I had was about who is being
8 served by this. You know, you've talked about
9 this 7,000 to 12,000. How are we ensuring that
10 that's where the focus is within these courts?
11 Certainly there are a lot of people who are
12 experiencing severe mental illness who are not
13 homeless. And they could be referred to these
14 courts as well.

15 So, and I will say mental illness does
16 not only impact people who are experiencing
17 homelessness. It mostly impacts the largest
18 number of people who are not homeless. So how
19 are -- how are we ensuring that these courts are
20 focused on people who are experiencing
21 homelessness or is that not the goal and that --
22 so those 7,000 to 12,000 I'd imagine are mostly
23 experiencing homelessness. How are you ensuring
24 that that's where the focus is? And is the
25 intention to focus on those individuals?

1 SECRETARY MARK GHALY: Do you want to
2 take that?

3 SENATOR THOMAS UMBERG: Sure. Again,
4 the short answer is yes. And the way we focus
5 upon them is through the referral process. That
6 referral process comes through a family member,
7 primarily a family member, can come from somebody
8 in law enforcement, can come from somebody in
9 behavioral health services in the county.

10 To the extent that someone has all the
11 support they need outside of the CARE Courts,
12 then they probably don't get referred into CARE
13 Court, to the extent that they have insurance, to
14 the extent that they have a family, that they're
15 living with someone, that all those things that
16 exist that CARE Courts would provide are already
17 being provided. My expectation is they would not
18 be -- they would not be referred.

19 But the focus is on those very both
20 hard to reach and -- hard to reach individuals
21 and those who are chronically ill with severe
22 mental illness. So Dr. Ghaly, anything more?

23 SECRETARY MARK GHALY: No. I just -- I
24 think we're working on ensuring that those who
25 are not, you know, as Michelle brought up in her

1 testimony, those with private insurance, those
2 with private resources to make sure that those
3 resources are made available to fund and support
4 the services that are required for individuals.

5 I think in large part the individuals
6 that are going to be respondents in this program
7 are, you know, certainly facing housing
8 insecurity, if not unhoused. They are the
9 individuals that we're seeing in our communities
10 that often end up in those other pathways that
11 we've talked about, whether it's the justice
12 system, criminal system or the conservatorships.

13 ASSEMBLY MEMBER MATT HANEY: And just a
14 couple last things in closing, you know, I do
15 believe, as you said, there are models that are
16 working that are similar. We have collaborative
17 court in San Francisco. I know of many other
18 counties have them as well that have some
19 similarities that we find to be very effective.
20 I do think that moving these courts out of the
21 criminal justice context and into the civil is
22 very important and provides the type of
23 alternatives that we need.

24 You know, at the same time, this
25 question of who we're serving is one that's going

1 to have a lot of needed further analysis and
2 partnership. You know, we are going to have to
3 engage a lot with questions around private
4 insurance and people who are housed and we dealt
5 with this issue a lot as well because many people
6 who have private insurance, that doesn't
7 necessarily mean they're getting the level of
8 care or support that they need. So how are we
9 supporting those individuals and what happens
10 when they come into the CARE Courts?

11 But again, we are in desperate need of
12 a paradigm shift and other options and other
13 models, and this is one that I believe can
14 provide not only that the menu of options and
15 care for people who are failing right now, but
16 also the level of oversight and accountability
17 that I think is missing from the system. And I,
18 both as others have said, will support it today
19 and will continue to be a partner moving forward
20 to make sure, as we all desire, that it's
21 successful in the future. Thank you. Thank you,
22 Chair.

23 ASSEMBLY MEMBER MARK STONE: Thank you.
24 Mr. Cunningham?

25 ASSEMBLY MEMBER JORDAN CUNNINGHAM:

1 Thank you, Mr. Chair. Speaking as a co-author,
2 so I think you know that I'm going to end up
3 voting for this, but I just wanted to maybe offer
4 a couple counterpoints and then share a little
5 bit of why I think this bill is so important to
6 give society another tool to help address some of
7 these very acute issues.

8 On the pilot program issue, I'm
9 generally supportive of starting with pilot
10 programs. I think that makes a lot of sense in
11 certain contexts. I will tell you having -- as a
12 criminal defense attorney, having put a number of
13 clients over the years through the veterans
14 treatment court, which is a county by county
15 thing in Monterey County, unless they changed it
16 recently, they don't have that. They do in San
17 Luis Obispo County.

18 So you get this patchwork situation
19 where some people can go into a very successful
20 court system. Veterans treatment court has
21 worked very, very well where it's been
22 implemented and funded properly, and others
23 don't. And I think we have an acute problem
24 throughout the state. So I would say in this
25 particular circumstance, this is the direction we

1 need to go, and I think we need to go big. And
2 that includes funding, right?

3 So my county is one of the registered
4 opposition, my home county, one of the two I
5 represent is one of the registered opposition and
6 theirs concerns funding and that's a totally fair
7 point. I have confidence that this is going to
8 be funded at least initially through the budget
9 and that there's going to be partnership and
10 collaboration on freeing up existing mental
11 health resources.

12 I would say if it's working well as we
13 implement and work out the kinks, I think the
14 money will flow because you're hearing from
15 everybody, people want this option. They want
16 this system. I mean, is our status quo working?
17 God, that's a tough argument to make. You go to
18 any one of the parks around here. Go to the
19 Salinas riverbed in Paso Robles. You go to any
20 bridge or highway overpass and you see people
21 living in tents, in unsafe and squalid conditions
22 frankly.

23 I think it's -- and we've thrown
24 billions over the last several budget cycles at
25 homelessness. And the problem seems to be

1 getting worse, not better. So to me we're
2 lacking -- there's a gap in the system now,
3 right? So right now you if you get committed on
4 a 5150 hold, a psychiatric hold, maximum 72
5 hours. Oftentimes, when you're released, you go
6 back without a plan. You go back to your
7 parents' house. You go back to your spouse's
8 house. There often isn't even an appointment
9 with a psychiatrist that you can get. Okay. So
10 I think the 5150 system is important. But
11 there's no backend care for those people in many
12 circumstances. So it's not surprising that they
13 end up in a bad situation.

14 The other way we try to address this is
15 in the criminal justice system, right? So mental
16 health diversion, a bill that a lot of us worked
17 on a number of years ago. Right now, the only
18 two counties I have staff for is San Diego County
19 in my home, San Luis Obispo. Roughly a quarter
20 of the people that apply for mental health
21 diversion, once they're in the criminal justice
22 system, are admitted into it, and only about half
23 complete it successfully.

24 In San Luis Obispo County, it's 21
25 percent get admitted into it and about half

1 complete it successfully and having put people
2 through mental health diversion and gotten that
3 for clients, it's expensive. It's tough to get
4 and by the way, to even be eligible for it, you
5 have to commit a crime.

6 So right now we've got people on the
7 streets where there's no intervention program
8 really for them unless they get 5150'd on a psych
9 hold. Then they're basically released back to
10 the status quo situation they were in which
11 clearly wasn't working well, because they got put
12 into the psych hold, or they're out on the
13 streets until they commit battery, commit
14 domestic violence, an officer responds because
15 they're laying in the streets off their
16 medication for schizophrenia, and they fight the
17 officers. I've seen all these things in my law
18 practice.

19 I mean, that's not a great situation
20 for a lot of these people. It's not a great
21 situation for society. I think it's appropriate
22 that you have this limited, and if I can just
23 share some personal experience of representing
24 people with schizophrenia. When they're off
25 their medication, they don't think they need

1 help. They don't think they need it. They think
2 they're talking to an alien. They're talking to
3 God. And it takes time. Usually in the
4 experience I've had, it's after they've been
5 incarcerated for a felony, and they're sitting in
6 jail awaiting trial. And I'm trying to get them
7 mental health screening for the diversion
8 program. And then the jail eventually coerces
9 them or convinces them to start taking
10 medication, and then eventually over a period of
11 time when they're in custody normally, the whole
12 time, they start seeing reality a little bit more
13 clearly. And then maybe they want to get help.

14 Okay. So it strikes me as
15 counterfactual in some circumstances to argue
16 that those people are making a choice, right?
17 Schizophrenics in particular when they're off
18 their medication, they often have diminished
19 capacity to make rational choices about their own
20 care. So that's where I think this proposal
21 comes in. It's not criminal. That's important.
22 It's got the chance of intervening early. I
23 think that's important. It has criteria that
24 makes sense to me. I think the real issue and
25 the struggle is funding, and I would encourage

1 you guys as you move through the process into the
2 next committee, be flexible about staggering the
3 implementation because different counties, to the
4 points my colleagues made, I think they're right.
5 Different counties are at different stages and
6 levels of funding.

7 But I think we need this. I didn't
8 start out supporting it. I looked at it. I
9 talked to the governor's staff. I talked to,
10 Senator, your staff and Senator Eggman's staff.
11 But I think there's a gap in the system, and this
12 has a chance of standing in that gap and
13 providing an avenue to get people care and
14 treatment.

15 And the accountability piece, having to
16 go back before a judge in a civil context and
17 show that you are making your appointments with
18 your psychiatrist, your counselor, that you're
19 following a treatment directive, that you're
20 seeking and getting the available housing and
21 that's important that that's prioritized. I
22 think that's right on the money.

23 These are important steps I think for
24 those people because I just don't comprehend how
25 it is humane to leave people in the conditions

1 we're seeing all over the state. And if the
2 present system were adequate to the task, we
3 wouldn't see the problems we're seeing
4 everywhere, and it's everywhere. I've driven up
5 and down all over the state for soccer
6 tournaments and work travel and family trips.
7 This is a problem everywhere in the state, rural
8 California, remote California, San Francisco, Los
9 Angeles, San Luis Obispo, San Diego, you name it,
10 right.

11 So I commend your efforts. I'm proud
12 to support it. I think the funding piece needs
13 to be worked out. The staggered implementation
14 is a good idea, if we can do that in some sort of
15 rational way. I think that's a plus. But I
16 think if properly done, a CARE Court model can
17 address a very acute population that is really,
18 really struggling, that really, really needs
19 help, and we can build a team around those people
20 and have them in the system and give them a
21 chance to improve their lives, get housed, get
22 clean if there's substance abuse, get back on
23 medication if there's severe mental illness. So
24 thank you. I'll be supporting it today.

25 ASSEMBLY MEMBER MARK STONE: Thank you.

1 Mr. Maienschein?

2 ASSEMBLY MEMBER BRIAN MAIENSCHIN:

3 Thank you, Mr. Chair. Just a few comments. You
4 know, for me personally, this is -- this issue,
5 I've spent a lot of time in my career working on.
6 I first clerked -- I clerk for the judge in San
7 Diego County who had the mental health calendar
8 and had the conservatorship calendar. I worked
9 for him for several years, a deeply
10 compassionate, wise judge who worked on this and
11 I thought very effectively in an area that is
12 complicated, difficult. The law can be uncertain
13 and requires somebody -- I think he was a role
14 model as a judge as to how to do that. I don't
15 know that that exists in every county and that's
16 going to be -- I think that's going to be one of
17 the many challenges you're going to face as to
18 even down to specifics, is which judge has the
19 mental health calendar makes a big difference.
20 And you're going to have to address that.

21 I also spent between my time on the San
22 Diego City Council and before I was elected here,
23 working on homelessness in San Diego County. I
24 was considered the homeless commissioner there.
25 I work for the United Way, and I created Project

1 25 there, and it was, you know, I wouldn't say
2 the most effective, but certainly one of the most
3 effective programs in the history of San Diego
4 County in dealing with the chronically homeless.
5 We house 38 seriously chronically homeless
6 individuals, the most difficult to house. And
7 there's still I think all but two of them are
8 still in housing today. And some actually have
9 jobs. They've gone on to do great things from
10 being where they were, a remarkable turnaround.

11 You know, so I have a number of
12 thoughts on that. I've tried to kind of organize
13 them somewhat. It's going to be very complicated
14 because this is a mesh of issues. You've heard
15 people bring up housing. It's housing. It's
16 mental health. It's the criminal court system.
17 A whole lot of areas. You know, somebody talked
18 about criminal court trauma which is certainly
19 part of -- you know, criminal court trauma.

20 Another thing that I would add is, you
21 know, there's a number of people out there who
22 have trauma from serving in the military. And
23 you know, particularly in San Diego, where we
24 have a huge military presence, but that's true
25 really throughout the state. They come back from

1 serving. They have PTSD. They're self-
2 medicating with drugs or alcohol. It's a large
3 problem, and I will tell you too the VA is, you
4 know, remarkably ineffective at dealing with
5 these individuals. It's really a national
6 tragedy what happens there and that they don't
7 get the resources they need from the VA.

8 I think you're going to need to address
9 that too. How do you work with veterans, you
10 know, where they should be entitled to treatment
11 from the VA. But it's just not. It's not
12 happening, and it's not -- by the way, if it's
13 not happening in San Diego, it's really not
14 happening in the rest of the state with the VA,
15 with probably the largest military presence in
16 the state.

17 The funding, of course, is always going
18 to be an issue. But really what's probably going
19 to be a bigger issue is follow-through. Each one
20 of these individuals is going to have separate
21 issues. You know, it was brought up people with
22 schizophrenia. Would I found largely, not
23 always, but largely when people with
24 schizophrenia were taking their medicine they
25 were -- it was much more practical to deal with

1 them because, by definition, they started making
2 better decisions. And once they did that and
3 stayed on their medication, they did start
4 wanting to make changes in their lives to get the
5 help that they needed. But without the
6 medication, they thought all sorts of different
7 thoughts. Some of my colleagues have brought up
8 what some of them are, and that was certainly my
9 experience with them too.

10 So that's very individualized. You
11 need somebody who's going to make sure an
12 individual takes their medicine every day.
13 That's not something you can do at 30,000 feet.
14 You have to do that at ground level. That's
15 going to take case managers. That's going to
16 take social workers, and that's going to lead to
17 another comment that I have which is normally I
18 favor pilot programs in most instances because I
19 think it allows you to, A, see if it works at
20 all, and, B, work out the kinks.

21 I think it's -- I think it's hard to do
22 that in this case. This would be one time that I
23 think that I would think otherwise because,
24 county by county, this is going to vary greatly.
25 It's going to vary greatly based on the

1 bandwidth, the seriousness with which the county
2 takes it. I remember I met with the mayor of a
3 city in my county who literally told me -- I went
4 to city hall to meet with him. He told me he had
5 no homeless people in his in his city, none.

