The Honorable Tom Umberg, Chair Senate Committee on Judiciary 1021 O Street, Room 6730 Sacramento, CA 95814 The Honorable Richard Pan, Chair Senate Committee on Health 1021 O Street, Room 7320 Sacramento, CA 95814

Re: SB 1338 (Umberg and Eggman) Community Assistance, Recovery, and Empowerment (CARE) Court Program – **SUPPORT**

Dear Senator Umberg and Senator Pan:

I am writing to express my support for SB 1338 (Umberg and Eggman), which aims to deliver services to Californians with a serious mental illness or substance use disorder who too often languish – suffering in homelessness or incarceration – without the treatment they desperately need.

All people should have the right to make their own decisions about medical treatment. However, I am aware that there are individuals with serious mental illnesses such as schizophrenia and other psychotic disorders who, at times, due to their illness, lack insight or good judgment about their need for medical treatment. In cases like this, a higher level of care may be necessary, but must be the last resort. The National Alliance on Mental Illness (NAMI-CA) members have been calling for reform for our loved ones for years.

I am the parent of a son who we adopted. He has intellectual and developmental disabilities. He was our foster son and we adopted him at the age of 4 years old. He is now almost 30 years old and he still has no social life because he is ostracized. He lives with us and my husband and I have no family or respite care for him so that we can have even a dinner alone together. Please help families and children like ours by helping to pass SB 1338.

For someone with a mental health condition, the basic necessity of a stable home can be hard to come by. The lack of safe and affordable housing is one of the most powerful barriers to recovery. When this basic need isn't met, people cycle in and out of homelessness, jails, shelters and hospitals. Having a safe, appropriate place to live can provide stability to allow our loved ones to achieve their goals. Housing is critical to recovery and must be available in the CARE Court process.

Individuals living with serious mental illnesses need a wide array of options for permanent, decent, and affordable housing, based on their individual needs and choices.

SB 1338 provides a tool for our loved ones who have historically suffered tremendously on the streets or during avoidable incarceration so that they can be successfully stabilized and supported in the community. For these reasons, I support SB 1338.

Sincerely,

Donna Hinshaw

Cc: The Honorable Susan Talamantes Eggman, California State Senate

The Honorable Tom Umberg, Chair Senate Committee on Judiciary 1021 O Street, Room 6730 Sacramento, CA 95814 The Honorable Richard Pan, Chair Senate Committee on Health 1021 O Street, Room 7320 Sacramento, CA 95814

Re: AB 1338 (Umberg, Eggman), Community Assistance, Recovery, and Empowerment (CARE) Court Program – **SUPPORT**

Dear Senator Umberg:

I am writing to express my support for AB 1338, which aims to deliver services to Californians with a serious mental illness or substance use disorder who too often languish – suffering in homelessness or incarceration – without the treatment they desperately need.

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My mother was diagnosed with Schizophrenia when she was 16 years old. She had been hospitalized numerous times in Camarillo and Patton hospitals. When the laws changed my father was not able to get her the care she needed. She took her life in 1972 and died on Christmas Eve that year leaving 4 young children. The decision the state made had horrific consequences for my family. In 1984 my brother also died by suicide. The laws that previously have been implemented have had devasting consequences to families like mine in California. We look forward to a time our state when families don't have to suffer such tragedies because our lawmakers understand that people don't always have the insight to realize they have a serious mental illness and may need treatment at a higher level of care.

For someone with a mental health condition, the basic necessity of a stable home can be hard to come by. The lack of safe and affordable housing is one of the most powerful barriers to recovery. When this basic need isn't met, people cycle in and out of homelessness, jails, shelters and hospitals. Having a safe, appropriate place to live can provide stability to allow our loved ones to achieve their goals. Housing is critical to recovery and must be available in the CARE Court process.

Individuals living with serious mental illnesses need a wide array of options for permanent, decent, and affordable housing, based on their individual needs and choices.

AB 1338 provides a tool for our loved ones who have historically suffered tremendously on the streets or during avoidable incarceration so that they can be successfully stabilized and supported in the community. For these reasons, I support AB 1338.

Sincerely,

Brenda Scott

Brenda Scott 29290 Girard St Hemet CA 92544 951-317-0312 Brenda.scott@namimsj.org Subject: CARE Court Support Letter with Personal Story

Date: Thursday, April 21, 2022 at 9:56:21 AM Pacific Daylight Time

From: Lyla Burnor
To: Danny Offer

CC: l.burnor@comcast.net, Lyla Burnor

[EXTERNAL EMAIL] DO NOT CLICK links or attachments unless you recognize the sender and know the content is safe.

I am writing to express my support for AB 2830 (Bloom), which aims to deliver services to Californians with a serious mental illness or substance use disorder who too often languish – suffering in homelessness or incarceration – without the treatment they desperately need.

All people should have the right to make their own decisions about medical treatment. However, I am aware that there are individuals with serious mental illnesses such as schizophrenia and other psychotic disorders who, at times, due to their illness, lack insight or good judgment about their need for medical treatment. In cases like this, a higher level of care may be necessary, but must be the last resort.

My son suffers from schizophrenia spectrum, with its accompanying psychosis and lack of insight. Consequently, his lack of medical decision making ability has resulted in numerous relapses and periods of homelessness. He has spent months incarcerated without treatment. I believe my son would benefit from the extended period of care recommended by this legislation. Critical components that have been missing for him are the support and services needed to preserve life and promote recovery. The Care Court program offers hope for those in need, like my son.

For someone with a mental health condition, the basic necessity of a stable home can be hard to come by. The lack of safe and affordable housing is one of the most powerful barriers to recovery. When this basic need isn't met, people cycle in and out of homelessness, jails, shelters and hospitals. Having a safe, appropriate place to live can provide stability to allow our loved ones to achieve their goals. Housing is critical to recovery and must be available in the CARE Court process.

AB 2830 provides a tool for our loved ones who have historically suffered tremendously on the streets or during avoidable incarceration so that they can be successfully stabilized and supported in the community. For these reasons, I support AB 2830.

Thank you!

Lyla M Burnor

The Honorable Tom Umberg, Chair Senate Committee on Judiciary 1021 O Street, Room 6730 Sacramento, CA 95814 The Honorable Richard Pan, Chair Senate Committee on Health 1021 O Street, Room 7320 Sacramento, CA 95814

Re: AB 2830 (Bloom), Community Assistance, Recovery, and Empowerment (CARE) Court Program – **SUPPORT**

Dear Senator Umberg and Senator Pan:

I am writing to express my support for AB 2830 (Bloom), which aims to deliver services to Californians with a serious mental illness or substance use disorder who too often languish – suffering in homelessness or incarceration – without the treatment they desperately need.

All people should have the right to make their own decisions about medical treatment. However, I am aware that there are individuals with serious mental illnesses such as schizophrenia and other psychotic disorders who, at times, due to their illness, lack insight or good judgment about their need for medical treatment. In cases like this, a higher level of care may be necessary, but must be the last resort. The National Alliance on Mental Illness (NAMI-CA) members have been calling for reform for our loved ones for years.

My son is now 27 yrs of age and has lived poorly with his mental illness since he was 19 yrs of age. Refused psychiatric help for years, became an alcoholic and tried many unprescribed street drugs, so far he has been through 3 attempts at recovery in different detox centers and tried 3 intensive outpatient treatments. For each of his recovery attempts I had to wait until he had reached rock bottom, had no money and was facing homelessness. I had to watch his self-destructive behavior (burning himself, alcoholism, street drugs, smoking and vaping) because in the eyes of the law he was not seen as being a risk for hurting others or himself. He relapsed two weeks ago from his sober living, faced homelessness but came back to live with his family (something he said he would never do) on Tuesday, April 19th but was obviously seriously ill. I took him straight to the emergency hospital where they were unable to diagnosis him accurately, but they did find pneumonia, lung disease, high D-Dimer and swollen ankles, cause unknown. He was not admitted to hospital only given one dose of IV antibiotics and discharged with oral antibiotics and with the understanding that he would follow up with his own doctor. He does not have private health insurance; he does not take his prescribed psychiatric medicine and even though I have asked him everyday he still has not made an appointment for a follow up even though the emergency doctor said that they do not know why he would have this amount of lung disease in someone so young. This is a seriously mentally ill man who refuses to take any psychiatric medication to help get himself stable, instead he is slowly taking his own life because of unhealthy choices made by a brain that is not functioning as it should. I cannot help him as doesn't come within the present 'at risk to self or others' category which means I must watch him die a slow and horrible death. He refuses any shelters or accommodation for people with mental illness as he does not see himself as being mentally ill. Instead, he prefers the idea of being homeless. He was a grade A student, elite athlete and wanted to be a doctor. The mental health system and medical insurance here is detrimental to the mentally ill, it is literally killing people who could with adequate in-patient care, follow-up with psychiatrists and therapy, live meaningful lives. Long stay, housing with psychiatric involvement and therapy is required for seriously mentally ill people. One other factor which has been detrimental for my son is that although the detox and recovery centers say that they have psychiatrists, they are not required to see people in the centers if the patient does not want to be seen. I have paid \$40,000 for one rehab and begged them to help him understand the benefit of seeing a psychiatrist. What they did was offer him a psychiatric assistant. These rehabs need to be assessed by the government regularly and researched to see how successful they are. I am not seeing success, and hear from my son that they all relapsed.

For someone with a mental health condition, the basic necessity of a stable home can be hard to come by. The lack of safe and affordable housing is one of the most powerful barriers to recovery. When this basic need isn't met, people cycle in and out of homelessness, jails, shelters and hospitals. Having a safe, appropriate place to live can provide stability to allow our loved ones to achieve their goals. Housing is critical to recovery and must be available in the CARE Court process.