6 Now meanwhile I had driven by homeless
7 people on the freeway offramp that I got by --
8 that I drove by. So I just invited him to come
9 back out with me to see the homeless people in
10 the city. He didn't want to do that. But, you
11 know, that's important. That's an important
12 consideration that you have.

13 You're going to have counties that just
14 don't really want to address this in a serious
15 manner. You have other counties that do, but
16 that have different organizations that work on
17 this. We had in San Diego County -- he's no
18 longer with us. But you know, Father Joe Carroll
19 is very famous, not just obviously in San Diego
20 but throughout the state, for his lifelong work
21 on homeless. He died recently. We have other
22 organizations. Alpha Project is a great one. We
23 have a number of other ones that are really good.
24 But there is a Father Joe or an Alpha Project in
25 Fresno or Bakersfield or LA or San Jose or

1 wherever all my colleagues are from. They'll
2 have their own, but it will be a different -- it
3 will be a different individual, a different
4 group. How do you mesh with that group,
5 something also that I hope you will address.

6 I do want to clear up one thing because
7 I'm working on a separate issue. I want to clear
8 up both my support of this with something that I
9 think I haven't always seen in the work
10 necessarily on this, but I want to clarify it is,
11 you know, this bill is different than the bill
12 that I'm working on with both supported decision-
13 making, and it makes changes to the probate
14 conservatorship system.

15 So I want to say to people who have
16 contacted my office, these are two very separate
17 issues. Probate conservatorship is different.
18 It falls under -- oftentimes I think when people
19 hear conservatorship, they just think it's sort
20 of one. But there's actually two very distinct
21 ones. And I want to clarify that the probate
22 conservatorship is entirely different from what
23 we're dealing with here.

24 Most people again know kind of the
25 probate conservatorship at least recently has

1 gotten more in the news because of the Britney
2 Spears documentary and the situation that Britney
3 Spears went through, and obviously she's somebody
4 we can -- we all identify and know who they are.
5 But that is completely separate than what we're
6 doing here.

7 So I want I want to clarify for those
8 who are watching that that's something else, and
9 Senator, you know, I appreciate your support of
10 the work that I have done on the probate
11 conservatorship part of it.

12 I'm going to -- I definitely -- I
13 definitely think this is something that's
14 important that we do. But what I'm going to urge
15 is that this has to work. It has to actually
16 result in changes when we talk about driving up
17 and down the state and seeing it, and it's true.
18 We've all seen the growth in our own cities and
19 counties, and we've all seen it when we traveled,
20 something that was that's just very different
21 than even several years ago, the underpasses and
22 the kind of tent cities as we walk around and the
23 real crisis that we have here.

24 And so while funding is going -- and
25 counties are going to always ask for funding, no

1 matter what, rightly so and then also because
2 they just are always going to want more funding.
3 But the devil is really going to be in the
4 details on this. As somebody who -- I literally
5 myself walked into the canyons and had to try to
6 talk to people to get them to come out of living
7 there -- thinking that living in that canyon was
8 a good choice and get them into housing.

9 So that's what it's going to take. The
10 more important thing is the person who is going
11 to go out there and get this individual to come
12 in to take their medication, to get into housing,
13 to get the support that they need that. That's
14 where I think this is ultimately going to be won
15 or lost.

16 And so I know this has kind of been a
17 longwinded way of comments on this, and then I do
18 have a question for you. But just in my career
19 of working on this, I just -- it's so immensely
20 complicated and complex. And how have you
21 thought about breaking it down at the county
22 levels? I mean, we've got 58 of them that are
23 going to have, if not 58 sort of separate
24 responses, certainly, you know, 20 separate
25 responses. How have you thought about that

1 county by county because I will absolutely assure
2 you what will work and doesn't work in San Diego
3 is not what it's going to be in San Jose or West
4 Hollywood or wherever else.

5 SECRETARY MARK GHALY: So I come back
6 to a word that a couple of your colleagues used,
7 which is partnership. I think it's going to come
8 down to working closely with the courts, and
9 you're absolutely right. Identifying the right
10 justice in each county, or multiple, depending on
11 the size, is going to be key. The training, the
12 support, the real understanding of how to work in
13 that partnership.

14 We've been through similar, maybe not
15 on this issue, but we've created, whether that's
16 in some of our child welfare programs or other
17 programs where you've created partnership-like
18 opportunities that involve the court and involve
19 county services, involved the client to really
20 build around that partnership.

21 And I think in each county there are
22 going to be different assets, different resources
23 that are going to make up that partnership. And
24 making sure that through that prioritization and
25 accountability, that all the partners at the

1 table understand where we want to go, and that's
2 going to take time, right? That's going to take
3 effort and working together and making sure that
4 the resources are not just sort of accounted for
5 on paper but really made available but that the
6 one or two housing units that are available are
7 there for this population so that they cannot
8 just recognized the stabilization that comes from
9 potentially taking medications on a regular
10 basis, but also of having that strong, solid,
11 reliable community-based housing that isn't part
12 of necessarily a hospital or the justice system
13 at all, right?

14 So I think it's really going to come
15 down to partnership, understanding the nuance at
16 the county level. The good news is the partners
17 doing the work today, a lot of this work,
18 understand that, are working with courts, and I
19 think we have an opportunity to build on that.
20 So it's going to be deliberate. It's going to
21 take some time and focus.

22 ASSEMBLY MEMBER BRIAN MAIENSCHIN: So
23 can you give me an example of one or two of the
24 ones that you are kind of holding up as a model?

25 SECRETARY MARK GHALY: Well, I mean, I

1 know LA the best --

2 ASSEMBLY MEMBER BRIAN MAIENSCHEIN:

3 Yeah.

4 SECRETARY MARK GHALY: -- because
5 that's where I did the work. And we have, you
6 know, there's the work of the office of diversion
7 reentry, the mental health court there, the
8 public defenders, the justice partners, the
9 clinical partners, county department, housing
10 entities, all who come together with a commitment
11 to create community-based housing solutions that
12 there's a model for, a commitment to making sure
13 that clinicians are part of the plan, that
14 individuals, whether they're peers, whether
15 they're case workers, whether they're social
16 workers, a variety of other individuals are there
17 at the table, working closely daily, not just
18 during business hours, but all the time, around
19 the clock. This is why making sure the justice
20 who was involved is really in tune.

21 So I think there's a number of models.
22 I think we can lift some up in Santa Clara
23 County. There's others similar in Fresno.

24 ASSEMBLY MEMBER BRIAN MAIENSCHEIN: But
25 what are -- sorry, I don't mean to interrupt --

1 SECRETARY MARK GHALY: No --

2 ASSEMBLY MEMBER BRIAN MAIENSCHEIN: But
3 like specifically though. I hear what you're
4 saying sort of generally. But specifically what
5 are what are a couple of them?

6 SECRETARY MARK GHALY: What are a
7 couple of the programs specifically?

8 ASSEMBLY MEMBER BRIAN MAIENSCHEIN:
9 Yeah.

10 SECRETARY MARK GHALY: Well, I mean,
11 the one I'll -- so office of diversion of reentry
12 has hundreds of partners in Los Angeles County,
13 right, that are working, working on similar
14 issues. You can talk about special services for
15 groups. You can talk about exodus. You can talk
16 about a number of behavioral health partners that
17 are part of those programs. But it's not one
18 single entity. So it's hard to name that
19 specific partner in every single one because it
20 takes different ones across that county, for
21 example.

22 ASSEMBLY MEMBER BRIAN MAIENSCHEIN:
23 Yeah. I guess that's the point that I have,
24 which is it does take different ones, you know,
25 in different counties. So, you know, for what

1 it's worth, I would urge you to reach out to
2 people who are showing some level of success
3 stories in each one of these counties, again
4 statewide. It can be LA. It can be San Diego.
5 It can be anywhere else.

6 But any county throughout the state and
7 see what it is they're doing actually on the
8 ground because if we just again talk about sort
9 of funding for departments, I think we're going
10 to miss what it's ultimately going to take.

11 In terms of the 5150s, those are --
12 that's another area that's again going to be
13 critically important how that's handled because
14 each region is different in terms of what happens
15 once the 5150 situation arises. Is there a bed?
16 Is there a mental health practitioner to help
17 that person? What happens when the person is
18 done with the 5150 hold?

19 And we're having this discussion now at
20 the legislative level as to who's the best person
21 to go out and respond to that call, whether it's
22 you know, law enforcement, whether it's social
23 workers, whether it's, you know, who should be
24 addressing that and ultimately how are we going
25 to get the best result when somebody goes out

1 there and deals with those individuals.

2 So even that issue is -- so it's not
3 just recurring. Response time, for example,
4 response time for 51 -- when we have a 5150 call
5 that somebody is suicidal or someone walks into a
6 waiting room of a hospital and police don't get
7 there quick enough and there -- and it's maybe
8 somebody that doesn't -- it's a county or a
9 department that doesn't have a social worker to
10 go out there. How do you -- how are you going to
11 deal with that on a -- with each law enforcement
12 agency in this state. It's huge. This is such a
13 massive undertaking.

14 I'm going to --I'm going to support it,
15 but I really -- you know, because I think it's
16 absolutely necessary. I think we -- I wish -- I
17 wish we had some of this when I was doing this in
18 San Diego. I wish I would have had some of these
19 resources and some of this commitment at that
20 time.

21 But I will say with all of this, the
22 devil is in the details at the absolute ground
23 level. It comes down to the person who's walking
24 back going under that underpass on that -- who's
25 going into a canyon and talking to somebody with

1 schizophrenia and trying to get them help.
2 That's where it's at that level. It's at that
3 level with -- and you can -- I'm just picking on
4 that area because you can do it any of these --
5 who comes before our judicial system, who gets --
6 who comes before a 5150 call.

7 It's all on the individual at the
8 moment that that 5150 response. It's all on the
9 moment when that person becomes before the
10 conservatorship judge and if they get a judge
11 like I worked with, they're in luck. If they
12 don't, they're not probably, and I don't know
13 where each of these 58 counties are on that too.
14 So I know this is a massive undertaking. I'm
15 pleased to support it today. But this is -- this
16 is a heavy, heavy lift. So pleased to support it
17 today though. Thank you.

18 ASSEMBLY MEMBER MARK STONE: Mr. Rivas?

19 ASSEMBLY MEMBER ROBERT RIVAS: Yes, and
20 I will be brief. I don't have any questions, but
21 just want to thank the senator for his
22 leadership. You know, certainly this is an
23 important effort. Also want to, you know, as was
24 mentioned, we can't afford this bill to fail.
25 But, you know, we certainly have to get it right.

1 That's why I appreciate our chair and the
2 committee staff for the work that they've done in
3 this bill, the engagement, you know, certainly
4 gotten this bill to a place where I can support
5 it today.

6 But certainly those concerns remain,
7 and many of the communities I represent, you
8 know, the concerns around, you know, in
9 particular resources, as we have heard, and I
10 have to align my comments with all of my
11 colleagues, resources. Funding for housing,
12 staffing levels.

13 So I represent a district in a region
14 that is largely rural. And, you know, when it
15 comes to resources and the practical application
16 and the implementation of this legislation in our
17 region, it's a concern for many of those counties
18 and, you know, local governments. The resources
19 we currently have, they never seem to be enough.
20 And so certainly if we're going to get this
21 right, if we're going to make this work, you
22 know, certainly our state needs to have a
23 significant level of investment and commitment to
24 make it work.

25 But look forward to, you know, ensuring

1 that we do all we can to support the
2 administration and to support these efforts.
3 Thank you, Mr. Chair.

4 ASSEMBLY MEMBER MARK STONE: Thank you.
5 All right. I think part of the issue here is
6 it's understanding what this really is and it
7 isn't, and I think you've heard that in a number
8 of the comments. And just by way of example, in
9 sub five when the courts piece came through, the
10 sub five is the public safety budget here.
11 They're even -- and even from the administration
12 saying this is what we want to do, there was not
13 a lot of clarity.

14 And I'll give you a specific example.
15 In the courts kind of very cavalierly, we're
16 talking about the self-help centers. Well,
17 people come into this CARE Courts through the
18 self-help centers. Well, that's not how they
19 were designed. And if that's the messaging, then
20 that's opening up this mechanism to more than the
21 homeless and the chronically homeless. But
22 anyone who, family members or others, has someone
23 with serious mental health issues to come in.

24 But also that part I worry about is
25 someone who is just inconvenienced with -- and

1 this could even come from families or others who
2 have the resources to be able to deal with. Now
3 notwithstanding a lot of folks and locals are
4 frustrated even who have the ability to pay or
5 who have insurance and not able to find
6 practitioners or places for people to go already.

7 If they're going to be frustrated and
8 then use this as a mechanism, now your bounds
9 around who's being approached here is now going
10 to start to grow and grow and grow and really
11 overwhelm this capacity because if we give people
12 a mechanism to offload their burdens, they will
13 take that.

14 And so I'm not sure that's so far the
15 only piece that's been funded that I've seen been
16 proposed to be funded was the courts. And then
17 we see yesterday an announcement of a whole lot
18 of other money, which I'm not even sure what to
19 do with that announcement because I don't know
20 what that money is where it's coming from, where
21 it's going and its grants.

22 But that's not really going to the to
23 the fundamental pieces of this that ultimately
24 really need to be addressed to be successful, and
25 implementations are going to be different county

1 by county by county. And what has always worried
2 me with programs like this is if we give tools to
3 counties and give them a lot of flexibility and
4 autonomy, these will be mechanisms to -- whether
5 it's someone who's homeless, chronically homeless
6 or someone who is just a family member, a place
7 to deal with folks who are an inconvenience
8 without really giving that individual the support
9 and the help that they need.

10 And we've heard this, if this was
11 really more care and less courts, I think that
12 would be messaging and a direction that would be
13 more helpful. And through some of the work that
14 we've been trying to do, we tried to bolster the
15 housing piece of this and not just a plan, but a
16 requirement, knowing full well from the counties
17 and the behavioral health folks that they're
18 worried that that obligation falls on them, and
19 their job is not housing. Their job is
20 ultimately treatment.

21 And there's an interesting dichotomy in
22 support and opposition here that I think is a
23 natural one. The cities, who are bearing the
24 brunt of homelessness, love these kinds of
25 things. The counties, who are going to have to

1 come up with the resources and pay for all of
2 this, and if they don't do it right, they're
3 going to get fined, which is less money that
4 they're going to have in order to provide the
5 services, are questioning.