Individuals living with serious mental illnesses need a wide array of options for permanent, decent, and affordable housing, based on their individual needs and choices.

AB 2830 provides a tool for our loved ones who have historically suffered tremendously on the streets or during avoidable incarceration so that they can be successfully stabilized and supported in the community. For these reasons, I support AB 2830.

Sincerely, Karen Levin The Honorable Tom Umberg, Chair Senate Committee on Judiciary 1021 O Street, Room 6730 Sacramento, CA 95814 The Honorable Richard Pan, Chair Senate Committee on Health 1021 O Street, Room 7320 Sacramento, CA 95814

Re: AB 2830 (Bloom), Community Assistance, Recovery, and Empowerment (CARE) Court Program – **SUPPORT**

Dear Senator Umberg and Senator Pan:

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[Please add a succinct, one-paragraph personal story ...]

My daughter, Kira N Chambers [adult] has several mental illnesses inwhich she developed in 1995 from a rare tick infection. She lost her job and much more because no one would help her. I lost my job [mother] because I help her. She developed mental health issues as time passed. Even when the CDC in Georgia, stepped in and tried to get us help, doctors, interns, commissioners, and other agencies would not help us. We had a problem with getting assistance from Medicare because Kira medical condition lasted longer than the Medicare insurance policy. We became homeless because of doctors and other agencies would not help us because of the mass confusion of misdiagnosis. We experienced much prejudice, misdiagnosis, and abuse as we tried to get help. We hope others with mental health or physical health conditions will be able to get help and treatment for their needs to function in their life. Our story is unusual but it is true. For someone with a mental health condition, the basic necessity of a stable home can be hard to come by. The lack of safe and affordable housing is one of the most powerful barriers to recovery. When this basic need isn't met, people cycle in and out of homelessness, jails, shelters and hospitals. Having a safe, appropriate place to live can provide stability to allow our loved ones to achieve their goals. Housing is critical to recovery and must be available in the CARE Court process.

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AB 2830 provides a tool for our loved ones who have historically suffered tremendously on the streets or during avoidable incarceration so that they can be successfully stabilized and supported in the community. For these reasons, I support AB 2830.

Sincerely, Patricia A Chambers pachambers33@gmail.com Subject: Supporting Care Court SB1338 and AB 2830

Date: Thursday, April 21, 2022 at 2:01:55 PM Pacific Daylight Time

From: Caroline Stewart **To:** Danny Offer

[EXTERNAL EMAIL] DO NOT CLICK links or attachments unless you recognize the sender and know the content is safe.

To whom it may concern:

My name is Caroline Ridout Stewart. I am a Licensed Clinical Social Worker (x 35 years), a street advocate for the homeless, the president of A New PATH: Parents for Addiction Treatment and Healing and the mother of a 41 year old son currently incarcerated with a serious co-occurring disorder. I also happen to be the survivor of a random stabbing that occurred following a premature discharge of a psychotic man from our San Diego County Mental Health hospital in 2006. I am writing to you to support both SB1338 and AB2830, Governor Newsom's Care Court, because I have personally experienced the trauma of our current societal pattern of not aggressively treating individuals with co-occurring disorders.

In 1983, when my son was just two years old, I became a psychiatric social work intern at Gifford Clinic in the Department of Psychiatry at UCSD. I stayed on at Gifford Clinic for ten years working side by side with the seriously psychiatrically ill. At Gifford Clinic we provided close to daily services to our patients that included a variety of treatment modalities (group work, individual psychotherapy and physician oversight of pharmacological needs.) We hosted pleasant social outings for out patients and stayed in close touch with them by phone on a regular basis. We reached out to patients when they dropped from care and we aggressively shepherded them back to treatment. All that being said, not a few of our patients struggled with reoccurring episodes of psychosis because they lacked insight into the severity of their illnesses and often stopped taking their medications. At times like this, our patients would enter an in-patient psychiatric milieu where they were provided with respectful, compassionate, clinically-informed care. They were always welcome back to their outpatient services once the hospitalization was over. Please note that Gifford Clinic welcomed patients with co-occurring disorders (both psychiatric illness and substance use disorders) with Dr Pat Judd creating one of the first wrap-around co-occurring disorder treatment programs in the United States for low income patients.

So how is 2022 different from 1983? My son is a classic example. My son was diagnosed with a serious learning disability, an attention disorder and anxiety around the age of 11 years old. He was a poor student but was friendly and well-liked by his teachers. He began to use substances as a young teen and never looked back. Once he was identified as a "drug user" the mental health services drifted away. When in multiple rounds of in-patient substance use treatment programs, he was not seen by licensed psychiatric professionals but rather by peers with history of substance use who held a wrong-headed abstinence-based philosophy: "If I can do it (stay sober), anyone can do it." Sadly, years and years of psychiatric research teach us that every brain is different and that the one-size fits all model is not conducive to long-term recovery. Needless to say, our son has subsequently experienced decades of under-treated illness, periods of homelessness, revolving door incarceration usually for drug possession but now for emotional dysregulation. He has a strike following an incident in which he was homeless and stealing food from Vons. He was baby-sitting a friend's dog and when the two were sprayed with mace by the Von's guard, the dog bit the guard. Our son was found to have a knife on him and he received the strike for menacing the guard with a knife and for the dog bite. Please note that I approve of none of this behavior. I am not making excuses for my son's inappropriate acting out. However, had he been receiving aggressive, wrap-around co-occurring treatment

with residential housing, clinical case management, a high school completion path, job-training and tons of emotional support, I don't think he would be in jail today.

My husband and I are in our mid-70s. We remain active in the community and we try our best to contribute to our society. That being said, we are literally aging out. My son, prior to his most recent jailing, required DAILY shepherding from my husband to take him to doctor's appointments, to take him shopping, to buy him a cell phone, to take him to psychiatric appointments and substance use counselor appointments. My husband is a saint! He so loved our son that he took over as the 24-7 case manager even as he was exhausted and despondent about the future. So here we are wondering what in the world shall become of us? Our son needs aggressive oversight and daily clinical care but his psychiatric appointments were only once every six weeks. He had no housing so on our retired income we supported him in an SRO where he was grossly isolated because of Covid. His AA meetings closed down and became Zoom meetings yet our son suffers from such a complex learning disability that he only learned how to do very basic control of a computer two years ago. Zoom was not adequate for him. Finally, despite having a ceiling over his head, food from his parents and dinner at our home many nights, he succumbed to gross lonliness and returned to his homeless encampment. He became more and more disorganized both physically and psychologically. He was assaulted by a "friend" who hit him over the head with a tire iron because the friend had become psychotic and had embraced a weird Qanon belief system telling him to kill people like my son. He was at the UCSD trauma unit for four days being discharged with NO FOLLOW UP CARE!

In 2006, after my husband and I were stabbed by a homeless man discharged from the County Mental Health Hospital, we both nearly died. We were out for a Sunday morning stroll when the man came up behind us chasing us through the CVS parking lot close to our home. He was high on meth-amphetamines and psychotic. I nearly lost my kidney. My husband had the artery under his arm severed with his blood going three feet into the air. I share these gory details to let you know that people in a psychotic state are not bad people but they can do very bad things. My husband and I aggressively advocated for the assailant telling the court that the psychiatric hospital had let us down. We urged the judge to assure that this man would receive the aggressive psychiatric care that he so clearly needed. Alas, I fear that I see people walking by my house daily with similar psychotic disorganization and I know that the services have only gotten less available.

I will close by thanking you for reading this long email. I sincerely believe that California needs to do so much more for those who are psychiatrically ill and who suffer from substance use disorders.

Sincerely, Caroline Ridout Stewart, MA, MSW, LCSW

Sent from Mail for Windows

Subject: SB 1338 & AB 2830

Date: Sunday, April 24, 2022 at 10:22:41 AM Pacific Daylight Time

From: Jerry Pyne
To: Danny Offer

[EXTERNAL EMAIL] DO NOT CLICK links or attachments unless you recognize the sender and know the content is safe.

Assembly and Senators,

We have seen a massive increase in those who live on the street. with no mental health services available for them. Not only that, but they often refuse any help that could be provided. those who are unable to make rational decisions on their own need to have these decisions made for them by others. therefore, I support the above Bills.

Sincerely,

Gerald R Pyne

Subject: Need for CARE court

Date: Sunday, April 24, 2022 at 1:43:17 PM Pacific Daylight Time

From: Glenna Edmondson

To: Danny Offer

[EXTERNAL EMAIL] DO NOT CLICK links or attachments unless you recognize the sender and know the content is safe.

My son was diagnosed with BiPolar I at the age of 19. He is now 36. He lived in a series of apartments or at home for a few years, then our family managed to keep him in an apartment for nine years, but in 2018 he was evicted due to his unmanaged mental illness and drug and alcohol use. He has been hospitalized many times for up to eleven days, but never long enough to affect any real change in his illness or behavior. He has been in and out of jail for everything from theft to violation of a restraining order. He gets clean in jail, but is immediately using again as soon as he is released to the streets. He has been on many different prescribed medications but quits them due to side effects. He has made agreements with the court and his probation officer to go to a sober living facility, but when it looks like that might happen, there is no vacancy in any program to take him. There is no housing, no rehab center, no where for him to go. There isn't space for a "healthy" young man at the homeless shelter. Currently he is once again in violation of probation for failing to contact his probation officer. He simply isn't capable of caring for himself without help and supervision.

As his mother, I have done everything I can to help him, but he is beyond my ability to care for him. We need stronger laws to enforce compliance with medication. We need housing and supervision for the homeless mentally ill. We are failing as a society to provide for these people who need compassionate care.

Glenna Edmondson

glennavedmondson@msn.com

Avila Beach, CA 93424

Subject: Care Court

Date: Friday, April 22, 2022 at 4:01:55 PM Pacific Daylight Time

From: Jody Ross **To:** Danny Offer

[EXTERNAL EMAIL] DO NOT CLICK links or attachments unless you recognize the sender and know the content is safe.

Hello,

I am writing this for my son who has been suffering, and I do mean suffering from Mental Illness for over 25 years. He is now 52 years old and in jail again. He was a successful artist, supporting himself and doing extremely well until the stress of success took him down. Marc's whole personality and life turned upside down. First there was the deep depression and then the uncontrolled manic stage. During those times I just wish I had a net to put over him and get help for him but he becomes unreasonable, angry and totally out from reality.

Marc has been arrested and put in jail a few times when he was separated from reality and in a manic period. But to the courts everything is black and white and as much as I and his brother tried to get help from lawyers, Marc was locked away. He is now in jail in San Diego for graffiti and threatening a person and because of his other jail sentences, he has a real possibility of being sent to prison. Marc has been a leader in various church groups when he has been able to maintain his sanity, but for him it seems that psych medications stop working after a while and the cycle continues. Often the psych medications have the OPPOSITE effect for him. That is hard for people and courts to believe, but I have witnessed it over the years.

Marc has suffered immensely from mental illness and has gotten help off and on, but because we are not rich I have not been able to pay for all the help he needs. At night he would pray to God with a Bible on his chest that God would help him. He has tried so hard for so long. He worked hard at the age of 48 to graduate from San Diego State University with a cum laude diploma in Fine Arts. He was at Point Loma Nazarene University working on his Masters Degree in Ministry when his last episode occurred.

I feel that the courts had something to do with this. Marc was on probation and when he went before the court to get off probation after he had gone to every meeting with his probation officer and was an ideal candidate to be removed—he did all his community service, he graduated from college while on probation and the court still denied removing him from probation. It was the straw that broke the camels back. I feel he just gave up after that because i watched him slowly descent into manic and there was nothing I could do to help him.

A court is needed that can understand mental illness, deal with folks who are arrested because of mental illness and help them get help and NOT PUT THEM IN JAIL.

Sincerely, Jo Ann Ross Subject: We Need Care Court Immediately

Date: Friday, April 22, 2022 at 10:36:51 AM Pacific Daylight Time

From: Joanna Reinhold
To: Danny Offer

[EXTERNAL EMAIL] DO NOT CLICK links or attachments unless you recognize the sender and know the content is safe.

We have a child who has just turned 18 who has had violent, over-the-top rage tantrums since she was a toddler. It's prevented her from making or keeping any friends, making good decisions, & having a normal life. She's been on 5150's multiple times & now that she's 18 will be moving out but has nowhere to go. Can't hold down a job. Has no income other than what we,her parents, give her. She needs care court for an official diagnosis & treatment now! There are hundred or thousands of other people that desperately need care court. Please get this going as soon as possible!

These are smart, capable, creative & loving people who live behind a mask of mental chaos. That's all others see and turn the other way in disgust. This problem is solvable! Medication is the key! MAKING MEDICATION REQUIRED FOR CERTAIN CASES (People) ARE NEEDED!!!! JUST LIKE CHECKING IN W/A PAROLE OFFICER, SOME MENTAL HEALTH SUFFERERS NEED CHECK IN W/A PROFESSIONAL TO HAVE MEDS WITHOUT A CHOICE BECAUSE THEIR MIND IS NOT CAPABLE OF KNOWING WHAT THEY NEED! They aren't making the choice of meds because it's a choice. They're too impaired to choose the best thing for themselves. Someday soon I pray a smart person will make MEDICATION REQUIRED FOR SOME CASES. (not all) but for now I'll take Care Court as a start.

Thank you,

Joanna Reinhold C: 949-322-6625 Subject: I support Governor Newsom's CARE Court initiative to help people with serious mental illness

receive higher levels of care.

Date: Friday, April 22, 2022 at 12:15:26 PM Pacific Daylight Time

From: John Machado **To:** Danny Offer

[EXTERNAL EMAIL] DO NOT CLICK links or attachments unless you recognize the sender and know the content is safe.

I support Governor Newsom's CARE Court initiative to help people with serious mental illness receive higher levels of care.

John Machado 68333 Skyway Dr Cathedral City Ca 92234 Subject: SB1338 and AB2830

Date: Friday, April 22, 2022 at 9:40:51 AM Pacific Daylight Time

From: Judi Diamant
To: Danny Offer

[EXTERNAL EMAIL] DO NOT CLICK links or attachments unless you recognize the sender and know the content is safe.

Im writing in support of SB1338 and AB2830. We need this. Families are desperate to receive help for family that doesnt realize they need help! It is inhuman to just watch people live on the streets due to severe mental illness.

Judi

Subject: Support SB 1338. Support AB 2830

Date: Friday, April 22, 2022 at 11:04:49 AM Pacific Daylight Time

From: Kaira

To: Danny Offer

[EXTERNAL EMAIL] DO NOT CLICK links or attachments unless you recognize the sender and know the content is safe.

I support these bills however of course I'm always concerned about costs and want to make sure that there is proper shared cost between current legislation and this proposed bill wherever crossover is feasible.

Thanks, Kaira

Subject: Care court Initiative

Date: Sunday, April 24, 2022 at 2:48:04 AM Pacific Daylight Time

From: Katrina Hinxman
To: Danny Offer

[EXTERNAL EMAIL] DO NOT CLICK links or attachments unless you recognize the sender and know the content is

My 24-year-old son was diagnosed with paranoid schizophrenia at age 19. He has a felony conviction for I crime I believe his mental illness contributed to and has been in and out of jail since age 20. After serving an initial nine-month jail sentence, he remained on probation for three years. He was compliant on his medication for the first year and a half of his probation. Then, after being off his medication (since he felt he no longer needed it), he became increasingly psychotic he did not check in to probation because he stated that "they do not exist" and he "wasn't on probation." He was subsequently apprehended and incarcerated for three months. Following his release, he failed to check in to parole and 11 days later was taken into custody again. He spent another six months locked up. He was recently released again on February 17, and one of the conditions of parole was for him to wear an ankle bracelet. After being in my home and under my supervision he was again taking his medication. However, there is a period of time upon starting and continuing the medication before it has an effect. After eight days of being home, he cut off his ankle bracelet because he said "it was shocking him." He is now serving 3 more months in jail.

This is a revolving door for him. He has a disease that is not a result of anything he did. He had a promising future before the onset of the schizophrenia. If I was not able to bring him into my home, he most likely would have ended up on the street, homeless and anonymous like so many are as we see with the current crisis of homelessness. The justice system is not the appropriate institution for dealing with brain diseases and other mental health conditions.

We have to find a balance between an individual's rights and their need for help with decisions when they cannot safely or logically make them for themselves. We have to move forward from the past where abuses occurred in institutional settings. Many suffering with mental illness, with the proper medical treatment and therapy, can become production participants in our society. Instead, we lock them up like rabid dogs, or abandon them to wander and fend for themselves like stray dogs. My son, nor the thousands of sufferers of mental illness, are not dogs. They are humans and should be treated as such.

We need to allocate resources to provide them with proper medical care and supervision. We need regulations and proper oversight in place to ensure abuses of the past cannot occur again. We need laws that make it easier for family members to gain conservatorship over their loved ones to ensure they are safe and receiving proper and quality medical care and housing. We need to provide a means to require sufferers to take medication when they don't have the ability to determine they need to through intervention processes that are coordinated with responsible family members and medical professionals. We are willing to assist in helping accomplish these suggested goals that can help stop the revolving door of

incarcerations, reduce homelessness, and build a healthier society.

Sincerely Katrina Hinxman

Subject: SB 1338 and AB 2830

Date: Friday, April 22, 2022 at 4:02:38 PM Pacific Daylight Time

From: lauriejac@gmail.com

To: Danny Offer

[EXTERNAL EMAIL] DO NOT CLICK links or attachments unless you recognize the sender and know the content is safe.

To whom it may concern,

I was given this email address by NAMI. I have a son with a serious mental illness. I urge you to pass the CARE (Community Assistance, Recovery and Empowerment) act SB 1338 and AB 2830 to provide better care for our seriously mentally ill population.

Thankfully my son has received good care because he was employed when his serious mental illness was discovered and his insurance covered his care. However, thousands of Californians are not so lucky. They have untreated psychotic disorders. Please pass these laws so we can take care of the seriously mentally ill people in our community.

Thank you.

Sincerely,

Laurie Jacobvitz

Subject: Care Courts

Date: Sunday, April 24, 2022 at 3:58:47 PM Pacific Daylight Time

From: AT&T Mail **To:** Danny Offer

[EXTERNAL EMAIL] DO NOT CLICK links or attachments unless you recognize the sender and know the content is safe.

I am a board-certified child and adolescent psychiatrist in practice for over 30 years in Orange County. I have been a fan of community courts since Homeless Court was started several decades ago, and proved very effective in connecting the homeless mentally ill with services. In addition, the courts are staffed by motivated judges who know the population well. Care Courts will be an essential part of a comprehensive response to the mental health crisis inundating our state and country.

Sincerely yours,

Lawrence Budner, M.D.