6 I think the only counties that we got
7 support of this are San Diego and San Francisco.
8 San Francisco being a city and a county is a
9 little bit unique in that -- in that
10 circumstance. And so those who are looking for
11 the relief are desperate to find relief. And I
12 understand that, and appropriately.

13 Those who are having to face
14 implementing and unsure how they're implementing
15 are very, very concerned about that. And we
16 tried through some of the amendments to be
17 clearer about who this is going to be supporting.
18 Not quite successful there. Tried, as I said, to
19 get more requirements around housing. Were not
20 quite successful there.

21 Well, this is the penultimate
22 committee. Just one more, then it goes to
23 appropriations. And then it goes to the floor.
24 We're getting late in the process with lots of
25 questions and lots of issues.

1 Now I appreciate the negotiations that
2 we've had and that, Dr. Ghaly, your team has been
3 willing to talk to us and listen to some of the
4 concerns that we have had, including some of the
5 civil liberties questions and a lot of others.

6 But if this just becomes mechanism to
7 sweep people up because we don't like seeing them
8 -- I know that's not your intent, if that's how
9 it gets implemented, this is not going to go very
10 well. If it's not adequately funded, it will
11 potentially collapse under its own weight without
12 the ability to be a success.

13 I think we're all looking for
14 solutions. And especially with the given
15 emphasis on housing and homelessness across the
16 state, and I think we are seeing increases in
17 homeless and in some areas we're not seeing
18 increasing numbers of homeless but we're seeing
19 an increased focus on homeless.

20 And I'll just talk about my own
21 backyard. I'm honestly happy to see the -- well,
22 happy is not quite the right word, but it is
23 interesting to see how visible homelessness is,
24 and I think that's critically important because
25 for the longest time, as Mr. Maienschein

1 mentioned, and I have cities in my district who
2 also say we don't have homeless. Yeah, you do.
3 You just have an unwillingness to see it.

4 And without recognition, without a
5 willingness to see what the problem is, there
6 will be no solutions and without then building
7 appropriate mental health services here and for
8 the longest time -- and again, Dr. Ghaly,
9 appreciate your leadership, the great work that
10 Michelle Bass is doing in DHCS and others.

11 But not that long ago DHCS saw its role
12 really as utilization control and not a
13 participant in finding unique and creative ways
14 to deal with mental health. It's one of the
15 reasons I think the Prop 63 money went collected
16 and unspent because nobody knew what to do with
17 it. There weren't the mechanisms there, and it
18 was just the state was a gatekeeper for funds
19 rather than ensuring that real mental health
20 programs were put in place in all of our
21 communities. And with the gambit -- I mean, a
22 lot of peer-supported mental health, a lot of
23 sort of local things that that locals want to
24 implement, didn't know how or couldn't because of
25 the lack of resources. And the mental health

1 system in California has really been fractured
2 over the years. Part of that is the reason we're
3 seeing I think what we're seeing.

4 So if we're going to take these steps,
5 adequately funding them, recognizing what the
6 realities are on the ground and supporting what
7 counties know that they need to do is going to be
8 key in this. And there hasn't been a willingness
9 to really address the funding side of it and the
10 resource side of it. That really has to happen.

11 So I'm glad you're working with
12 stakeholders. I'm glad you're working with the
13 mechanisms that exist. But I worry that we'll
14 see some successes in counties who are willing to
15 implement and work it and less successful in
16 other counties, especially if they just see this
17 as a tool for shunting people aside who they
18 don't want to see in public anymore. That I
19 think would be an exacerbation of the tragedy
20 that we see ultimately in our communities and
21 with homeless.

22 So those are some of my concerns. I
23 know you and your team are probably sick of us
24 pushing and pushing and pushing and pushing. And
25 a lot of this has really come kind of late in the

1 process. We've been trying to engage and trying
2 to get some of these concepts really cleaned up.
3 So I'm -- I am going to support it today. I am
4 giving an aye recommendation. But I do want to
5 see where it goes next. And I want to see some
6 of these commitments really being followed
7 through and an understanding of how disparate
8 implementations really may or may not affect what
9 is going to -- what this program is or could look
10 like, because if we do this, if we pass this and
11 if we put all these investments in and it fails
12 because we haven't put all of the right pieces
13 together, that just cannot be acceptable.

14 And that's what you're hearing.
15 Usually when we propose something from the
16 legislature, we're hearing from the
17 administration, oh, just run a pilot program.
18 Well, I think that's a little bit of the concern
19 here is what is it that we're doing? How do we
20 see success? How do we see success in every
21 single county and ensure that there is that
22 accountability and ensure that there is -- there
23 are those programs moving forward.

24 And yes, we've thrown a lot of money at
25 homelessness. But again, I don't know that we've

1 done it with the right accountability across the
2 state. We get asked locally, all of us do, where
3 is this money going? And I'll talk to my
4 constituents. We put hundreds of millions of
5 dollars into some small counties. And nobody
6 really knows where that goes. So this program
7 really has to come with that accountability,
8 measurable results and ways that we know we can
9 monitor and manage and be able to come back
10 ultimately if we have a program that's successful
11 and say this is why it's successful. This is why
12 we can be proud of it. This is what we want to
13 do rather than just something that there's
14 flashy. We're solving something. And we don't
15 have a lot of the structure built around it or
16 ultimately for success, and I think that's --
17 there are a lot of concerns being articulated
18 here today around that.

19 All right. We have been an hour-and-a-
20 half of committee conversation. Sorry about
21 that. Senator, you get the last word. So I'm
22 going to ask you to close.

23 SENATOR THOMAS UMBERG: Well, thank
24 you, Mr. Chair. Thank you for your comments and
25 thank you for actualizing some of your concerns

1 in approving the bill. This bill is different
2 than the bill that was originally introduced, and
3 I think along the way you and your staff have
4 done a wonderful job in helping to improve it.

5 In terms of lived experience, I do not
6 have the lived experience of being homeless. I
7 don't have the lived experience of personally
8 having schizophrenia. I do have the lived
9 experience, though, of families who look for
10 loved ones at 4:00 In the morning. I do have the
11 lived experience of looking for a loved one at a
12 hospital. I have the lived experience of looking
13 and picking up a loved one at the police
14 department on repeated occasions.

15 I'm not an expert. I'm not an expert
16 in mental health issues. But I do have some
17 expertise in terms of accountability, and that's
18 been raised several times here, and that is a
19 critical component of this and that's why we're
20 creating a system where there is accountability
21 and the tools to support those with severe mental
22 illness, the tools so that the requisite
23 medications are provided, so that we prioritize
24 housing, so that we provide a stable environment,
25 so that we don't have to get to a conservatorship

1 as one of the first steps.

2 We still have a way to go. Resources
3 are still critical. It is a challenge. It is a
4 challenge for folks to come into court because
5 that is a scary place. It's a scary place for
6 me, and I've been there thousands of times. It's
7 a scary place, and so we have a challenge of
8 making sure that that environment is one that is
9 supportive through training of the courts and
10 through making sure that the supporters are
11 adequately trained and provided the tools to make
12 sure that we achieve the outcome that all of us
13 wish to achieve.

14 The same thing with counsel. By the
15 way, those are not one and the same. Supporter
16 and counsel are two different roles to be played
17 here. The housing challenge remains before us.
18 We're addressing it by prioritizing. The human
19 resource challenge is a real challenge here in
20 California, not just with respect to the CARE
21 Courts, but with respect to all the behavioral
22 issues that we're experiencing.

23 The problem is becoming more and more
24 acute, and the urgency of the problem is becoming
25 more and more acute. As you said, Mr. Chair, and

1 others have said, you can go anywhere in the
2 state of California and you see homeless folks
3 and you see folks that are in desperate need, and
4 that's what this is about.

5 And so with that, I'll urge an aye
6 vote.

7 ASSEMBLY MEMBER MARK STONE: Thank you.
8 We do have a motion and a second. That motion is
9 do pass to health committee. Call the roll,
10 please.

11 SECRETARY CINDY MORANTE: Stone?

12 ASSEMBLY MEMBER MARK STONE: Aye.

13 SECRETARY CINDY MORANTE: Stone, aye.
14 Cunningham?

15 ASSEMBLY MEMBER JORDAN CUNNINGHAM:
16 Aye.

17 SECRETARY CINDY MORANTE: Cunningham,
18 aye.

19 Bloom?

20 ASSEMBLY MEMBER RICHARD BLOOM: Aye.

21 SECRETARY CINDY MORANTE: Bloom, aye.
22 Davies?

23 ASSEMBLY MEMBER LAURIE DAVIES: Aye.

24 SECRETARY CINDY MORANTE: Davies, aye.
25 Haney?

1 ASSEMBLY MEMBER MATT HANEY: Aye.
2 SECRETARY CINDY MORANTE: Haney, aye.
3 Kalra?
4 ASSEMBLY MEMBER ASH KALRA: No.
5 SECRETARY CINDY MORANTE: Kalra, no.
6 Kiley?
7 ASSEMBLY MEMBER KEVIN KILEY: Aye.
8 SECRETARY CINDY MORANTE: Kiley, aye.
9 Maienschein?
10 ASSEMBLY MEMBER BRIAN MAIENSCHIN:
11 Aye.
12 SECRETARY CINDY MORANTE: Maienschein,
13 aye.
14 Reyes?
15 ASSEMBLY MEMBER ELOISE GOMEZ REYES:
16 Aye.
17 SECRETARY CINDY MORANTE: Reyes, aye.
18 Rivas?
19 ASSEMBLY MEMBER ROBERT RIVAS: Aye.
20 SECRETARY CINDY MORANTE: Rivas, aye.
21 ASSEMBLY MEMBER MARK STONE: Thank you.
22 That bill is out.
23 SENATOR THOMAS UMBERG: Thank you, Mr.
24 Chair. Thank you, members, for your patience --
25 ASSEMBLY MEMBER MARK STONE: Thank you.

1 All right, members. We have one more bill to
2 here, is Senator --

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C E R T I F I C A T I O N

I, Sonya Ledanski Hyde, certify that the
foregoing transcript is a true and accurate
record of the proceedings.

Sonya M. Ledanski Hyde

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[presenting - psychiatric]

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Document received by the CA Supreme Court.

Exhibit 22

Pages: RJN-0617 through RJN-0719

**Certified Hearing Transcript of California
Assembly Health Committee Hearing dated
June 28, 2022, re: SB 1388**

**Legislative History Report and Analysis for
Senate Bill 1338 (Umberg & Eggman –
2022) Chapter 319, Statutes of 2022**

Document received by the CA Supreme Court.

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Community Assistance, Recovery and Empowerment
(CARE)

Assembly Health (6/28)

RE SB 1338 Bill

1 ASSEMBLY MEMBER JIM WOOD: I did that
2 now because we get to the end of the night here,
3 at like 8 o'clock, there's not going to be
4 anybody out there. So I appreciate it. So with
5 that, Senator Umberg, please, the floor is yours.

6 SENATOR THOMAS UMBERG: Well, thank
7 you. Thank you, Mr. Chair and members. Let me
8 join the chorus with respect to the accolades
9 concerning your staff. Thank you, and thank in
10 particular Judy Babcock for the hard work on this
11 extremely important bill.

12 I have the pleasure today of presenting
13 SB 1338 with my joint author, Senator Eggman,
14 which creates the Community Assistance Recovery
15 and Empowerment Program. this measure is moving
16 and it is improving. It passed the Senate with
17 the unanimous bipartisan vote, and it is a
18 framework sponsored by the governor to deliver
19 behavioral health services to the most severely
20 impaired and impact of Californians, between
21 7,000 and 12,000 individuals.

22 But let me make sure that I underline
23 this. While there may be 7,000 to 12,000
24 individuals, the impact of those with
25 schizophrenia and severe mental illness is well

1 beyond those 7,000 to 12,000 hard to reach
2 individuals. That includes the families, the
3 community. It impacts literally hundreds of
4 thousands of Californians.

5 Too often those with severe mental
6 illness languish in homelessness or incarceration
7 without the treatment they desperately need. And
8 this program is a response to the urgent need for
9 providing that framework, that comprehensive
10 care, medication and housing. We recognize those
11 are really important, providing adequate housing,
12 providing adequate professional care, really
13 important in terms of reaching those who are
14 severely mentally ill.

15 The journey for a family with a family
16 member who is mentally ill is one of tremendous
17 concern, tremendous anxiety to the whole family.
18 In my own lived experience, I have looked for a
19 loved one at 3:00 in the morning when we couldn't
20 sleep because we didn't know where that person
21 was and really just looking anywhere almost just
22 to deal with our own anxiety.

23 Getting a call and being grateful it's
24 from the police versus from another governmental
25 institution. Worrying about medication, worrying

1 about someone who believes that they're fine when
2 we recognize they're really not fine. It is a
3 tremendous, tremendous challenge to reach those
4 and their families to provide support.

5 Let me just make it clear what CARE
6 Court is and is not. It is a framework for
7 recovery. It is a framework for stabilization.
8 It is not conservatorship. In fact, it is
9 something that we hope would make sure that we
10 don't put as many Californians into
11 conservatorship. It is to make sure that
12 conservatorship is a last resort and absolutely
13 last resort.

14 It doesn't create a path to arrest.
15 This is in the civil courts. It is not a
16 criminal court. CARE Court participants cannot
17 be forced to participate. Law enforcement will
18 not arrest them. It does not involve secure
19 facilities. What it does do, it does provide
20 priority in terms of housing. It does provide a
21 court, and I realized that the court setting can
22 be intimidating.

23 It's intimidating to me and I've been
24 there hundreds and hundreds of times. And that's
25 our challenge, to make sure that it is not

1 intimidating, make sure we've trained the court
2 personnel to make sure that they can adequately
3 deal with those who are suffering severe mental
4 illness. There have been some amendments taken
5 of late. I'll just describe those in brief.

6 First of all, the implementation date
7 has been moved. It has been moved for the first
8 cohort of counties to July 1 of 2023, to the
9 second cohort of counties representing the
10 remaining population of the state, and that will
11 begin no later than July 1, 2024. We had talked
12 earlier about having a public defender
13 participate. And that's probably the wrong --
14 the wrong group of individuals to help support
15 and now it will be moved to legal aid.