Lawrence J. Budner, M.D., F.A.A.C.A.P., F.A.P.A. 2101 N. Main St., Suite D Santa Ana, CA 92706 LBudner@sbcglobal.net 714-558-8010 This e-mail, including attachments, is confidential and intended only for the recipient(s) named above and may contain information that is privileged, exempt from disclosure under applicable law. If you are not the intended recipient, do not disclose or disseminate this message to anyone except the intended recipient. If you have received this message in error, or are not the named recipient(s), please immediately notify the sender by return email, and delete the copies of this message and its attachments. Confidential health information is protected by state and federal law, including, but not lmited to, the Health Insurance Portability and Accountability Act of 1996 and related regulations.

Subject: Care Court SB1338 and AB2830

Date: Sunday, April 24, 2022 at 2:23:37 PM Pacific Daylight Time

From: Linda Privatte
To: Danny Offer

[EXTERNAL EMAIL] DO NOT CLICK links or attachments unless you recognize the sender and know the content is safe.

I am a Curbside Caregiver, Linda Rippee Privatte, keeping my promise to Solano County and the State of California, that I will continue to tell my brother Mark Rippee's story.

Mark lost both eyes in an accident along with a massive TBI & loss of 1/3 of his frontal lobe. A few years later he developed a serious brain disorder with anosognosia.

He is" Gravely Disabled" although we cannot get him designated as such due to the vague interpretations of the law by each of the 58 counties. There is no LPS accountability.

Mark has had over 65 surgeries since 1987. Metal rods, plates, screws and wires hold his leg, face, jaw, and head together. Mark has been homeless 15 years. We have not been able to have Mark conserved after many opportunities for Solano to appoint a Public Conservator.

Mark was hit by a car in Sept. 2019 as he walked into traffic while delusional. Our laws allow a person with a SBD to refuse medical attention. He lay on the sidewalk 2 weeks with a head injury. He had surgery for a brain abscess and was hospitalized for a month. Solano County did NOT think he was a danger to himself or others.

4 months later he walked into traffic and was hit again. The 85 year old driver was not injured. His critical injuries hospitalized him for 8 ½ months. Mark broke his leg and the metal rod that had been there for 34 years had to be replaced. He had facial, head injuries, internal injuries, broke his shoulder, lost teeth, and had more surgeries. Solano County and their interpretation of the criteria did not think that he was a danger to himself and others.

This past Oct. he fell into the street and broke his hip. He lay on the sidewalk in front of the county building for 25 days refusing medical assistance. He had surgery and spent 3 months hospitalized. Still no one thought he was a danger to himself or others.

We have hundreds of documented times that Mark has walked into traffic. Supervisor Vasquez admitted in 2018 that he had witnessed Mark in traffic for over 10 years! We have proved that Mark is a danger... but Solano County wants more proof, the kind of proof that will ONLY come from the Coroner's office.

The board has not communicated with me since 2019. The county gave us three different reasons why Mark does not qualify for an LPS.

We were told that he could not qualify for an LPS due to the fact he has had a TBI. He could not qualify for a Probate due to him also having a serious brain disorder. They called it a catch-22.

Then we were told that because he had the TBI first...prior to the onset of a Serious Brain Disorder.

Lastly we are told that I and others who feed and clothe mark are giving him 3rd party assistance to survive, therefore preventing him from being labeled "Gravely Disabled"... not that there are any resources on the other side of that label.

Changes in the law and the criteria for gravely disabled are necessary on the State and Federal levels. Care Court may help remedy situations like Mark's and I have begged our county to send letters of support for the changes needed at the State and Federal levels not use it as an excuse to do nothing for Mark.

Sincerely, Linda (Rippee) Privatte

An American Curbside Caregiver

707-590-8398

7346 Leisure Town Rd. Vacaville, CA 95688

Subject: Mental Illness

Date: Saturday, April 23, 2022 at 10:42:11 AM Pacific Daylight Time

From: Lola Dukel
To: Danny Offer

[EXTERNAL EMAIL] DO NOT CLICK links or attachments unless you recognize the sender and know the content is safe.

Hello,

I have a 25 year old daughter who suffers from mental illness she does not do drugs. She cant hold down a job. She lives with me which is extremely difficult. Please pass the bill to help mentally ill people

Sent from Yahoo Mail on Android

Subject: Care Bill

Date: Thursday, April 21, 2022 at 2:25:46 PM Pacific Daylight Time

From: peggy Ryder **To:** Danny Offer

[EXTERNAL EMAIL] DO NOT CLICK links or attachments unless you recognize the sender and know the content is safe.

As a parent of a son who has multiple mental health and drug addiction issues (which he uses to self medicate) he has been sent to jail whereas a different alternative would have been more beneficial. He was attacked and jumped in jail and this does not help the situation. The mentally ill need a better alternative to dealing with issues related to court, jail sentencing etc. so please consider passing these bills.

Sincerely, Margaret Ryder 10439 Haines Cyn. Ave. Tujunga CA 91042 1818-434-0714 peggyryder@yahoo. com

Sent from my iPhone

Subject: Support SB 1338 and AB 2830

Date: Wednesday, April 20, 2022 at 7:21:00 PM Pacific Daylight Time

From: Nurit B

To: Danny Offer

[EXTERNAL EMAIL] DO NOT CLICK links or attachments unless you recognize the sender and know the content is safe.

My son didn't think that he had a mental disability but his life fell apart after college. It became so bad that he was hospitalized, jailed, was homeless and at times I wasn't sure if he'll survive. All through this I found a system that was fragmented and broken. Why a sick man should go through so much suffering? Time to fix the system to save lives. Thank you.

Nurit Baruch.

Subject: Salud Mental cual solo le An servido por ciertos periodos por que constantemente Cambian de

tratamiento y de terapista por que el sigue teniendo fuertes Crisis en todo este Tiempo Hemos Batallado Bastante para que Nos Dieran Medicamentos por que todos ...

Sunday, April 24, 2022 at 2:10:05 PM Pacific Daylight Time

From: rocio.arias.0422
To: Danny Offer

Date:

[EXTERNAL EMAIL] DO NOT CLICK links or attachments unless you recognize the sender and know the content is safe.

Que Ahora tiene y que Aún Así Batalle por Mucho otro Tiempo Más para Apoyo para una Evaluacion para el centro Regional de los Angeles C.A.caso que Rechazaban por Estar en Salud Mental y por Edad...y por No tener Diagnostico Autista...y Es por Eso que peleamos Hasta que Logramos Aceptaran por la Misma Razón que Nadie le da Un Diagnostico por que Para Ellos el es sano...pues los Estudios Anteriores Dicen A si gracias A Dios y A las Personas que Me Apoyaron a No Desistir en el Intento por todo Esto Hoy en Dia...todavía Espero por una cita para el pero ya con Alguna Esperanza de un Diagnostico que el pueda Agarrar Medicamento y Ayuda conforme al Resultado y le Ayude a estar Mejor.

Deseo que Fuera todo Más Asebsible para Estos casos No fuera tan complicado por que siendo el Ciudadano Americano Nacido Aquí Me es Difícil Me den Ayuda para el... una Lucha ya de Mas de 4 Años.

Enviado desde mi Galaxy

Subject: CA

Date: Friday, April 22, 2022 at 10:08:21 PM Pacific Daylight Time

From: Rosaura Luna **To:** Danny Offer

[EXTERNAL EMAIL] DO NOT CLICK links or attachments unless you recognize the sender and know the content is safe.

Dear California Legislators,

Please pass CARE Court, SB 1338 and AB 2830. I have a 40 year old son who has been living on the streets. Sadly he is suffering from psychosis and drug addiction for 20 years. He never hurts others but only himself. He hears voices that make him live in fear, thinking there are evil spirits after him. He usually walks around screaming out loud for the the evil spirits to leave him alone. It break my heart to see him this way unable to help him.

He been to prison 7 times due to stealing. At this moment he in prison for the second time for arson. He has started fires in trash cans to destroy witchcraft .

80 % of the homeless population are mentally I'll and like my son, Kenny, they take street drugs to self medicate themselves.

Please I pray to God that you are the only ones that could help them. They are sick and can't help themselves. Thank you for reading for sad story. Blessings to you, from a desperate mom, Rose Luna

Sent from my iPhone

Subject: Support for SB1338 and AB2830

Date: Sunday, April 24, 2022 at 1:40:34 PM Pacific Daylight Time

From: Sarah Dusseault
To: Danny Offer

[EXTERNAL EMAIL] DO NOT CLICK links or attachments unless you recognize the sender and know the content is safe.

Dear State Legislators,

I greatly appreciate the work you are doing to save the lives of individuals who are dying on our streets. The latest numbers from the LA County coroner's office were released on Friday and reveal excluding COVID related deaths, there was a 43 percent increase in deaths in 12 months and about 2,000 people died or about 5 people per day. These are war time, height of the pandemic figures and should not be tolerated.

The number one cause of death is drug overdose, but the vital fact is that people who are unsheltered are more likely to die and those suffering from psychosis often lack the ability to seek out care or services.

The idea od CARE Count, the idea that we can help people who are severely incapacitated before they die, has everything to do with protecting civil liberties by seeking a path way away from certain death. To be effective, these plans must also include access to acute care beds, housing, and mental health services that are often unavailable to our sickest residents.

My brother's story mirrors many of the stories you have heard. The LA Times writer Doug Smith did an eloquent job of detailing the many years during which my brother suffered from severe neglect.

The toll of one man's mental illness - Los Angeles Times

If my brother had access to CARE Court, the potential for his future would be limitless, but the years of trauma have taken their toll and although he is currently receiving care, I do not know what is next for him.

Thank you for working to care for our most vulnerable residents.

Warmly,

Sarah Dusseault

Sarah Dusseault (213) 422-4274 sarah.dusseault@gmail.com Subject: my son's story

Date: Saturday, April 23, 2022 at 8:46:53 AM Pacific Daylight Time

From: Sharon Roth
To: Danny Offer

[EXTERNAL EMAIL] DO NOT CLICK links or attachments unless you recognize the sender and know the content is safe.

My son was stable for many years with his schizoaffective disorder. The symptoms began when he was age 17. He was never able to complete high school because he was such a rapid cycler. As he aged he was able to maintain stability except for a major episode every ten years. He had two of these episode which usually lasted about 2-3 months. However, this last episode has been ongoing for over two years, since he was introduced to Meth, by some homeless people he was trying to help. He was arrested and jailed for six months and then released to the streets due to Covid. He should have been sent to a Residential Treatment Program, but there were none available due to Covid. He made his court dates, but decisions were either delayed or court cancelled due to covid. His mental health has deteriorated since then. Now they expect a person with a mental illness and addiction to remember to show up for court dates. He no longer has abstract thinking and no way to save money for bus fare. Therefore, he was picked up on a bench warrant. He sits in jail at this point until his next court date. He needs residential treatment. Will he get it????? Not with the system the way it is now. I wish I could tell you the entire story.

Sharon Roth

Subject: Hi My name your s Tyrone Penny

Date: Friday, April 22, 2022 at 4:30:12 PM Pacific Daylight Time

From: Tyrone Penny **To:** Danny Offer

[EXTERNAL EMAIL] DO NOT CLICK links or attachments unless you recognize the sender and know the content is safe.

I very much upset at a community health care center by the name of Telecare 121 Downey rd Modesto ca. A gentleman man by the name of Narciso Hernandez...Requested my son be put in jail after appearing in court for an incident that happened at Behavioral health in Modesto.Tyree was a patient seeking treatment for his mental breakdown..He was put on wrong medication with very bad side effects that cause violence outbursts, worsen voices and thoughts of suicide. While at dbhc he hit another patient that pressed charges Without any proof or being charged my son was sent to Jail by the action of Telecare staff Narciso Hernandez.The judge asked was there any mental help for him.Narciso said he would like to request Tyree be taken into custody,, even at the objection from the public defender...My son is still in Jail without proper mental health, where he has been since September 22,2021. I feel there needs to be more done for not just my son but others as well

Subject: Care Court

Date: Saturday, April 23, 2022 at 10:22:49 AM Pacific Daylight Time

From: Yvonne Bowman
To: Danny Offer

[EXTERNAL EMAIL] DO NOT CLICK links or attachments unless you recognize the sender and know the content is safe.

Yes on SB 1338

Yes on AB 2830 Sent from my iPhone The Honorable Tom Umberg, Chair Senate Committee on Judiciary 1021 O Street, Room 6730 Sacramento, CA 95814

The Honorable Richard Pan, Chair Senate Committee on Health 1021 O Street, Room 7320 Sacramento, CA 95814

Re: SB 1338 (Umberg and Eggman) Community Assistance, Recovery, and Empowerment (CARE) Court Program – **SUPPORT**

Dear Senator Umberg and Senator Pan:

I am writing to express my support for SB 1338 (Umberg and Eggman), which aims to deliver services to Californians with a serious mental illness or substance use disorder who too often languish – suffering in homelessness or incarceration – without the treatment they desperately need.

All people should have the right to make their own decisions about medical treatment. However, I am aware that there are individuals with serious mental illnesses such as schizophrenia and other psychotic disorders who, at times, due to their illness, lack insight or good judgment about their need for medical treatment. In cases like this, a higher level of care may be necessary, but must be the last resort. The National Alliance on Mental Illness (NAMI-CA) members have been calling for reform for our loved ones for years.

I am the President of NAMI Greater Los Angeles County, the largest NAMI affiliate in the County, and also a parent of a son living with schizophrenia who is under LPS conservatorship. As a result, I know from personal experience the critical importance of providing appropriate psychiatric care to individuals suffering from psychosis as early as possible in development of their illnesses. I also have seen first-hand the wrenching effects of anosognosia—the lack of insight—that is a hallmark of psychosis, rendering it virtually impossible for an individual suffering from untreated psychosis to recognize their own illness or to admit to the need for treatment. And, happily, I have also seen the efficacy of medication in the treatment of schizophrenia, leading individuals to much more fulfilling lives. Treatment can and does work.

For someone with a mental health condition, the basic necessity of a stable home can be hard to come by. The lack of safe and affordable housing is one of the most powerful barriers to recovery. When this basic need isn't met, people cycle in and out of homelessness, jails, shelters and hospitals. Having a safe, appropriate place to live can provide stability to allow our loved ones to achieve their goals. Housing is critical to recovery and must be available in the CARE Court process.

Individuals living with serious mental illnesses need a wide array of options for permanent, decent, and affordable housing, based on their individual needs and choices.

SB 1338 provides a tool for our loved ones who have historically suffered tremendously on the streets or during avoidable incarceration so that they can be successfully stabilized and supported in the community. For these reasons, I support SB 1338.

Sincerely,

John A. O'Malley

President

National Alliance on Mental Illness-Greater Los Angeles County

Email: john.omalley468@gmail.com

Cell: 213-321-6380

Cc: The Honorable Susan Talamantes Eggman, California State Senate

The Honorable Tom Umberg, Chair Senate Committee on Judiciary 1021 O Street, Room 6730 Sacramento, CA 95814 The Honorable Richard Pan, Chair Senate Committee on Health 1021 O Street, Room 7320 Sacramento, CA 95814

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I run the Tuesday night support group for NSMI Glendale each week we have an average of 18-20 people who attend because like me, they have a loved one with a mental illness. Night after night people express their concerns and stress because their loved one is living with a with serious mental illnesses and cannot get permanent, decent, and affordable housing, based on their individual needs and choices. This is needed for them to get healthy.

For someone with a mental health condition, the basic necessity of a stable home can be hard to come by. The lack of safe and affordable housing is one of the most powerful barriers to recovery. When this basic need isn't met, people cycle in and out of homelessness, jails, shelters and hospitals. Having a safe, appropriate place to live can provide stability to allow our loved ones to achieve their goals. Housing is critical to recovery and must be available in the CARE Court process.

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Sincerely,

Beth Bythrow

To: California State Senate and California State Assembly Judiciary Committees

From: Linda Strassle, <u>Lstrassle@gmail.com</u>, cell: (626) 590-1288

Re: Feedback on SB-1338 (and mirror AB-2830) as of 04/07/22, the last amended date

Dear Esteemed Members of the Senate Judiciary Committee and Assembly Judiciary Committee:

I am a Los Angeles County citizen, a retired ERISA attorney, a member of Hollywood 4WRD (a coalition for systemic change to address homelessness in Hollywood), a member of the Los Angeles Methamphetamine Task Force, a member of NAMI, and a mother with lived experience of an adult son who has struggled with a psychotic order and addiction. I am submitting these comments in my individual name only, due to insufficient time for convening any group quorum to produce a collective response.

Note: My feedback covers issues mainly in order of their first appearance in the bill text. References to "the bill" apply to both SB-1338 and its mirror bill AB-2830, as of last amended date 04/07/22 shown on the California Legislative Information website. The bill seems to use "CARE program", "CARE Court program", and "CARE" interchangeably. I will generally use "CARE" in this feedback.

The following feedback aims at being constructive, with specific suggestions for revisions and additions that will lead to a stronger bill.

Referral of criminal cases to CARE Court:

LEGISLATIVE COUNSEL'S DIGEST ¶(3) states that the bill will authorize a court to refer misdemeanor defendants who have been "determined to be incompetent to stand trial". §5978 (b) provides, additionally, that a court "may refer an individual from misdemeanor proceedings" pursuant to Cal Penal Code §1370.01. (§1370.01 provides for criminal proceedings to resume if a defendant is found mentally competent).

Taken together, these two bill provisions suggest that CARE is intended to be available for diversion of misdemeanor proceedings from criminal to civil court in cases where individuals have a qualifying mental health condition, *regardless* of whether they are deemed competent or incompetent to stand trial. This is as it should be, if we are to decriminalize mental illness and provide treatment and care rather than jail!

Even better would be to specify that *any* misdemeanor case *must* be referred to CARE, without a preliminary competency determination, if a criminal court judge finds sufficient grounds for filing a petition to initiate CARE proceedings. Competency determinations take time and funds that would be better spent moving those with serious mental illness (SMI) into treatment, the very thing that will help restore competency if they have lost it.

There are many compelling reasons to include justice-involved individuals with SMI in CARE:

- CARE will be best equipped to help individuals move beyond denial and non-compliance to engagement and willingness to accept treatment.
- CARE can provide a more appropriate process and specially trained staff to adjudicate such cases than can a criminal department in a superior court.

- CARE will be better equipped to address the needs of people with SMI, whose conditions are more complex and require more clinical resources than regular criminal diversion programs provide.
- CARE will reduce long waiting periods for evaluations and hearings in superior courts, thus move more expeditiously to treatment. This can be critical to preventing a defendant's psychosis from getting worse while waiting at home or in jail. It will save counties the significant expense of avoidable additional law enforcement and/or crisis responses, hospitalizations, incarcerations, from downward spiraling during administrative delays.
- CARE, ideally at first intercept, is optimal both for decriminalizing SMI and for saving on higher costs of incarceration for those who might otherwise end up in jail or prison instead of in treatment.