16 It will be a legal aid attorney that
17 will be assigned to support those that are in
18 CARE Court and the role of supporter/family
19 member, what have you, that is not in lieu of a
20 counsel. It is in addition to counsel. We'll
21 also be collecting data and evaluating the
22 program.

23 So important with governmental programs
24 to make sure that we, one, collect who's being --
25 basically who's in CARE Court, who's reporting

1 those into CARE Court and how effective are we
2 and addressing the concerns that this is all
3 about.

4 I'm very fortunate, as I said at the
5 outset, to have Senator Eggman here with me. I
6 may have to leave because, as you know, there are
7 many things going on today in the legislature,
8 and also as witnesses, Dr. Ghaly, secretary of
9 health and human services, and Mark Sawyer,
10 social worker and the homeless coordinator for
11 the city of West Sacramento.

12 SENATOR SUSAN EGGMAN: Good afternoon,
13 friends. Nice to be back here with you again
14 today. I just wanted to just kind of briefly --
15 I think Senator Umberg has done a good job of
16 going over things. And this is -- this is not
17 unfamiliar to you. We've been talking about this
18 CARE Court for a while now.

19 And as you know, I was here last week
20 with my eight bill package. You may know that I
21 got a couple of those held up along the way.
22 Thank you all very much for hearing them in here.
23 So I think this becomes even more important as we
24 continue to look for really repairing our
25 system. And as we all know, when we went into

1 the pandemic, we had a crisis, and it certainly
2 has just become worse throughout the pandemic.
3 What is not acceptable is the status quo, and at
4 some point we'll have to have a difference with
5 some of the opposition that the status quo is not
6 okay.

7 And we can do more than one thing at
8 once. Do we need more data? Always. Do we need
9 more funding? Always. But do we also need and
10 do we have in front of us an opportunity to
11 provide and to reach many of those who have been
12 unreachable in many respects.

13 In addition to what we know is that the
14 longer people are on the streets, the more
15 complicated their health conditions are, the
16 longer that their psychosis has been untreated,
17 the longer that their physical health has been
18 untreated, the more complicated their recovery
19 is, which really is the point, to be able to
20 recover people to a place where they are, if
21 possible, able to live independently.

22 But to really be able to again -- and
23 as I talked about the whole continuum of care,
24 this will be another onramp. I like to think of
25 it as the frontage road sometimes because our

1 system is kind of built around a crisis. If
2 you're -- if you're at the point where you're in
3 in really dire need and sometimes can't make your
4 decisions yourself, you are in a crisis, and
5 that's the way our system is designed.

6 But these issues are chronic. They are
7 chronic issues. So this is a way to be able to
8 bring those folks in who may not necessarily be
9 somebody who would be held against their will in
10 an LPS hearing. But it is somebody who clearly
11 has been in and out and in and out of our -- of
12 our system, has cycled repeatedly through, has
13 been in and out of jail many times, and this is
14 another way to be able to bring those folks in, a
15 very slim amount of people, a very identified
16 demographic.

17 And I believe this is important. I
18 believe this is the time, and I believe the
19 public expects and should demand better of us.
20 And I think that the administration has put forth
21 a solid plan.

22 I can't say enough positive things
23 about Dr. Ghaly and his commitment to this and
24 this issue, as I know all of you are committed to
25 really improving the lives of our most vulnerable

1 Californians.

2 ASSEMBLY MEMBER JIM WOOD: Thank you
3 very much, Dr. Eggman.

4 SENATOR THOMAS UMBERG: And with your
5 permission, Mr. Chair, I'd turn it over to Dr.
6 Ghaly.

7 ASSEMBLY MEMBER JIM WOOD: Great.
8 Thank you. Thank you very much. So as we
9 mentioned at the beginning, we will have 10
10 minutes for testimony for witnesses in support,
11 10 minutes in opposition and then 10 minutes of
12 tweeners, so, for lack of better description. So
13 whenever you're ready, Dr. Ghaly, and thank you
14 so much for being here with us.

15 SECRETARY MARK GHALY: Yeah. Thank you
16 very much, Dr. Wood, members of the committee,
17 Senators Umberg and Eggman, and Mark, for joining
18 me here today. It's a real privilege to be here.

19 I just want to take a minute to echo
20 and thank the committee for all of your
21 tremendous work and in areas affecting and
22 impacted by our agency. We're grateful for your
23 leadership and commitment to Californians. And
24 this is an issue that I know is hard. It's
25 complicated. But I also believe it's something

1 where we must act and must move forward. And as
2 Senator Eggman said, we've been talking about
3 this for quite some time.

4 The challenges, the opportunities, the
5 framework that is CARE Court, and I want to spend
6 a little bit of time focused on two words I spent
7 last week's judiciary hearing focused on which
8 was prioritization and accountability.

9 And I've had the privilege because, as
10 with anything that's as complex and hard as this,
11 you spend a lot of time speaking to folks on the
12 other side of an issue, and many of those folks
13 are people that I've worked closely with, whether
14 it's the office of diversion and reentry in LA or
15 homelessness issues in Los Angeles, really
16 working to figure out solutions for the often
17 overlooked, often the most vulnerable.

18 And one resounding comment that many of
19 those individuals sharer is they say, well, of
20 course, part of this that we like is the
21 accountability on our government entities to make
22 sure that we serve this population well. And so,
23 I want to focus the question around
24 prioritization and accountability as one that I
25 think is doable here in California. And I say

1 that not because we've just crunched the data and
2 looked at it. We know today that our counties
3 and our service providers up and down the state
4 are doing tremendous work for vulnerable
5 Californians.

6 And the ability to focus on what we
7 estimate is 7,000 to 12,000 individuals with a
8 set of clinical criteria, not a potential for
9 clinical criteria, but evaluated, diagnosed
10 criteria where health and safety is at risk,
11 those 7,000 to 12,000 people I believe up and
12 down the state we can serve and prioritize.

13 I understand the word prioritization
14 may mean that we aren't able to do everything
15 that we may wish we could. It may mean that the
16 hardworking, dedicated staff in some places will
17 need to turn their focus to this population, that
18 certain resources that already feel scarce can be
19 focused here on this population.

20 But as I've said before, issues of
21 homelessness have many faces. This is but one,
22 one of the most heart-wrenching difficult to see.
23 When so sick individuals who are vulnerable on
24 the streets often, but not always, aren't
25 getting the care that they need, we must act. So

1 I'll just remind you that through the pandemic,
2 through efforts like Project Room Key and Home
3 Key, we in California housed 50,000 Californians.
4 So we can do this.

5 Today, local county behavioral health
6 is serving over 350,000 adults with serious
7 mental illness on a daily basis, over 75,000
8 individuals in full service partnership slots.
9 Today we know that probably over this calendar
10 year that we're going to see nearly 5,000
11 individuals diagnosed or where a doubt is
12 declared in their felony proceedings, enter the
13 felony IST program, and that doesn't count the
14 thousands more who are misdemeanants in the same,
15 incompetent to stand trial program.

16 So we know that across the state when
17 we're focused on this population, that we can
18 take the resources in our counties and serve this
19 population well. So as we talk about the dearth
20 of placements, the dearth of staff, the dearth of
21 ability to really care and manage for this
22 population, I'll remind us two things.
23 California has done this before.

24 We've stepped up for the most
25 vulnerable, the most overlooked many, many times,

1 and we can do it again. And in many ways, we're
2 doing it already for some of these individuals,
3 just not in the comprehensive way that CARE Court
4 is asking. So when I think about what is the
5 potential of this program, I don't want to
6 dismiss how hard having a framework like CARE
7 Court will be in many areas. This is a tough
8 issue. This is one that I think our state has
9 grappled with many, many times.

10 But by promoting this pathway, making
11 it available, holding ourselves accountable,
12 prioritizing this population, that we could see
13 meaningful change for a population that
14 desperately needs it and help us make the
15 California for all that I think we all strive to
16 create here in California a closer reality.

17 So with that, I want to turn it over to
18 Mark to share some other words. Thank you.

19 ASSEMBLY MEMBER JIM WOOD: Thank you.
20 Please go ahead.

21 MARK SAWYER: Thank you. Thank you.
22 Good afternoon, Chair and members. My name is
23 Mark Sawyer, and I am a social worker and the
24 homeless coordinator for the City of West
25 Sacramento. I've spent the entirety of my career

1 working with homeless adults, many with serious
2 mental illness within a few miles of this
3 building. Thank you for allowing me to speak
4 this afternoon in support of CARE Court.

5 I've worked in homeless services for
6 over 15 years, and a huge part of my passion for
7 social work and working with others comes from my
8 own lived experience with addiction, mental
9 health and homelessness. My late adolescence and
10 early adulthood were impacted greatly by those
11 truths, and because of the help I received along
12 the way, from both individuals and institutions,
13 I have become emboldened to work with others.

14 I have been a client myself in drug
15 diversion, Prop 36, drug court and ultimately
16 family court where I was reunified with my son.
17 These interventions were absolutely paramount in
18 my and my family's success, and without them, I
19 shudder to think where I would be today.

20 As I entered the social work field, I
21 never shied away from the importance of court
22 collaborative efforts, where multiple agencies
23 with different perspectives work together on a
24 case. In my opinion, this is always beneficial
25 towards the client and creates an environment to

1 improve outcomes. Intervening in unmanageability
2 is an act of compassion, and I have tried to
3 incorporate that in my professional life as much
4 as I can, as I firmly believe in the mercy of
5 assertive interventions for those in crisis,
6 particularly those experiencing homelessness and
7 within that group, those experiencing psychosis.

8 No one should have to wait until they
9 are incarcerated or institutionalized to get
10 access to necessary services and support. I have
11 worked along the full continuum of homeless
12 services, as a counselor as a residential
13 treatment center for men with co-occurring
14 disorders recently released from incarceration,
15 as a case manager working with chronically
16 homeless adults with SMI, as a crisis clinician,
17 and finally in my current position for the City
18 of West Sacramento where I am doing street and
19 encampment outreach, case management and most
20 recently overseen Project Room Key, Project Home
21 Key and a No Place Like Home permanent supportive
22 housing development.

23 Throughout my career, it has been those
24 suffering from serious mental illness that have
25 affected me the most. Watching individuals

1 suffer while in the throes of untreated mental
2 illness has been impactful, and as a social
3 worker, I have tried to come up with solutions to
4 help improve their quality of life. This is no
5 easy task and can be quite daunting.

6 But nevertheless, we move forward with
7 the ultimate goal of improving the lives of those
8 we have the opportunity to serve. In this work,
9 I have come to know and care about many people
10 experiencing homelessness. Homelessness is bred
11 by and breeds trauma. Everyone impacted by
12 homelessness is worthy of good work.

13 But none of our residents are more at
14 risk than those who struggle with schizophrenia
15 and other psychotic disorders. They are
16 victimized regularly, physically, sexually,
17 mentally and financially. This victimization
18 often leads to hospitalization, worsening of
19 symptoms and ultimately, in some cases, death.

20 I believe the solutions to these
21 problems we face is by ever expanding our toolbox
22 with interventions at both the micro and macro
23 level. I am a believer in co-responding to
24 encampments and building rapport through
25 continuous outreach, providing support in

1 encampments and helping those navigate a system
2 that can be difficult to access. I believe in
3 providing low to no barrier shelters that allow
4 people, pets and possessions to receive immediate
5 respite.

6 Models like Project Room Key and Home
7 Key come to mind and I believe are a great move
8 in the right direction, as is permanent
9 supportive housing, which is another model that
10 I've used in my professional career, and I
11 believe it is absolutely something we should
12 continue to cultivate and expand.

13 But despite all of these great strides,
14 we still need more tools. And I'd just like to
15 point out now that CARE Court is not needed for
16 all. But it is essential for some. CARE Court
17 would give those of us on the streets caring for
18 the unsheltered with SMI an additional tool to
19 prevent incarceration, conservatorship and death.

20 I have seen the value of adding
21 services and housing options, and I agree that we
22 need more of all of that. But I firmly believe
23 that CARE Court will save lives as we continue to
24 build more housing and make more services
25 available. From my perspective, CARE Court

1 represents an act of mercy, not persecution. My
2 hope is that CARE Court is something outreach
3 social workers such as myself have in our toolbox
4 in the near future. Thank you for your time and
5 your thoughtful consideration.

6 ASSEMBLY MEMBER JIM WOOD: Thank you
7 very much.

8 MARK SAWYER: Thank you.

9 ASSEMBLY MEMBER JIM WOOD: So at this
10 point, others in support, please come forward.
11 Just the name -- your name and organization, if
12 you represent one.

13 MOIRA TOPP: Thank you, Mr. Chairman
14 and members. Moira Topp, here on behalf of San
15 Diego Mayor Todd Gloria and the City of San Diego
16 and also the Orange County Business Council,
17 both in support.

18 ASSEMBLY MEMBER JIM WOOD: Thank you.

19 SHARON GONSALVES: Good afternoon, Mr.
20 Chair and members of the committee. Sharon
21 Gonsalves on behalf of the cities of Bakersfield,
22 Carlsbad, Corona, Rancho Palos Verdes, Redwood
23 City and Santa Rosa, in support. Thank you.

24 ASSEMBLY MEMBER JIM WOOD: Thank you.

25 ESTHELA PACHECO: Hi. Esthela Pacheco,

1 with the Los Angeles Area Chamber of Commerce, in
2 support.

3 ASSEMBLY MEMBER JIM WOOD: Thank you.

4 ANTHONY MOLINA: Anthony Molina, on
5 behalf of the California Association of Code
6 Enforcement Officers, in support. Thank you.

7 ASSEMBLY MEMBER JIM WOOD: Thank you.

8 CAROLINE CIRRINCIONE: Hello, Chair and
9 members. Caroline Cirrincione, on behalf of the
10 League of California Cities, with a supportive
11 amended position to address concerns regarding
12 implementation. We look forward to seeing the
13 new amendments. Thank you.

14 ASSEMBLY MEMBER JIM WOOD: Okay. Thank
15 you.

16 MADELEINE COOPER: Madeleine Cooper,
17 with Nielsen Merksamer, on behalf of the City of
18 San Diego, in support. Thank you.

19 ASSEMBLY MEMBER JIM WOOD: Thank you.

20 LEAH BARROS: Leah Barros, on behalf of
21 the California Hospital Association, in support.

22 ASSEMBLY MEMBER JIM WOOD: Thank you.

23 DOUG SUBERS: Thank you, Mr. Chair and
24 members. Doug Subers, on behalf of the
25 California Professional Firefighters, in support.