Perhaps equally important, criminal diversion cases will not be subject to serious civil rights objections that CARE is inappropriately coercive and in violation of human rights. It remains unclear how CARE will handle respondents who have not committed any crime and refuse to come to court or refuse to participate in collaborative discussions about treatment. Will they be subject to a subpoena that, if ignored, will land them in criminal court as a defendant subject to charges of contempt?

Justice-involved individuals will generally already be facing probability of incarceration, hospitalization or court mandated treatment. Even if civil rights objections prevail with regard to individuals who are simply homeless and at risk, CARE will make a huge difference in the lives of thousands who deserve *care first jail last*.

Ideally, referral of potentially qualifying candidates from superior court to CARE should be available at any stage of justice involvement, at time of arrest, pre-arraignment, post-arraignment, or post-plea as a referral upon discharge from jail.

As a matter of equity, automatic referral to CARE in appropriate cases is important. Rather than letting local district attorneys decide whether to file charges, based on whatever their biases might be, it should be up to CARE with its special expertise to determine a mentally disordered person's eligibility for diversion. Also, CARE obviates any moral dilemma a criminal defense attorney might feel, between advocating for what their client wants (usually to be back out on the street as soon as possible) and what is in their client's best interest.

CARE should retain discretion regarding criminal cases automatically referred. If it determines a person is not eligible or suitable for CARE, it should be able to remand their case back to the original court to proceed with its own process, or to refer the case to assisted outpatient treatment or conservatorship proceedings if appropriate.

Referrals to CARE should also be allowed for at least some felony cases, without need for a competency determination, where an assessment of criminogenic factors indicates this is appropriate. Statistics show that gravity of criminal charges relate more to untreated SMI and homelessness than more serious culpability, with a pattern of numerous arrests on misdemeanors progressing to an eventual felony arrest. Those who have felony charges due to lack of earlier intercept or circumstances outside their control should not be automatically disqualified from CARE.

Note: If the above recommendations are followed, SB-1338 SEC. 3 (amending Cal Penal Code §1370.01) will require conforming revisions.

Definitions.

Cal WIC §5971 (added by the CARE bill) would do well to include the following definitions of "CARE team", "qualifying condition" and "settlement agreement":

<u>Definition of "CARE team"</u>: "CARE team" means the team appointed to collaborate with a CARE participant in developing and implementing a CARE plan, including at a minimum the participant's CARE judge, appointed counsel, supporter, and county behavioral health agency staff members which may include a psychiatrist, psychotherapist, social worker and/or others as appropriate. The CARE team shall also include, whenever possible and appropriate, the participant's family and significant others who wish to provide support."

(I discuss issues relating to family members and significant others below.)

<u>Definition of "qualifying condition"</u>: "Qualifying condition" means either of the following: (1) a diagnosis of schizophrenia spectrum or other psychotic disorder, as defined in the most current version of the Diagnostic and Statistical Manual of Mental Disorders (DSM); or (2) a "mental disorder" as defined in Cal Penal Code §1001.36 (b)(1)(A).

In light of CARE's stated purpose "to deliver mental health and substance use disorder services to the most severely impaired," it seems appropriate to add part (2) to the qualifying diagnostic. Cal Penal Code §1001.36 (b)(1)(A) defines "mental disorder" as follows:

a mental disorder as identified in the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders, including, but not limited to, bipolar disorder, schizophrenia, schizoaffective disorder, or post-traumatic stress disorder, but excluding antisocial personality disorder, borderline personality disorder, and pedophilia.

Including this definition has at least two advantages: (1) It exists in a related and relevant context, that of diverting those with SMI from criminal proceedings into appropriate treatment. (2) It expands eligibility to people with SMI who may not be psychotic but are unable to recognize their need for treatment. Such people are often at serious risk of deterioration into psychosis, due either to progression of untreated SMI, to substance use disorder (SUD), or both.

It also seems fitting that CARE be available in cases where it may be uncertain whether the cause of an existing psychosis is SMI or SUD. This really should not matter. From a public policy standpoint, the only relevant questions should be: (A) whether a person is likely to benefit from participation in CARE, and (B) whether such participation is likely to save their county significant expense in the long run by preventing more serious behavioral health problems and their likely consequences.

In particular, CARE will be a valuable tool for helping those who suffer from amphetamine psychosis (which appears to be included in the DSM as a psychotic disorder), with its frequent serious health consequences and justice involvement. Methamphetamine in particular poses a large and growing problem in our state, and many of our high-need, high-vulnerability population are meth users. Such people could be saved from homelessness and downward spiraling if included in CARE, even if it is unclear whether they have SMI that will persist once they receive treatment.

Arguably, if the only relevant considerations for eligibility are (A) and (B) above, people diagnosed with "antisocial personality disorder, borderline personality disorder, and pedophilia" should not automatically be excluded. (Note: In a 2021 case, Negron v. Superior Court of Kern County, the California Court of Appeal concluded that §1001.36(b)(1)(A) does not preclude those who suffer from both excluded and included mental health disorders but only requires that a defendant suffer from one qualified mental health disorder.)

Furthermore, automatically disqualifying anyone on the basis of a particular diagnosis might violate the constitutional right to equal protection. Specific diagnoses are often best guesses and can vary from evaluation to evaluation.

One anticipated concern to expanding "qualifying condition" as proposed here, in addition to providing for automatic referrals of justice-involved individuals, is the potential for increased caseloads. This concern should be addressed by increasing the number of CARE judges, counsel and other court staff trained and available to handle an expanded case load.

California also needs to increase its number of appropriate treatment, housing and other care facilities and programs, at every level of need. Without these, CARE will have little ability to effectively help any in its program, regardless of caseloads.

<u>Definition of "settlement agreement"</u>: "Settlement agreement" means a treatment plan developed collaboratively by the participant and CARE team, including terms of participation in CARE, to recorded in a CARE court order.

Required findings for CARE participation.

§5972 (b) should be revised to read: "The person has been diagnosed with a qualifying condition within three months of the submission of the petition." This is consistent with the requirements of §5975 (g) and allows for situations where an individual's mental disorder is serious but episodic. It also precludes admissions to CARE based on old diagnoses that are no longer accurate.

§5972 (d) should at the very least be revised to read: "The person currently, or chronically and episodically, lacks [medical decision making capacity]".

In medical practice, including psychiatry, decision making capacity (DMC) is determined at the moment of evaluation for proposed treatment. This is problematic in situations where a person's impaired judgment is intermittent, such as with bi-polar disorder or SUD involving amphetamines, and where periods of serious and damaging psychosis often alternate with periods of mental clarity.

For CARE, it would be better to revise §5972 (d) to read: "The person's current behavior or recent history shows an inability to make informed or rational decisions in their best interest, taking into account evidence of their historic course of illness, physical and mental health, recent behavior, and any other factors deemed relevant."

Initial hearing provisions.

§5977 (b)(2)(D) should be revised to provide that the supporter "shall be present" at the initial hearing. Presence of counsel should also be required at the next stage described in (b)(3)(C) where the court has

ordered the county behavioral health agency "to work with the respondent and the respondent's counsel and supporter" to determine if respondent shall engage in a treatment plan.

To the words "determine if respondent shall engage in a treatment plan" in §5977 (b)(3)(C), the following additional language should be added: "and to collaboratively develop its terms". This may reduce objections that the process is coercive.

Case management conference [hearing].

The last sentence in §5977 (b)(3)(C) refers to a "case management conference" to be set within 14 days after the court makes its finding. Is this the same as the "case management conference hearing" referenced in §5977 (c)(1)? If so, the same term should be used in both places. If not, this needs to be clarified.

§5977 (c)(1) refers to a "settlement agreement" to be entered into by the parties. As suggested, this term should be added to the definitions in §5971, and such definition should make clear that the settlement agreement includes the treatment plan developed collaboratively by the participant and CARE team, plus any additional terms of participation in CARE.

§5977(e)(2)(A), which provides for approval of the CARE plan and making "any orders necessary for the implementation of the plan" after presentation, should be revised to read as follows: "Approve the plan as presented and make any orders necessary for the implementation of the plan, all of which shall be included in a settlement agreement and recorded in a CARE order duly entered by the court. Additional settlement agreement terms shall include any applicable terms of participation listed in §5977(f)-(i) that are not already specified in the CARE plan."

Orders need to include clear terms and instructions regarding what is required, both for participants and providers. This is important for fostering participant responsibility and commitment to the CARE plans, and is essential if participants can be penalized for failure to comply. It is also important, for accountability of treatment and care providers, that their specific responsibilities be clearly identified.

Court ordered clinical evaluation.

§5977 (c)(5)(A)-(D) and (d)(1)-(4) cover procedures that apply where the court finds parties "are not likely to reach a settlement agreement", where it then orders an evaluation and subsequently conducts an evaluation review hearing. For sake of clarity, all of these provisions should be included together under §5977 (d), rather than split between (c) and (d) which is confusing. The following §5977 (e) can then resume with covering CARE plan approval and implementation hearing procedures.

Judicial Council rulemaking.

The last clause of §5977 (j), pertaining to Judicial Council rulemaking to promote statewide consistency, should be revised to add the words: "and terms to be included in settlement agreements".

Supporter provisions.

CARE should use peers in its Supporter program, in particular "peer support specialists" who will be certified through the new Peer Support Specialist Certification Program (Peer Certification Program) established under SB 803. This program is administered by California's State Department of Health

Care Services (DHCS), is currently in development, and will soon begin training and certifying peers under state law. Additional peer training and certification programs already exist in some counties. Trained and certified peers will be an invaluable part of CARE.