1 ASSEMBLY MEMBER JIM WOOD: Thank you.

2 COREY HASHIDA: Thank you, Mr. Chair
3 and members. Corey Hashida, on behalf of the
4 Steinberg Institute, in support.

5 ASSEMBLY MEMBER JIM WOOD: Thank you.

6 ALEX TORRES: Alex Torres, on behalf of
7 the Bay Area Council and our 300 members, in
8 support.

9 ASSEMBLY MEMBER JIM WOOD: Okay. Thank
10 you.

11 KIRK BLACKBURN: Good afternoon, Chair
12 and members. Kirk Blackburn, on behalf of the
13 City of Santee, in support.

14 ASSEMBLY MEMBER JIM WOOD: Thank you.

15 NICOLE WORTELMAN: Nicole Wortelman, on
16 behalf of the City of Ontario, in support.

17 ASSEMBLY MEMBER JIM WOOD: Thank you.

18 BRIAN SAPP: Brian Sapp, on behalf of
19 the San Diego Housing Commission, in support.

20 ASSEMBLY MEMBER JIM WOOD: Thank you.

21 SELVY SHAH: Selvy Shah, on behalf of
22 the City and County of San Francisco, and also on
23 behalf of the City of Santa Monica and the City
24 of Beverly Hills, in strong support. Thank you.

25 ASSEMBLY MEMBER JIM WOOD: Thank you.

1 BRIAN LUNGREN: Mr. Chair and members,
2 Brian Lundgren, on behalf of the National
3 Alliance on Mental Illness, in support.

4 ASSEMBLY MEMBER JIM WOOD: Thank you.

5 ALISON MONROE: Alison Monroe, Alameda
6 County Families Advocating for the Seriously
7 Mentally Ill, along with a couple of moms of
8 people with schizophrenia, who didn't understand
9 that they couldn't call into this hearing today.
10 We support this bill. Thank you.

11 ASSEMBLY MEMBER JIM WOOD: Thank you.

12 PATRICK ESPINOZA: Good afternoon.
13 Patrick Espinoza, on behalf of San Diego County
14 District Attorney Summer Stephan, in support.

15 ASSEMBLY MEMBER JIM WOOD: Okay. Thank
16 you.

17 EMELLIA ZAMANI: Emellia Zamani,
18 California Travel Association, in support.

19 ASSEMBLY MEMBER JIM WOOD: Thank you
20 very much. Anyone else? Seeing no one, we'll go
21 to opposition. Please, we may have questions for
22 you, Dr. Ghaly, if you're able to stick around.
23 I don't -- but we'll go to our opposition now.
24 Please come forward. Please, there's a button
25 there, the microphone button. If you'd just push

1 that?

2 ASANTEWAA BOYKIN: Good day. My name
3 Asantewaa Boykin. I am an ER nurse who
4 specializes in acute psychiatric care. I am also
5 the co-founder of the Anti-Police Terror Project
6 and also a co-creator of Mental Health First,
7 which is a peer and community-run crisis response
8 system that's run on volunteer power.

9 I would like to start by saying our
10 lives, our pain, our stories are not platforms on
11 which folks can build political careers nor pad
12 the pockets of nonprofits.

13 We are clear now, more than ever, that
14 scarcity of resources is manufactured and built
15 on a foundation of white supremacy, patriarchy
16 and extractive capitalism. It is disturbingly
17 obvious that the real function of this bill is to
18 further embed the judicial system and the prison
19 industrial complex inside of our health care
20 system.

21 With that out of the way, this
22 legislation -- this piece of legislation
23 dishonestly uses words like voluntary and
24 graduation when in fact what we are talking about
25 is coercion and intimidation. And I believe I

1 heard someone used the word intimidate. It's
2 true. In the same way that California counties
3 are encouraged to participate, but then, if they
4 don't, they're fined. That sounds like coercion
5 and not being voluntary.

6 This legislation has tokenized the sad
7 stories of families of Californians who are
8 desperate to get their people housing and also
9 care. This bill requires that the patient shows
10 up for treatment, but it does not require that
11 the state in fact provide housing.

12 This bill aims to support those who
13 suffer from the positive symptoms of
14 schizophrenic spectrum disorders and other
15 psychotic disorders, which means that these are
16 the folks that are experiencing auditory, visual
17 hallucinations, sometimes delusions that
18 interfere with their activities of daily living,
19 and those can be classified as exacerbated
20 perceptions.

21 So for folks who are unhoused, black
22 people, brown people, folks who are dealing with
23 substance use, those perceptions are in fact
24 real, right. They are in fact being pursued,
25 surveilled, right. We are asking them in a

1 traumatized state to engage in a system that has
2 already traumatized them, that they already do --
3 that they already don't trust, even when they
4 come into the hospitals, and immediately the
5 doctors and nurses, all of us are in a place to
6 harm them, and we have to be careful about that
7 relationship.

8 What we're telling them is that we
9 would rather drag them into court that, in fact,
10 cannot provide housing even if it's kind of
11 promised, right, rather than just provide the
12 housing.

13 The money that's going to go into the
14 infrastructure to build this CARE Court system
15 could simply buy housing for those 7,000 to
16 12,000 people because the root cause is that they
17 are unhoused and they're unable, not unwilling,
18 unable to comply with these treatment plans.

19 So as a nurse, what I know logistically
20 what happened on the ground is the care worker
21 likely will be trained to call police when people
22 are not participating in their care plan, and
23 they'll end up in an emergency room. We
24 currently are housing people for days up to
25 weeks, trying to get them an acute bed, and the

1 reason why that's happening is because most
2 places will not take them unless they're
3 medically cleared, and we have to do that.

4 And I know it's like, oh, well, we're
5 not going to send them to the hospital. But you
6 absolutely are. Unfortunately going through an
7 ER and then through an inpatient program is the
8 fastest way to get outpatient or inpatient
9 treatment.

10 So I understand that this bill is super
11 sentimental, and it sounds like it's going to
12 work. But the day to day dealing with the same
13 population, the same folks coming in and out of
14 the ER, sitting there for weeks, sometimes
15 months, folks that are hard to place. And we're
16 traumatizing them. We're traumatizing them
17 further.

18 So to say now go stand in front of a
19 judge, civil or not, right, it's not our patients
20 that are broken. The system is broken. Drag the
21 for-profit hospitals, drag the for-profit mental
22 health corporations, drag them into civil court
23 and watch the resources magically appear.

24 ASSEMBLY MEMBER JIM WOOD: Thank you.

25 ERIC HARRIS: Good afternoon. My name

1 is Eric Harris. I'm the director of public
2 policy at Disability Rights California. We are
3 California's protection and advocacy agency. We
4 uphold and protect the rights of millions of
5 people with disabilities and prioritize the needs
6 of marginalized communities. I am here to
7 strongly emphasize our opposition to CARE Court
8 under SB 1338.

9 My comments also underscore the fear
10 and concerns of people with mental health
11 disabilities. Autonomy and civil liberties do
12 not exist in a system where there are
13 consequences for not following a court order. As
14 a black man who is a wheelchair user, I am a
15 lifelong disability rights advocate. I am
16 committed to the integration and liberties of
17 people with disabilities and have been recognized
18 to do so.

19 In 2021, I was appointed to be co-chair
20 of California's Disability and Aging Community
21 Living Advisory Committee. The committee's
22 purpose is rooted in both the Olmstead Supreme
23 Court decision of 1999, the anniversary of which
24 was just this last week, and in California's
25 values of inclusion, access and equity. In 2020,

1 I was appointed by Governor Newsom to the
2 California State Independent Living Council.
3 This council serves to maximize opportunities for
4 people with disabilities who desire to live
5 independently.

6 In my roles as an advocate and as an
7 appointed adviser, I caution you, CARE Court does
8 not uphold these California values for its
9 residents with disabilities. CARE Court does not
10 abide by housing first principles, the answer to
11 ending homelessness.

12 Instead it threatens the fundamental
13 constitutional rights and sets us back to the
14 Dark Ages before the U.S. Supreme Court's
15 landmark decision of Olmstead. Before Olmstead,
16 it was preferred to segregate and
17 institutionalize people with disabilities.

18 We know that the funding that has been
19 allocated for this purpose, \$65 million, is only
20 a starting point to what ultimately could be a
21 monumental amount of money. 7,000 to 12,000 is
22 the target number of people that this bill hopes
23 to address.

24 But we know that there could be
25 countless others that will be directly and

1 indirectly impacted by its effect. As with the
2 threat to reproductive rights, CARE Court will be
3 a devastating step toward easing the rights and
4 liberties of people with disabilities who have
5 fought in courthouses and capitals throughout the
6 country.

7 In today's legal landscape where
8 individual rights are at risk of being lost down
9 a slippery slope, we need to be very careful not
10 to enact new systems and programs that threaten
11 those rights.

12 CARE Court will strip the
13 constitutional rights of unhoused people with
14 disabilities. We as Californians need to stay
15 consistent in our values and make sure people can
16 exercise autonomy over their health choices,
17 whether it be mental health care choices or
18 reproductive rights.

19 We also need to be mindful of the
20 disparities and racism that harm people in our
21 systems. The people most likely to be placed in
22 CARE Court will be black, indigenous, Latinx and
23 other people of color. Black people represent
24 over 30 percent of unhoused people. Latinx
25 people represent over 30 percent of unhoused

1 people and unfortunately the fastest growing
2 demographic in the houseless community.

3 And for black men, we are most likely
4 to be misdiagnosed and over-diagnosed with
5 schizophrenia and other psychotic disorders based
6 on our history of racism and discrimination that
7 still exists and is enforced today. And these
8 specific mental health diagnoses are the main
9 eligibility criteria for CARE Court.

10 On June 1, 2022, the California
11 Reparations Task Force issued a groundbreaking
12 report for this legislature. The reparations
13 report details the long history of how black
14 people are most often misdiagnosed, forced into
15 inappropriate treatment, excluded from housing
16 and discriminated against with policies just like
17 these.

18 The report also states that even today
19 black Californians are discriminated against and
20 harmed in the health care system and in the
21 mental health treatment system. The report
22 emphasizes that the legislature needs to be aware
23 of this history and present harm to black
24 Californians.

25 Because the civil legal system where

1 such discrimination typically is resolved and has
2 unfortunately been the system to unjustly
3 subjugate black Californians to these broken
4 systems, the same civil system legal system would
5 be used in CARE Court. Both in the senate and
6 the assembly judiciary committees, many
7 legislators have stated we have concerns with
8 this bill, but trust that as it moves through the
9 process, that it will get better, and voted yes.

10 Let me tell you for there to be
11 justice, we'd better be 100 percent sure there
12 are no concerns before codifying any new court
13 system that takes even one person's liberty.
14 This cannot be a trial or a test program. CARE
15 Court will only inflict harm for generations if
16 codified into a court system wielded against our
17 most marginalized individuals.

18 Disability Rights California and over
19 40 other organizations are telling the
20 administration, Senator Umberg and Senator Eggman
21 this message. No, we do not want CARE Court.
22 DRC urges your no vote on SB 1338/ Thank you.

23 ASSEMBLY MEMBER JIM WOOD: Thank you
24 very much. Others in opposition coming to the
25 microphone, just your name and organization, if

1 you represent one, please.

2 GLENN BACCHUS: Good afternoon. Glenn
3 Bacchus, for ACLU California Action, in
4 opposition. I was asked to read these other
5 organizations into the record, please. San
6 Francisco Public Defender's Office, Drug Policy
7 Alliance, Alameda County Homeless Action Center
8 and Next Gen California. Thank you.

9 ASSEMBLY MEMBER JIM WOOD: Thank you.

10 VICTORIA WANG: Good afternoon.
11 Victoria Wang, on behalf of the Ella Baker Center
12 for Human Rights, in opposition to this bill.

13 ASSEMBLY MEMBER JIM WOOD: Okay. Thank
14 you.

15 VICTORIA RODRIGUEZ: Good afternoon,
16 Chair and members. Victoria Rodriguez, Nielsen
17 Merksamer, on behalf of Marin and Contra Costa
18 Counties. We currently do not have an opposed
19 position but remain concerned.

20 ASSEMBLY MEMBER JIM WOOD: Thank you.

21 CHRISTOPHER SANDINO: Hello, Chair and
22 members. Christopher Sandino, from the
23 California Hawaii NAACP, in respectful
24 opposition, with amendments. Thank you.

25 ASSEMBLY MEMBER JIM WOOD: Thank you.

1 RONALD COLEMAN: Good afternoon, Chair
2 and members. Ronald Coleman here, on behalf of
3 the California Pan-Ethnic Health Network, also
4 here respectfully opposing.

5 ASSEMBLY MEMBER JIM WOOD: Okay. Thank
6 you.

7 PATTY VARGAS: Patty Vargas, for
8 Recovery Advocacy Project, and without stronger
9 housing first infrastructure, we cannot support
10 this.

11 ASSEMBLY MEMBER JIM WOOD: Thank you.

12 PAUL SIMMONS: Paul Simmons, with the
13 Depression and Bipolar Support Alliance, strongly
14 opposed to any legislation which would implement
15 this CARE Court proposal. Thank you.

16 ASSEMBLY MEMBER JIM WOOD: Thank you.

17 KAREN VICARY: Good afternoon, Chair
18 and committee members. Karen Vicary, with Mental
19 Health America of California and the California
20 Youth Empowerment Network, in strong opposition.
21 Thank you.

22 ASSEMBLY MEMBER JIM WOOD: Thank you.

23 STACIE HIRAMOTO: Good afternoon.
24 Stacie Hiramoto, representing both NASW, the
25 National Association of Social Workers,

1 California Chapter, and REMHDCO, the Racial and
2 Ethnic Mental Health Disparities Coalition, both
3 in opposition. Thank you.

4 ASSEMBLY MEMBER JIM WOOD: Okay. Thank
5 you.

6 ANYA LAWLER: Good afternoon, Mr. Chair
7 and members. Anya Lawler, on behalf of the
8 Public Interest Law Project and the National
9 Housing Law Project, in opposition.

10 ASSEMBLY MEMBER JIM WOOD: Thank you.

11 CYNTHIA CASTILLO: Good afternoon,
12 Chair and members. Cynthia Castillo, on behalf
13 of Western Center on Law and Poverty, in strong
14 opposition.

15 ASSEMBLY MEMBER JIM WOOD: Thank you.

16 MARI CASTALDI: Good afternoon. Mari
17 Castaldi, on behalf of Housing California and the
18 Corporation for Supportive Housing, in
19 opposition.

20 ASSEMBLY MEMBER JIM WOOD: Thank you.

21 RITA GUTHRIE: Good afternoon. My name
22 is Rita Guthrie. I'm a disability rights
23 attorney and advocate, in strong opposition.

24 ASSEMBLY MEMBER JIM WOOD: Thank you.

25 MATTHEW GALLAGHER: Chair and members,

1 Matthew Gallagher, on behalf of Cal Voices, also
2 in strong opposition. Thank you.

3 ASSEMBLY MEMBER JIM WOOD: Okay. Thank
4 you. Anyone else? Seeing no one, are there any
5 groups in between, affectionately called
6 tweeners. We'll allow ten minutes for -- and so
7 first couple up here are going to get the chance.
8 If there's more time, we'll allow others. So --
9 okay. Okay.

10 CHUCK WASHINGTON: Good afternoon,
11 Chair Wood, members. Thank you for the
12 opportunity to provide the county perspective on
13 the CARE Act today. I'm Chuck Washington. And I
14 have the honor to serve as a local elected public
15 servant for nearly 25 years now, first as mayor
16 in Murrieta and then Temecula and now as a member
17 of the Riverside County Board of Supervisors.

18 Today I have the honor of speaking on
19 behalf of all 58 counties as first vice president
20 of the California State Association of Counties,
21 CSAC.

22 First, I want to express our collective
23 gratitude for yours and Governor Newsom's
24 investments in housing, homeless services and
25 behavioral health placements. Counties are using

1 the funding to create safe places to live,
2 provide vital services to our neighbors who are
3 unhoused and living with severe behavioral health
4 conditions.

5 We also understand and share the
6 authors' and governor's desire to develop new
7 solutions to prevent individuals from becoming
8 homeless and cycling in and out of our criminal
9 justice and health care system. And I'm here
10 before you to say that counties will continue to
11 offer the expertise and help with the development
12 of the CARE Act. However, we recognize that time
13 is short.

14 With that said, my colleagues in
15 counties across the state still share significant
16 concerns regarding resources, not just as it
17 relates to funding but also county capacity and
18 accountability.

19 As written, this bill includes a host
20 of new responsibilities and obligations for
21 counties. But there's no guarantee of ongoing
22 funding. It will likely require hundreds of
23 millions of dollars to do it right. And when
24 dealing with our most vulnerable, cutting corners
25 or failing to support the actual cost could have

1 severe consequences.

2 To put an even finer point on it,
3 between 2020 and 2021, more people moved to my
4 county, Riverside County, than any other county
5 in the country with the single exception of
6 Maricopa County, Arizona. But despite the
7 exponential growth in the number of residents,
8 behavioral health funding for services and
9 infrastructure has not kept up. And now there's
10 more pressure than ever before on our local
11 behavioral health systems, which are facing more
12 clients with skyrocketing needs for a greater
13 array of services as well as an extreme workforce
14 shortage.

15 While some counties are better
16 positioned than others, it is difficult to
17 imagine how with any uncertain case -- with an
18 uncertain caseload and no guarantee of
19 sustainable resources, how any county will manage
20 to effectively implement the CARE Act as it is
21 currently written. Another top concern for
22 counties is the proposed sanctions and the harm
23 they could cause to the very entities, counties
24 that are responsible for case management and
25 services.

1 The threat of sanctions and
2 receivership certainly causes a chilling effect
3 among my colleagues. We fear counties will be
4 required to play the most critical role in the
5 new CARE Courts but won't be provided the tools
6 and resources we are in dire need to be
7 successful. This likely will result in failure
8 for the proceedings and heartbreakingly for
9 respondents. Adding sanctions on top will hobble
10 counties, which are not solely responsible for
11 the current housing crunch and will harm the
12 various services on which the CARE Act depends.

13 I could go on about various concerns
14 regarding capacity, funding workforce and housing
15 that I've heard from my colleagues in counties,
16 large and small, and the changes necessary for
17 success at the local level. I will instead
18 simply ask that the committee and governor
19 closely review the comprehensive amendments and
20 technical concerns counties have provided since
21 the unveiling of this proposal.

22 To close, the CARE Act is promising.
23 But to turn promise into measurable outcomes, we
24 need collaboration and partnership between the
25 state, cities, a diverse group of community

1 partners with the entities most responsible for
2 implementation, our counties. I cannot say this
3 enough. The success of the CARE Act is only
4 possible if the state guarantees that those of us
5 on the ground have the time, resources, capacity
6 and support required. Unfortunately the current
7 version of SB 1338 lacks that guarantee and fails
8 to address guaranteed housing options.

9 Nonetheless I assure you the counties
10 can build on our expertise and success in
11 reaching those with the most severe needs with
12 sufficient investments, accessible housing and
13 ongoing support for workforce and services.
14 However, as drafted, SB 1338 ultimately leaves
15 counties incredibly concerned and perplexed as to
16 how success can be achieved.

17 I respectfully urge the legislature and
18 administration to hear our pleas because there's
19 nothing more we want than to see this work.
20 Thank you for the opportunity to share our county
21 concerns.

22 PHEBE BELL: Thank you, Supervisor
23 Washington. Good afternoon, Chair Wood and
24 members. My name is Phebe Bell, and I'm the
25 behavioral director from Nevada County, as well

1 as the president of the California Behavioral
2 Health Directors Association.

3 My team of county staff and our
4 community-based contractors have dedicated our
5 lives to connecting individuals with serious
6 mental illness and substance use disorders to the
7 services and support. For our community members
8 who are unhoused, this work is vital and we are
9 deeply passionate about it. In Nevada County,
10 our point in time count varies a bit year over
11 year, depending on if there's a snowstorm when
12 we're counting, et cetera.

13 But what we do know is that since the
14 pandemic began, our numbers have increased. This
15 is due to much tighter housing stock, rents
16 soaring to unprecedented levels and also the
17 impacts of fires in Northern California which
18 have displaced residents and destroyed housing.

19 In fact, in our recent count in Nevada
20 County, we found 200 people who entered into
21 homelessness this last year, twice the rate we've
22 seen in previous counts. In any given year, we
23 also know that about half of our population
24 identified in the count also suffers with some
25 degree of mental illness or substance use

1 disorder as they identify themselves. And this
2 is where we come into the picture.

3 The work of connecting unhoused folks
4 who are struggling with mental illness or
5 substance use to resources takes dedication and
6 skill. One study found that it typically takes
7 around 40 touches per client to get them to say
8 yes, yes to accepting support and treatment and
9 services. This is intensive and costly work,
10 built on small touches and consistency, essential
11 towards building a relationship based on trust,
12 as the previous speaker spoke to.

13 Little of it is reimbursable through
14 MediCal or other insurance types. However, we
15 know it is effective from our years of doing this
16 work. Often the public points to the small
17 numbers of individuals ultimately conserved under
18 alternative models such as Laura's Law, which was
19 started in Nevada County, as a sign that we have
20 not done our job, when in fact the opposite is
21 true, that getting our clients to yes voluntarily
22 and having fewer conservatees is a marker of the
23 program's success.

24 I'm proud that we've been able to
25 reduce involuntary treatment for our clients by

1 prioritizing intensive engagement and upstream
2 outpatient services in Nevada County. And while
3 our primary mission is treatment, we also know
4 that housing is essential to healing. So every
5 behavioral health director throughout California
6 has had to learn how to become a landlord
7 liaison, a real estate developer and a housing
8 finance expert as well.

9 We surveyed our members and found that
10 one program model in a single year, through that
11 model, county behavioral health agencies
12 successfully engaged around 14,000 homeless
13 individuals into treatment. We succeeded in
14 housing about half of those folks, but that meant
15 nearly 8,000 others remained unhoused while
16 engaged in this highly intensive form of
17 treatment.

18 They were unhoused because they
19 couldn't pass credit checks or they had criminal
20 justice histories or the myriad other reasons
21 people have a hard time getting into housing or,
22 as is the case in my community, because they're
23 waiting for housing that simply did not exist.
24 We have our clients at yes, yes, I'm engaged in
25 treatment. Yes, I want housing and we're unable

1 to house them.

2 We understand the urgency of this
3 public health emergency. We see firsthand how
4 living on SSI with a significant mental health
5 disability will make you more vulnerable to
6 becoming homeless and how the trauma of life on
7 the streets will lead to new or worse behavioral
8 health conditions, particularly substance use
9 disorders. What we desperately lack are
10 additional resources to keep up with the influx
11 of newly homeless individuals year to year and
12 the housing to support them.

13 While we appreciate the progress we've
14 made in working on amendments with the
15 administration, the authors and the committee,
16 several key issues remain. First, we can't
17 mistake that when we talk about prioritization,
18 what we're really saying is that counties should
19 direct resources away from other programs and
20 services to address the concerns of CARE Court
21 participants.

22 CARE Court is intended to address
23 homelessness. But it creates a new entry point
24 for individuals with private insurance to take
25 resources, including treatment and even housing

1 slots ahead of low income clients who are already
2 voluntarily engaged.

3 We also believe that the new
4 eligibility criteria significantly expands the
5 population this proposal will apply to, well
6 beyond the 7,000 to 12,000 estimates. And we
7 know that without additional resources and with
8 the significant threat of sanctions, we will have
9 no choice but to divert resources away from
10 evidence-based interventions that work to save
11 the lives of thousands of clients we serve
12 throughout the state.

13 With suicide rates and opioid deaths at
14 an all-time high, we cannot afford to take a zero
15 sum approach to policymaking. We must fully fund
16 this initiative and ensure that the housing
17 resources are in place. In my community, they're
18 not here today. Vouchers in hand, shovels in
19 ground, we wait with the knowledge, skills and
20 passion to deliver on this promise. Thank you.

21 ASSEMBLY MEMBER JIM WOOD: Thank you
22 very much. Are there others in between? Just
23 your name and organization, if you represent one.

24 NICOLE WORDELMAN: Nicole Wordelman, on
25 behalf of the Orange County Board of Supervisors,

1 in a support, if amended to address county
2 concerns, position.

3 ASSEMBLY MEMBER JIM WOOD: Okay. Thank
4 you.

5 KAREN LANG: Good afternoon, Mr. Chair
6 and members. Karen Lang, on behalf of the Boards
7 of Supervisors in Kern, San Luis Obispo, Del
8 Norte, Nevada, Butte, Tulare, Fresno and Solano,
9 with concerns, you know, brilliantly outlined by
10 the two earlier witnesses. Thank you.

11 ASSEMBLY MEMBER JIM WOOD: Thank you.

12 ANJIT SO: Good afternoon. Anjit So,
13 on behalf of the 700,000 members of SEIU
14 California. We're also an in-between position
15 but look forward to continuing working with the
16 author and administration.

17 ASSEMBLY MEMBER JIM WOOD: Okay. Thank
18 you.

19 DEVIN ANDERSON: Devin Anderson, on
20 behalf of the San Mateo County Board of
21 Supervisors, also with a concerns position.
22 Thank you.

23 ASSEMBLY MEMBER JIM WOOD: Thank you.

24 KELLY BROOKS: Kelly Brooks, on behalf
25 of the Urban -- sorry, I feel like you can't hear

1 me. Kelly Brooks, on behalf of the Urban
2 Counties of California, the Rural County
3 Representatives of California and the County
4 Welfare Directors Association, all with concerns
5 positions. Thank you.

6 ASSEMBLY MEMBER JIM WOOD: Okay. Thank
7 you.

8 TYLER RINDE: Good afternoon. Tyler
9 Rinde, on behalf of the California Alliance of
10 Child and Family Services and the California
11 Association of Alcohol and Drug Program
12 Executives, with concerns. Thank you.

13 ASSEMBLY MEMBER JIM WOOD: Okay. Thank
14 you. Anyone else? Seeing no one, we'll bring it
15 back to the committee for questions and comments
16 of the committee. Who would like to start? Go
17 ahead.

18 ASSEMBLY MEMBER CECILIA AGUIAR-CURRY:
19 Thank you, Senator. Thank you, Senator, for
20 bringing this bill forward. And, you know, we're
21 all aware that California is facing a homeless
22 crisis. And as was pointed out in January 2020
23 that we have -- California has 28 percent of the
24 nation's homeless population, over 160 human
25 beings out there.

1 You know, we have so many supportive
2 services, we invest in large sums of money every
3 year. And we've created a multi-agency homeless
4 council. And yet the promise -- the problem
5 still persists. And I commend you, Senator, and
6 Senator Umberg, the supporters, the governor for
7 seeking a new approach. We cannot rest until we
8 make real progress, which is why I signed on as a
9 coauthor.

10 I want to also acknowledge there's
11 still so much more work to do. And as we've
12 heard from the opposition, I understand the
13 concerns and I really appreciate their testimony
14 today. But I can't wait. And plenty of my
15 colleagues feel like we can't wait. So there's a
16 couple of my chief concerns that are still
17 remaining.

18 One, sufficient resources must
19 accompany the implementation. There must be a
20 thoughtful phase-in for jurisdictions who will
21 face challenges to implement this program.
22 Although we have committed billions to housing of
23 the unhomed, sufficient housing resources are
24 critical for this to succeed. And penalties
25 under the bill must be reserved for those who

1 have truly failed to sincerely attempt to make
2 the requirements.

3 I wanted to also acknowledge the
4 gentleman that came from West Sacramento. I had
5 the opportunity to go out to their latest
6 homeless site, and I just -- and the homes that
7 are being provided in West Sacramento. That is
8 state of the art. People should go see what they
9 have done out there because we do know there are
10 great programs that are out there. We don't hear
11 about them enough. But I just want to commend
12 you on what you're doing for your community, and
13 I will continue to be supportive of whatever
14 you're doing in West Sacramento.

15 I do encourage the authors to work
16 diligently with the stakeholders on issues I've
17 outlined and very intentionally to specifically
18 avoid any implementation that will
19 disproportionately affect, stigmatize or penalize
20 those from the communities who have struggled
21 more -- most during this crisis.

22 Thank you so much for bringing this
23 forward. I'd love to see us get this across the
24 finish line. But we're going to have -- everyone
25 in this room needs to participate and make sure

1 it's successful.