Peer supporters, with their own lived experience, may be best able to engage reluctant participants, to promote their sense of true collaboration, and win their trust to accept treatment and support. In Cal WIC Article 1.4, the California Legislature recognizes this and other benefits of the Peer Certification Program. It also cites the federal Centers for Medicare and Medicaid Services (CMS) as recognizing that the experience of peers "can be an important component in a state's delivery of effective mental health and substance use disorder treatment" (Cal WIC §14045.10).

Thus, the definition of "supporter" in §5971 (f) should be revised to add the following: "including but not limited to 'Peer Support Specialists' certified under California's Peer Certification Program".

Employing peers, whether state or otherwise certified, as Supporters should be a win-win, for the CARE program, peers and participants. Salary costs for peers will be lower than those for clinicians. This should enable CARE to operate more flexibly in collaborating with participants while staying within budget. Peers will benefit by being employed in meaningful work that requires maintaining a strong dedication to recovery, modeling healthy behaviors, meeting training, continuing education and recertification requirements, and adhering to a comprehensive code of ethics. (These and other peer certification requirements are found in Cal WIC § 14045.15, as elaborated on in DHCS' 07/22/21 Behavioral Health Information Notice (BHIN) No: 21-041.) Participants, in turn, will have peers as inspiring role models, finding reason to hope that they too can recover and live meaningful lives.

Note: BHIN No: 21-041 provides the standards for implementing the Medi-Cal Peer Certification Program. However, SB-1338 can and should adopt its standards for *all* peers who serve as supporters in CARE.

Under BHIN No: 21-041, in addition to being required to adhere to its adopted code of ethics, peers will work closely under the guidance of supervisors who have sufficient professional qualifications and experience. They will also receive on-going training and support. Any costs associated with such supervision, training and support should be more than offset by cost savings realized, not only in their salaries being lower than those of other professionals, but in cost savings associated with their own strongly maintained recovery.

§5980 (a) of SB-1338 provides that the California Department of Aging shall administer the CARE Supporter program. In light of DHCS' involvement in administering California's Peer Certification Program, DHCS seems the more appropriate entity for administering the CARE Supporter program as well, assuming this program will include peers. If the bill is revised to reflect this, all references to the California Department of Aging in the bill should be changed to DHCS.

§5980 (b) specifies what the CARE Supporter program "shall be designed to do". This section should include a new §5980 (b)(4) as follows: "Use as supporters, to the extent qualified and available, Peer Support Specialists certified under state law or other appropriately trained and certified peers".

§5981 (a) provides that a respondent "may have their supporter present, if available," in any meeting, judicial proceeding, or communication related to an evaluation, creation of a CARE plan, establishing a psychiatric advance directive, or development of a graduation plan. Supporter availability and presence should be required as a right, if a participant chooses. Thus §5980 (a) should provide that a respondent

"shall have their supporter present, if they choose," in any of these situations.

§5981 (b) specifies what a supporter is required to do, "to the best of their ability and to the extent reasonably possible"; and §5981 (c) specifies what a supporter shall not do unless explicitly authorized. Whether all supporters will be peers or only some, and whether they will be state certified or not, BHIN No: 21-041 includes a code of ethics that seems both appropriate and comprehensive. This code of ethics goes beyond the points listed in §5981 (b) & (c) and should be adopted to govern the conduct of all supporters. It should either be incorporated by referenced in §5981, or its additional requirements and prohibitions should be included with those listed in (b) & (c).

Family and significant others.

§5980 (a) provides that the department (i.e. California Department of Aging) shall train supporters "with support and input from peers, family members, disability groups, providers, and other relevant stakeholders". Apart from this provision, and §5974 (b) allowing a "spouse, parent, sibling, or adult child of the respondent" to file a petition to initiate CARE proceedings, there seems to be no mention of family members. There is no mention of significant others, including important friends, anywhere in SB-1338, not even among those listed as able to initiate CARE proceedings.

Family members and significant others can make important contributions to CARE, not just as stakeholders providing feedback, but participating in the development and implementation of CARE plans. Valuable involvement can include emotional support, inclusion in activities to foster a sense of connection, assistance with arranging support, housing, transportation, monitoring and encouraging treatment compliance, reintegration into the community, and developing a natural long-term support system.

Such involvement assumes, of course, that CARE is able to locate family members or significant others who are willing to help. It also assumes that a CARE participant wants their participation. And is assumes the court confirms such participation will be a positive contribution.

In many cases, where a person qualifies for participation in CARE, their psychosis and consequences of struggling with SMI and/or SUD will have resulted in tensions with family and significant others, if not total estrangement. CARE should be required to attempt to locate family members and significant others. If and when they can be located and are willing to participate, CARE should be required to consult them when and where appropriate. At a minimum they should be consulted for information about the participant's history and other information relevant to forming a CARE plan. They should also be considered for appropriate on-going CARE involvement, though the degree and nature of such involvement should be at CARE discretion.

Thus §5980 should add a new subsection (d) to read as follows: "Permit family members and significant others involvement in the CARE Supporter program, to the extent appropriate, feasible and beneficial as determined by CARE in its reasonable discretion, including but not limited to the development and implementation of CARE plans."

In addition to a CARE determination that family member or significant other involvement will be beneficial and not detrimental, such involvement could also be conditioned upon training or counseling, to ensure appropriateness of their support, to deal with any existing conflicts between them and a participant, and to deal with any new conflicts that might arise.

Restraining orders (ROs), including criminal protective orders (CPOs) can create unfortunate barriers to providing valuable support. It would be helpful for the bill to provide that the existence of a RO, whether a civil domestic violence RO or a CPO, should not in and of itself be a barrier to family member or significant other participation and support. While, under some circumstances the continuation of RO or CPO prohibitions might be appropriate, this should be a matter for CARE to consider and determine, bearing in mind the potential importance to recovery of such participation and support. Where appropriate, a CARE order should specify that an existing RO or CPO not be construed or applied by third parties to prevent family member or significant other participation.

One side comment regarding §5980 (a), in its mention of "peers" as providing support and input in the development of supporter training: It is not clear what "peers" means in this context. It might be best to use a different term, unless it is used in the sense I have recommended above in the discussion of supporter provisions.

CARE plan components.

§5982 (a)(2) provides for CARE plan inclusion of "specialty" mental health and SUD treatment services "if they are determined to be medically necessary by the clinical evaluation". §5982 (a)(3) states that counties "are encouraged to employ medically necessary, evidence-based practices and promising practices supported with community-defined evidence, which may include assertive community treatment, peer support services, and psychoeducation".

Is the narrower standard in (a)(2) required for purposes of Medi-Cal reimbursement? How does this narrower standard impact a CARE program's ability to be flexible in collaboratively seeking successful treatment and care approaches?

Is the reference to "promising practices" in (a) (3) intended to give counties maximum flexibility in developing their CARE programs? If so, how are "promising practices" and "community-defined evidence" defined? What if any limits will apply to the use of these practices? How will their use be funded?

Under §5982 (c), a CARE plan is required to include a "housing plan that describes the housing needs of the respondent and the housing resources that will be considered in support of an appropriate housing placement". §5982 (c) states that "the respondent shall have diverse housing options". However, the last sentence states that §5982 "does not allow the court to order housing or to require the county to provide housing."

Can §5982 do better than this, to help CARE make the difference it is intended to make? Can the state require adequate appropriate housing and ensure the necessary funding? Without these, CARE will be a nice idea on paper but very limited in its effectiveness to make any real difference.

Graduation.

SB-1338 provisions regarding graduation from CARE are few. The bill includes a definition of "graduation plan" in §5971(c) that provides it "shall include a strategy to support a successful transition out of court jurisdiction". It then provides in §5977(h)(5) that if the "respondent" (should the term be "participant"?) requests to be graduated from, or times out of, CARE, "the court shall officially graduate the respondent and terminate its jurisdiction with a graduation plan".

It would be helpful to have more guidance on what elements a successful transition strategy should include. These should be specified either in the bill with stakeholder input or by the Judicial Council under §5977 (j) in consultation with behavioral health.

At the very least, it is essential that some person or agency connected with CARE or county behavioral health remain responsible for long-term follow-up with each graduated participant, to guard against relapse and its consequences. Unless there is a clear and fixed point of responsibility for such follow-up, necessary accountability will be lacking. SB-1338 should add a provision for this and specify the required duration of long-term follow-up or how required duration will be determined.

In addition, any psychiatric advance directive (PAD) executed by a participant as part of graduation should be entered into the registry established under Cal WIC §4800, so it can be accessed later if needed by any health care provider anywhere. In addition, the PAD should be entered into whatever system the county has set up for immediate information sharing among health care providers. A participant who relapses or otherwise becomes incapable of making their own treatment decisions, cannot be expected to tell providers that they have a PAD or to share accurate information about what it provides.

The county shared information system should also include any available location and contact information regarding family members and significant others, whether they are willing to provide support, and if so what kind of support. Families and others concerned about getting important information to providers relevant to deciding the most appropriate treatment and care for their loved ones, should also be allowed to provide this information for input into the system. Information entered will need to be subject to any applicable legal restrictions on who should be allowed access. For example, different levels of access will be appropriate for treatment providers vs. law enforcement.

Advance directives.

CARE recognizes in §5971 (d) the important purpose of a PAD to "allow a person with mental illness to protect their autonomy and ability to self-direct care by documenting their preferences for treatment in advance of a mental health crisis". To effectuate this purpose, however, it is important to develop an appropriate form of PAD and to give a participant the option to make their PAD irrevocable if they wish.

A PAD can be valuable tool for supporting long-term recovery. The process of preparing one will prompt a participant to consider important questions and to develop helpful answers in careful consultation with their CARE team and supporter. Having a PAD can be empowering and provide some peace of mind, particularly for one who fears a possible future relapse and its consequences.