2 SENATOR SUSAN EGGMAN: Thank you,
3 Assembly Member.

4 ASSEMBLY MEMBER JIM WOOD: Thank you.
5 Anyone else? Ms. Waldron?

6 ASSEMBLY MEMBER MARIE WALDRON: Thank
7 you, Mr. Chair and author -- authors, one
8 present, one not at this time. Mental health and
9 homelessness has been an issue that we've been
10 talking about since we got here in the
11 legislatures and has been talked about before us.

12 We've seen the crisis explode, and
13 we've been trying to address it since we -- since
14 we got here, as I mentioned. But, you know, when
15 I first heard about the CARE Court proposal, I
16 was really excited because I thought, you know,
17 what we've been talking about for a decade
18 basically may come to fruition if it's done
19 right, bringing all the different systems
20 together in the continuum of care package that
21 might actually work.

22 You know, it's not a perfect proposal
23 by any means. I don't think any of our bills are
24 perfect. But it provides a first step to make
25 actionable changes that can address this

1 homelessness and behavioral health crisis that we
2 witness on our streets.

3 And getting people connected to care
4 earlier is really something that we've struggled
5 with, you know, instead of letting it go and go,
6 and years we see the same people and, as was
7 mentioned, cycling in and out of jail or cycling
8 in and out of facilities.

9 So it's most important that CARE Court
10 does recognize the continuum of care and getting
11 people in early and will allow people with
12 untreated mental illness to create an
13 individualized plan with the care team to get
14 them those supportive services that they need.
15 Most importantly, it doesn't address the issue in
16 a vacuum. You know, we've tried housing. We've
17 tried some mental health services. We tried
18 substance use. We tried all these things,
19 sometimes a little bit together, sometimes
20 separate.

21 But I think the wraparound services is
22 going to be the critical part. But as my
23 colleague mentioned, getting the sufficient
24 funding ongoing will be important. Also for the
25 housing part of it. And the accountability, as

1 Dr. Ghaly had talked about, accountability is
2 going to be the key because as we go into it,
3 it's a big program.

4 And all eyes are going to be on what
5 we're doing. You know, because California isn't
6 the only state that is experiencing homelessness.
7 So, you know, we need to be ready to pivot if
8 something's not working. We need to know early
9 enough if it's not, and if we see something that
10 could be addressed, to be able to address it so
11 that we're not too bureaucratic that we can't do
12 that.

13 I think it's something that we could be
14 successful at if it's done right. It could be a
15 great model for other states as well. So it's
16 the start this legislature needs to create more
17 access to mental health programs and support
18 Californians in their time of need. So I'm
19 excited to support this today.

20 SENATOR SUSAN EGGMAN: Thank you.

21 ASSEMBLY MEMBER JIM WOOD: Thank you.

22 Mr. McCarty?

23 ASSEMBLY MEMBER KEVIN MCCARTY: Yes.

24 Thank you. Oh, he's back. Okay. I knew you
25 would have answered the questions anyway, Dr.

1 Eggman. So, you know, this is a big issue that
2 we spent the fall talking about with our hearing
3 with you and Assembly Member Wood.

4 And it's something that I think
5 universally the legislature and the governor
6 thinks we need to do things differently. The
7 status quo is not working. And I know it's
8 dangerous to put people into pots of homeless,
9 addiction and mentally ill because obviously not
10 all homeless have mental illness or severe mental
11 illness and not all severe mentally ill are
12 homeless.

13 But there is a correlation of people
14 out there. And we see those people more than
15 people who have serious mental health disorders
16 and who are living at home with the family. You
17 don't see them as much. You don't see the
18 breakdown in our streets. And, you know, we all
19 see this out there in the open. Just four hours
20 ago, our county did our homeless point in count,
21 point in time, and it was like, you know, 9,000,
22 double where it was a couple years ago. More
23 homeless here than in San Francisco.

24 So like we've had an explosion here and
25 this is not going to solve our homeless problem.

1 But to ignore the fact that there are some people
2 who aren't getting the treatment that they need
3 and ought to be taking (indiscernible) is that
4 California should have a responsibility to offer
5 certain people treatment and housing, and the
6 individual should have an obligation to say yes.
7 What we're saying is if you don't, we're going to
8 step in and be I guess the adult in the room.
9 And I get that's kind of the premise of this not
10 conservatorship, but this unique process through
11 this CARE Court.

12 So I think the one question that the
13 opposition hangs onto and that I guess we have is
14 what happens -- I know in the bill it says that
15 counties shall develop services and housing and
16 priorities for people within this population.

17 So what happens if somebody goes
18 through this, in my simple layman terms, goes
19 through the CARE Court process and is adjudicated
20 as somebody who ought to be receiving some of
21 this treatment and we're saying hey, in
22 California, we're saying you shall receive it.
23 You must receive it, or there's a consequence.

24 What happens to that person if it's not
25 there? I think that's the overarching issue. So

1 how would you address that?

2 SENATOR SUSAN EGGMAN: Thank you very
3 much, Assembly Member. When you said the person
4 is obligated then to accept, I think what we're
5 also saying is -- in which -- in which rightly
6 why the counties are opposed -- we're not just
7 saying the person has the obligation to accept.
8 We're saying the system has the obligation to
9 treat, right, which is why -- and to the
10 opposition who keeps talking about housing first,
11 and if we're not offering housing, this isn't
12 real, that's what we're saying, that part of the
13 county's plan, which is why the counties, you
14 know, not as in favor, or tweeners, if you will,
15 is because we're not just saying the person has
16 the obligation to accept.

17 We're saying the system, us, the
18 counties, the courts also have the obligation to
19 serve. So I would say that differentiates. One
20 little component that you talked about, I would -
21 - I would say that the bill lays out if someone
22 is -- they would just go through the regular
23 process, right.

24 Then they would probably be referred to
25 the LPS process if their -- if their symptoms are

1 so bad that it leads to the crisis. But there is
2 nothing in here that sends somebody to prison.
3 There's nothing in here that sends somebody to
4 jail. It would be somebody's own behavior that
5 would -- that would precipitate that.

6 ASSEMBLY MEMBER KEVIN MCCARTY: So
7 let's focus on a hypothetical. We had the
8 individual that was in support from West
9 Sacramento, my current district in --

10 ASSEMBLY MEMBER JIM WOOD: Can you
11 speak into the mic? Because it's getting a
12 little hard to --

13 ASSEMBLY MEMBER KEVIN MCCARTY: Excuse
14 me. Sorry. We had the individual earlier from
15 West Sacramento. So let's say Yolo County
16 develops this system for people that are tagged
17 in this, and I think -- I don't think that the
18 numbers are going to be staggering.

19 SENATOR SUSAN EGGMAN: No.

20 ASSEMBLY MEMBER KEVIN MCCARTY: No.
21 And so as a hypothetical for one individual, if
22 there is not capacity for that individual, what
23 happens?

24 SENATOR SUSAN EGGMAN: Capacity in the
25 system?

1 ASSEMBLY MEMBER KEVIN MCCARTY: Yeah.

2 SENATOR SUSAN EGGMAN: Then the system
3 is held accountable, not that individual because
4 what the counties will have to do is create that
5 care plan, right? They have to create the plan.
6 This is what -- in collaboration with the person,
7 in collaboration with the supporter, and that
8 supporter now can either be a family member or
9 somebody else or somebody that the CARE -- the
10 CARE Act will provide, and it would also -- it
11 would also be that legal aid person. And then
12 anybody -- something like a CPS, family, you
13 know, we're going to create a plan.

14 So you create that plan. And then the
15 court says that's the plan. Okay, that's a good
16 plan, that's not a good plan, because part of
17 that plan is for housing. Part of that plan is
18 for housing. And so -- and the county has got to
19 find that somewhere, right? And I think that's
20 what they're saying.

21 We don't have enough as it is, and --
22 right, and we all know that the counties have
23 been there. I mean, we've seen the reports from
24 MHSA. There's, you know, billions still in some
25 of that funding, and we understand that it takes

1 a while to plan, to get the housing. But for
2 Operation Room Key or Home Key.

3 I mean, there are those places
4 available, which is why when Dr. Ghaly says we
5 are going to prioritize, because we're going to
6 say these folks need to get somewhere safe as
7 part of that plan.

8 ASSEMBLY MEMBER KEVIN MCCARTY: So if
9 there is a judgment from the CARE Court -- I'm
10 not sure of the right terms here -- and someone
11 adjudicates, says yes, CARE Court worthy or
12 necessitates this type of -- the county would be
13 obligated to have that treatment for that
14 individual and they will triage and put people
15 out of the way and make that person the top of
16 the list.

17 SENATOR SUSAN EGGMAN: That's correct.
18 That's correct.

19 ASSEMBLY MEMBER KEVIN MCCARTY: But no
20 one would slip through the cracks, and I guess
21 that's the answer to the opposition who says that
22 people would have this as a label, and then we
23 wouldn't have the services and treatment for
24 them.

25 SENATOR SUSAN EGGMAN: I would say what

1 the opposition presented is our system right now,
2 people in and out of the ER, in and out of jails,
3 in and out with misdiagnosis because it's too --
4 it's hard. This is a very difficult demographic
5 to treat, an incredibly difficult -- and again
6 when people talk about homeless, it's not just
7 where we're not talking about everybody who's
8 homeless. We're talking about people with a very
9 specific diagnostic criteria to meet, that again
10 -- that we all know are the very, very, very most
11 difficult to treat.

12 So I don't think it's going to be a
13 ton, 7,000 to 12,000 is what the -- so yes, but
14 those people would then be prioritized. And yes,
15 sometimes ahead of somebody else who may have
16 been waiting. But it is -- we're not thinking
17 that, especially in Nevada County who has done a
18 fantastic job with AOT where it started in Nevada
19 County with Laura's Law.

20 We're not anticipating that there's
21 going to be the 7,000 to 12,000 people there,
22 especially the better a county has done in being
23 able to treat these folks who are -- and I will
24 say there are already in our communities, right?
25 These people are already theoretically served by

1 our systems. And what we've heard is, no,
2 they're not because it's really, really -- it's
3 incredibly difficult and expensive.

4 Again, how many billions of dollars are
5 we going to continue to throw at an issue without
6 taking really concrete steps? I would just -- as
7 people know, I was a professor of social work,
8 and that's what I would say to my students all
9 the time. You have to have more tools in your
10 toolbox. If the only tool you have is a hammer,
11 then everything looks like a nail, and we know
12 that's not true, that people are complex and
13 coming with all kinds of trauma to them. So it's
14 the -- it's the system that will be held
15 accountable to the care.

16 ASSEMBLY MEMBER KEVIN MCCARTY: Okay.
17 Thank you.

18 ASSEMBLY MEMBER JIM WOOD: Thank you.
19 Mr. Mayes?

20 ASSEMBLY MEMBER CHAD MAYES: Thank you,
21 Mr. Chair. I just wanted to start off by saying
22 hello to my good friend, Supervisor Chuck
23 Washington. It's great to see you here and
24 representing not just Riverside County but all
25 the -- all the counties and I can understand the

1 position that you take on this, representing all
2 the counties and understanding that there does
3 need to be the resources and the state needs to
4 provide the resources.

5 But I see this as one of the most
6 monumental pieces of public policy that the State
7 of California has proposed, one of them, maybe
8 not the primary, but one of them in the last
9 eight years that I have -- that I have served.
10 And I haven't done a whole lot of praising of the
11 administration over the last couple of years.

12 But I do think this is an instance and
13 when you see the number of supporters and the
14 number of opposition that are very sincere in
15 their support and their opposition, that I think
16 we got it just about right. Maybe not perfect,
17 but we got it just about right.

18 I think the balance here between civil
19 liberties and at the same time, as you say, Dr.
20 Eggman, that obligation to serve. I've told this
21 story many times that I've had a family member
22 who is paranoid schizophrenic, who had housing,
23 had a small house out in the middle of the Mojave
24 Desert that he owned. But when he stopped taking
25 his medication, he very quickly tore out all the

1 electrical, put the refrigerator and microwave on
2 the ground because he started hearing from the
3 CIA, FBI and all this.

4 We've heard this, this story before.
5 And it's only a matter of time before he ended up
6 living underneath an underpass. And the truth
7 is, as a society, as a system, we failed them.
8 And as you said, Dr. Eggman, what the opposition
9 said today is the current system that we have,
10 and we are failing these people.

11 There's got to be a way to be able to
12 balance those civil liberties and at the same
13 time making sure that we are obliged, as we
14 should be, to serve these people that we haven't
15 been doing a very good job of. And it is
16 impacting our state in immeasurable ways.

17 And so I'm going to just say this is a
18 fantastic piece of public policy. I am wildly
19 supportive of it. It is not perfect. But it
20 certainly is the best of all the different
21 options that we've seen. And so I'll be
22 supporting it today.

23 ASSEMBLY MEMBER JIM WOOD: Thank you.
24 Anyone else?

25 Ms. Carrillo?

1 ASSEMBLY MEMBER WENDY CARRILLO: Thank
2 you, Mr. Chair, and I want to thank all of the
3 folks that testified today, both in support and
4 opposition. I grew up in the City of Los
5 Angeles. I grew up in the district that I
6 actually represent. And, you know, for a long
7 time, my mom didn't know how to drive. And so I
8 grew up using what was then the RTA system, RTD
9 system, which is now the MTA system. And we'd go
10 from the East Side of Los Angeles to the West
11 Side where she worked, and we'd pass downtown.
12 And I remember as a little girl thinking why are
13 there so many people on the streets.

14 We would pass through Skid Row. Skid
15 Row, which is the epicenter of our unhoused
16 community, with a lot of mental health
17 challenges, is ground zero across the nation, the
18 biggest unhoused population with lots of need in
19 the entire United States. It borders my
20 district.

21 It's actually part of the current
22 member that's in this committee as well, who
23 represents that area, and it is -- it is
24 incredibly profound to look and to see and to
25 feel. I've gone on my own even before I was

1 elected to help out, to pass out food, to give
2 out sleeping bags, and there were moments where I
3 felt unsafe. I didn't know whether I, you know,
4 was okay or not.

5 My sister works with unhoused youth,
6 trying to find them placement also, you know, in
7 Skid Row when she first started. So there are
8 several of us that have tried to do monumental
9 things or little things to try to help. And even
10 then, I wondered how did it get this way.

11 So you know, as a -- just as a -- we
12 often can look at history to try to figure out
13 where it is that we failed and how we can improve
14 upon something. This was -- you know, I think
15 back to what happened to mental health -- mental
16 health hospitals across the State of California,
17 shutting them down under the Reagan
18 administration and what happened years later,
19 when Governor Reagan became President Reagan.

20 And if I may, Mr. Chair, I want to read
21 something from the LA Times dated March 22, 1987.
22 That's okay? Okay. Thanks. The title of this
23 report is "California: Good Aims, Bad Results,"
24 and again it's March 22, 1987, and it's specific
25 to the 1967 LPS Act. The California legislature

1 passed the Lanterman-Petris-Short Act, which had,
2 as they said, good aims and bad results.

3 And one individual who is a mental
4 health professional who helped draft the original
5 legislation, and I quote, said, "In our zeal to
6 move people out of very restrictive, very
7 inhumane places, we forgot that there was a whole
8 variety of supports that were being provided by
9 institutions. And we neglected to find adequate
10 ways to replicate them. We had a simplistic
11 notion that basically what you could do is take
12 people out of institutions, move them into the
13 community and provide outpatient mental health
14 care. But what we forgot is that institutions
15 provide people shelter, food, health care and a
16 whole variety of other basic human needs," end
17 quote.

18 This is 19 -- what year did I say --
19 1987, for a law that had passed 20 years earlier.
20 And here we are decades later, decades later
21 still trying to solve where LPS fell short. And
22 I understand the advocates that want to say, you
23 know, you don't want to infringe upon someone's
24 civil liberties.

25 But when an individual is unable to

1 care for themselves, is a danger to themselves
2 and to others, where are we as a society to just
3 let them be on the streets on their own. We have
4 seen encampments continue to grow. We have seen
5 the lack of services. We have seen the lack of
6 urgency to address this issue. And while there
7 may not be one complete, full, perfect answer, we
8 cannot allow for the issue to continue.

9 And so I do have my own personal
10 reservations. But I also believe that we can and
11 should do something and act with urgency to be
12 able to support individuals who need the most
13 care and ultimately answer what the 1967 piece of
14 legislation known as the LPS Act has failed to
15 continuously do for decades now.

16 And so I will be supporting your bill,
17 and I hope that as it moves forward, we find the
18 funding necessary for the courts. We find the
19 funding necessary for housing. We find the
20 funding necessary to address the challenging
21 issues of mental health, resources and 100
22 percent wraparound services for those that need
23 it.

24 I have been advocating personally since
25 I got elected for the retrofitting of the general

1 -- the general county hospital in LA County.
2 This is, you know, a huge building that has been
3 vacated that can serve as a place where people
4 can have wraparound care, can have services, can
5 have assistance, can have housing, can have a
6 place because if what we lack currently is space
7 and housing and real estate and all of these
8 different challenges, we certainly have those
9 spaces now.

10 And so while we move this forward, we
11 simultaneously have to follow up on all the
12 different parallels and how we, at the end of the
13 day, help people get off the street in a humane
14 and dignified manner and afford them the medical
15 attention and resources that they need. Thank
16 you very much.

17 SENATOR SUSAN EGGMAN: Thank you very
18 much, Assembly Member, and for all your continued
19 work and effort.

20 ASSEMBLY MEMBER JIM WOOD: Anyone else?
21 Okay. It comes back to me. First of all, thank
22 you, Senator Umberg, Senator Eggman, for
23 championing this bill and thank you, Dr. Ghaly,
24 very much for your leadership in trying to
25 address this difficult issue.

1 I think with each iteration of the
2 bill, it is improved. But there's still work
3 that can be done. There's -- our work is really
4 never done. There's no doubt that the behavioral
5 health system in California has to be more
6 effective in serving the needs of our citizens
7 suffering from severe mental illness. Despite
8 the best of intentions, too often our efforts
9 fail those we intend to serve, lack of housing,
10 lack of psychiatric beds, an issue I know that is
11 near and dear to your heart, lack of care
12 coordination between systems of care, from LPS to
13 community-based care or from jails to community-
14 based care and on.

15 I reflect back on a couple of things.
16 One, going to my county jail and meeting with the
17 -- with the undersheriff in charge of the jail
18 and talking about some of the challenges they
19 have. And he said, you know, one of the things
20 we really lack here is a real -- is coordination.
21 He says too often on a Friday we'll get a release
22 order for someone we know who has mental illness
23 or substance abuse issues.

24 And we know they're going to be back
25 really quickly because there's no warm handoff.

1 There's no coordination there. The courts say
2 it's time to go. It's Friday afternoon. That
3 person ends up on the street. They have nowhere
4 to go. There's no one to help them, and we
5 repeat the cycle. And it goes on and on.

6 I also reflect on Senator Wiener. I
7 don't remember the bill, but I remember the
8 description of this, talking about a person in
9 the Tenderloin who was taken to an emergency room
10 150 times in one year, 150 times. Stress on our
11 EMS system. Seen by people of the public who was
12 clearly unable to care for himself. And that's
13 acceptable? I don't think so.

14 And these are the kinds of things that
15 happen on a regular basis. You know, at the
16 heart of this bill, the way I understand it, is
17 that we're asking counties to prioritize and get
18 care to the people who need it the most. Now
19 I've been here eight years. I've been seven
20 years as the chair of this committee. I have
21 never, ever heard a county say, thank you,
22 that's more than enough money to do what we need
23 to do, ever. Has anybody ever heard that from a
24 city or a county? No. There's always going to
25 be the desire for more.

1 We're asking, I think, in this bill,
2 prioritize, prioritize, prioritize, and that's
3 the -- that's the bottom line. Even before we
4 endured the COVID-19 pandemic, our behavioral
5 health system was stretched to near maximum
6 capacity. COVID has only exacerbated that
7 situation, stressing our system nearly to the
8 breaking point, and in some -- some would argue
9 it is the breaking point, which is why we're here
10 today.

11 We said that COVID first hit that
12 tsunami of behavioral health -- when COVID first
13 hit, that tsunami of behavioral health would lag
14 the pandemic by about 12 to 18 months. We're
15 seeing that now with mental illness, drug use,
16 homelessness and frankly hopelessness on the
17 rise.

18 I say this because while the committee
19 analysis outlines a number of suggestions for you
20 to consider for CARE Court as the bill moves
21 forward, I want to specifically address one,
22 that of county preparedness and a more realistic
23 phase-in period. I know the administration is
24 committed to getting this program off the ground
25 as soon as possible, and I applaud everyone for

1 that. And it's suggested a two phase
2 implementation.

3 But to me that isn't nearly sufficient
4 time for counties to address the myriad of issues
5 related to successful implementation. Not all
6 counties are created equal. We don't want this
7 to be a piecemeal program. We need it to be
8 coordinated well among all parties, the courts,
9 the guardians, the housing entities, the
10 behavioral health agencies, legal service
11 organizations and facilities for those needing
12 inpatient care.

13 The last thing we need is to implement
14 yet another system of care that fails to deliver
15 on its promises. I hope that during recess,
16 you'll reach out directly to the counties to
17 develop a refined implementation plan that allows
18 them to demonstrate their readiness to fully
19 implement the program.

20 Many counties, especially rural ones,
21 and I know you know that well, Senator, and that
22 I'm most familiar with, are woefully unprepared
23 for this and endeavor. Even if they had the
24 money, they lacked the technical expertise. They
25 lack the workforce. They lack so much. On top

1 of that unpreparedness, they're face with
2 sanctions and receiverships that could very well
3 undermine the good they are currently doing in
4 that area.

5 One of the things I talk about which I
6 find often meets with deaf ears is that we do so
7 much that is one size fits all in this building.
8 We absolutely need flexibility with some counties
9 in particular that may be doing a fabulous job to
10 actually -- I just think of all the little steps
11 and things we put in front of people. And it is
12 really, really challenging, the technical
13 assistance that might be required just to comply
14 with that.

15 If counties are doing good things, we
16 need to -- we need to embrace that. We need to,
17 you know, support that and hopefully we can see
18 success in that way. Everyone would like to see
19 CARE Court succeed. I think one of the things
20 that we're so frustrated with is that -- and it's
21 the definition of futility, doing the same thing
22 over and over and over again and expecting
23 different results. Well, we're done with that.
24 And that's why this proposal is here.

25 So I applaud the administration. I

1 applaud you, Senators, for bringing this forward.
2 Is it perfect? I haven't seen anything perfect
3 in this building, just like counties and cities
4 haven't got enough money. You know, so that's
5 just the way this -- that's the way this process
6 works. But the beauty of this is we can build
7 upon this. We can move forward. And as this
8 goes forward, we can make this system better and
9 better and better over time.

10 So we have a motion, I believe, by
11 Assembly Member Aguiar-Curry, a second by Ms.
12 Waldron. Would you like to close?

13 SENATOR SUSAN EGGMAN: I will just very
14 briefly thank everybody for their conversation.
15 Thank everybody for their longtime commitment.
16 This is -- nobody's new to this. Again, thanks
17 to the administration, and because, Assembly
18 Member, I think they were so frustrated with our
19 continued attempts to try to fix the LPS system,
20 that we continue to run up against brick walls,
21 that the administration really decided we need to
22 find another way to be able to reach these folks
23 who are so incredibly difficult to reach and so
24 incredibly ill.

25 Just another story from San Francisco.

1 Just a couple of days ago, a man was dead on the
2 street for over 11 hours. People just continued
3 to step over him because they just thought that
4 was just another day that he was there. But this
5 time he was deceased.

6 That is what is occurring right now,
7 and that is what this bill is designed to do.
8 And to the issue of housing, we will continue to
9 work on that. But again, there is not a one size
10 fits all.

11 So someone under medication and care
12 might be able to come home or someone that
13 wouldn't have been safe before. So there is good
14 -- there's got to be a variation and the ability
15 to be able to not just say we're getting all this
16 money for housing and to think everybody's going
17 to go into that.

18 We know this needs to be
19 individualized. And again this is I think
20 something that counties, the local, the
21 administration, the legislature, the judicial
22 branch, we are all working on this together and
23 saying this is the time. This is the moment, and
24 I ask for aye vote.

25 ASSEMBLY MEMBER JIM WOOD: Thank you.

1 And I'll just add one other thing. And because
2 you mentioned this and it's data is really,
3 really important. We have to get data so we
4 understand what's working, what's not working, so
5 that we can react and build upon that. We know
6 the LPS system right now in California, which is
7 why you and I are both working on bills related
8 to data, the outcome of the hearing we had last
9 December, is that we just don't know. We don't
10 know how many people are picked up on a 5150.
11 We don't know how long they're there. We don't
12 know how many repeats. We don't know that
13 information.

14 And so we're operating in a vacuum,
15 and so as this program moves forward, and as we
16 move forward with helping, we need -- will need
17 more data and to be able to react to that data as
18 well. So we do have a motion and a second. The
19 motion is do pass as amended to appropriations.

20 Madam secretary, please call the roll.

21 SECRETARY PATTY RODGERS: Wood?

22 ASSEMBLY MEMBER JIM WOOD: Aye.

23 SECRETARY PATTY RODGERS: Wood, aye.

24 Waldron?

25 ASSEMBLY MEMBER MARIE WALDRON: Aye.

1 SECRETARY PATTY RODGERS: Waldron, aye.
2 Aguiar-Curry.
3 ASSEMBLY MEMBER CECILIA AGUIAR-CURRY:
4 Aye.
5 SECRETARY PATTY RODGERS: Aguiar-Curry,
6 aye.
7 Arambula? Bigelow? Carrillo?
8 ASSEMBLY MEMBER WENDY CARRILLO: Aye.
9 SECRETARY PATTY RODGERS: Carrillo,
10 aye.
11 Flora? Maienschein? Mayes?
12 ASSEMBLY MEMBER CHAD MAYES: Aye.
13 SECRETARY PATTY RODGERS: Mayes, aye.
14 McCarty?
15 ASSEMBLY MEMBER KEVIN MCCARTY: Aye.
16 SECRETARY PATTY RODGERS: McCarty, aye.
17 Nazarian? Rivas? Rodriguez?
18 ASSEMBLY MEMBER FREDDIE RODRIGUEZ:
19 Aye.
20 SECRETARY PATTY RODGERS: Rodriguez,
21 aye.
22 Santiago?
23 ASSEMBLY MEMBER MIGUEL SANTIAGO: Aye.
24 SECRETARY PATTY RODGERS: Santiago,
25 aye.

1 Weber?

2 ASSEMBLY MEMBER AKILAH WEBER: Aye.

3 SECRETARY PATTY RODGERS: Weber, aye.

4 ASANTEWAA BOYKIN: (indiscernible)

5 ASSEMBLY MEMBER JIM WOOD: Excuse me.

6 You're out of order. You are out of order. You

7 are out of order. You are out of order. Please

8 desist.

9 ASANTEWAA BOYKIN: (indiscernible)

10 ASSEMBLY MEMBER JIM WOOD: You are out

11 of order.

12 ASANTEWAA BOYKIN: (indiscernible)

13 ASSEMBLY MEMBER JIM WOOD: I'd like you

14 to leave now, please.

15 ASANTEWAA BOYKIN: (indiscernible) and

16 actually take your money and put it in services

17 that --

18 ASSEMBLY MEMBER JIM WOOD: You are out

19 of order.

20 ASANTEWAA BOYKIN: (indiscernible)

21 y'all should be ashamed of yourselves. Build

22 houses. Give care, not courts. No one needs

23 another place --

24 ASSEMBLY MEMBER JIM WOOD: Thank you.

25 ASANTEWAA BOYKIN: (indiscernible)

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1 ASSEMBLY MEMBER JIM WOOD: Thank you.
2 The vote, Madam Secretary?

3 SECRETARY PATTY RODGERS: 9:0.

4 ASSEMBLY MEMBER JIM WOOD: The vote is
5 9:0. The bill is out. I will leave the roll
6 open for others to add on.

7 ASANTEWAA BOYKIN: (indiscernible)

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C E R T I F I C A T I O N

I, Sonya Ledanski Hyde, certify that the
foregoing transcript is a true and accurate
record of the proceedings.

Sonya M. Ledanski Hyde

Veritext Legal Solutions
330 Old Country Road
Suite 300
Mineola, NY 11501

Date: September 26, 2022

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