The current PAD form available in California, based on current law, has at least one serious limitation: it is revocable at any time while a person has "capacity". This presents a problem where a person is spiraling into psychosis and wants to revoke the very instructions they designed to protect their autonomy and direct their own care, in anticipation of that situation. Currently what happens in actual practice is: either they will be deemed still to have sufficient "capacity" and their PAD instructions will be considered revoked; or they will be deemed to lack capacity and LPS procedures will be invoked, with PAD instructions disregarded.

Participants need to be given the choice to make their PADs irrevocable. To legalize this choice, the provision in Cal WIC §4695 allowing revocation at any time while a person has "capacity" needs to be

amended. Such amendment must be carefully drafted to ensure against potential abuses. In addition to current provisions against undue influence, there should be provisions for revocation despite a previous choice of irrevocability, in situations where appropriate criteria for revocation are met. Such criteria could include a participant's competency to make decisions in their best interest at time of desired revocation together with a change of life circumstances warranting revocation. CARE Court should also be given the power to adjudicate enforceability of a PAD in the event a participant challenges its irrevocability or terms.

Some will object that allowing a PAD to be irrevocable and enforceable against a person's later wishes is paternalistic and against their civil rights. Numerous thoughtful responses to such objections can be found in medical, law and philosophy journal articles considering the ethics and enforceability of irrevocable directives. Responses in favor of allowing irrevocability include the following:

Refusing to enforce a purportedly irrevocable PAD is itself paternalistic, deprives a person of the ability to make enforceable arrangements to protect self and others from anticipated future irrational or dangerous behavior. A PAD allows rational choice, taking into account and anticipating changes of mind, formulating directives that balance costs against benefits, maximizing personal interest where a person anticipates changing their mind and wanting to do something later that is not in their best interest. Disallowing irrevocability leads to "abandonment in the name of autonomy". Allowing irrevocability is an ethical form of "self-paternalism", allowing the healthy self to protect the sick self by binding it to treatment because of and despite anticipated resistance. It exercises a behavioral health consumer's right to plan in an intelligent, self-actualizing manner. It plans for and aims to prevent subversion of true self and considered preferences and values, whether by a SMI relapse psychotic or manic episode, a SUD relapse, or otherwise. Changes in the brain from SMI or SUD impair voluntary control over behavior, resulting in compulsions against true and best intentions, which intentions are supported by an irrevocable PAD. Coerced treatment pursuant to an irrevocable PAD paradoxically serves to "rebirth autonomy", favoring longer-term goals and values over current preferences. Finally, enforcing a PAD against a person's later will is preferable to letting them walk out of treatment, relapse, and spiral downward into homelessness or incarceration. Surely incarceration, if not also homelessness, is a greater deprivation of personal dignity, autonomy and liberty.

The current Cal WIC provisions on advance directives should also be revised to address issues of PADs being ignored when a person becomes subject to an evaluation or involuntary hold under Cal WIC §5150 or §5250. Health care providers should be required to take a person's PAD into account when considering appropriate treatment and placement at such times. They should be liable for failing to make a good faith effort to ascertain whether a patient has a PAD, as well as being protected (as they are under Cal WIC §4740) from liability for following or declining to follow PAD instructions in good faith.

For purposes of CARE, perhaps the defined term "psychiatric advance directive" should be changed to "behavioral health advance directive" to reflect the fact that such advance directives will be valuable for protecting the autonomy of people with SUD as well as SMI, by documenting their treatment preferences in advance of possible future behavioral health (not just mental health) crises.

§5981 (a)(3) provides for "establishing" a PAD with a supporter present, [if available]. Again, it is important a supporter be available for this. §5981 (a)(4) provides for "development of a graduation plan". Appropriately, according to the definition of "graduation plan" in §5971 (c) this "may include" but does not require a PAD. Current Cal WIC §4677 prohibits a "health care provider, health care service plan, health care institution, disability insurer, self-insured employee welfare plan, or nonprofit

hospital plan or a similar insurance plan" from requiring an advance directive "as a condition for providing health care, admission to a facility, or furnishing insurance". Courts and court programs are not expressly prohibited, but arguably CARE should be. It might be good to include an express provision in the bill about PADs being encouraged but voluntary.

Given the importance of having available a well-drafted form of PAD, one that includes an option for choosing irrevocability and an adequate explanation of the consequences of such a choice, it might be best that the Judicial Council be charged with developing this under §5977(j) as well.

Technical assistance and administration.

§5983 (a) of the bill provides for DHCS technical assistance to county behavioral health agencies, including trainings and data collection, "subject to appropriation". It is important that the necessary funding for this be forthcoming.

Similarly, §5983 (b) should provide for the necessary "appropriation" for the Behavioral Health Bridge Housing program. This would also help alleviate concerns about prioritizing CARE participants for any appropriate bridge housing funded by the Behavioral Health Bridge Housing program to the detriment of others not in CARE.

§5983 (c) states that "the Judicial Council shall provide technical assistance to judges to support the implementation of this part, including trainings". Such assistance and training will be critical to the success of CARE. Funding here too should not be "subject to appropriation".

§5984 contains additional references to the California Department of Aging, which I have suggested be revised.

Concluding remarks.

I believe CARE has great potential, even if it focuses initially or primarily on justice-involved individuals with SMI. Whether CARE can realize its potential will depend largely on additional funding for behavioral health care, so that CARE participants can receive *effective* treatment and support. Whether CARE can also help those not justice-involved, without illegitimate coercion into participation, will depend on availability of resources that are *welcoming* as well as effective. Such resources must be made readily available to *all* who want them, not just those eligible for CARE.

These changes will take funding and time to fully implement. CARE is a welcome part of the short- as well as long-term solution, insofar as it will be trying to help those with SMI who are the victims of decades of inadequate community behavioral health care, many of who are languishing on our streets and in our jails.

I hope these comments and suggestions will help contribute towards a strong bill that can withstand civil rights objections and position CARE to make a real difference.

Respectfully submitted on 04/18/22, by Linda J. Strassle
Lstrassle@gmail.com
cell: (626) 590-1288

The Honorable Tom Umberg, Chair Senate Committee on Judiciary 1021 O Street, Room 6730 Sacramento, CA 95814 The Honorable Richard Pan, Chair Senate Committee on Health 1021 O Street, Room 7320 Sacramento, CA 95814

Re: SB 1338 (Umberg and Eggman) Community Assistance, Recovery, and Empowerment (CARE) Court Program – **SUPPORT**

Dear Senator Umberg and Senator Pan:

I am writing to express my support for SB 1338 (Umberg and Eggman), which aims to deliver services to Californians with a serious mental illness or substance use disorder who too often languish – suffering in homelessness or incarceration – without the treatment they desperately need.

All people should have the right to make their own decisions about medical treatment. However, I am aware that there are individuals with serious mental illnesses such as schizophrenia and other psychotic disorders who, at times, due to their illness, lack insight or good judgment about their need for medical treatment. In cases like this, a higher level of care may be necessary, but must be the last resort. The National Alliance on Mental Illness (NAMI-CA) members have been calling for reform for our loved ones for years.

My brother and sister, both suffering from severe schizophrenia, only received sustainable care and treatment when they were found unconscious, lying in the street. My sister had to be placed on a ventilator for two months in order to survive. They had been homeless and had lost contact with our family.

If I live to be a thousand, I defy anyone to tell me why this had to be.

For someone with a mental health condition, the basic necessity of a stable home can be hard to come by. The lack of safe and affordable housing is one of the most powerful barriers to recovery. When this basic need isn't met, people cycle in and out of homelessness, jails, shelters and hospitals. Having a safe, appropriate place to live can provide stability to allow our loved ones to achieve their goals. Housing is critical to recovery and must be available in the CARE Court process.

Individuals living with serious mental illnesses need a wide array of options for permanent, decent, and affordable housing, based on their individual needs and choices.

SB 1338 provides a tool for our loved ones who have historically suffered tremendously on the streets or during avoidable incarceration so that they can be successfully stabilized and supported in the community. For these reasons, I support SB 1338.

Sincerely,

James Randall 9545 Sepulveda Blvd., Unit 3 North Hills, CA 91343

April 20, 2022

The Honorable Tom Umberg, Chair Senate Committee on Judiciary 1021 O Street, Room 6730 Sacramento, CA 95814

Re: SB 1338 (Umberg and Eggman) Community Assistance, Recovery, and Empowerment (CARE) Court Program – SUPPORT

Dear Senator Umberg,

I am a member of NAMIsangabrielvalley.org. Like the NAMI-CA, I and my family support SB 1338 which aims to deliver services to Californians with a serious mental illness who too often languish without treatments they desperately need.

I would like to share about my grandson who has always lived with me until more recently when he has been suffering with a mental illness with a diagnosis of chronic paranoia schizophrenia. He promised he would be willing to be medical compliant and also participate in weekly therapies and see a psychiatrist regularly. Well, that lasted about five or six days, and then he was exhibiting signs of paranoia, unable to think rationally, and posting inappropriate videos on social media.

As an 81-year old grandmother to David Gudal, Jr. I happened to view this morning one of his videos of him in my garage with an orange heavy-duty extension hanging over the rafters with him climbing up to the top!!! It was the second time in less than 12 hours that I had to call the San Gabriel Police MET Team!! A group of five policemen were ready when they opened the door with the key I provided. When they got the door open, David had a screw driver in his hand ready to use it as a weapon. My son-in-law and I watched the police pull him to the ground and handcuff him in seconds. Officer Ramirez, the MET Team Officer, worked with her team to get photos of the screwdriver and get him into one of their cars. He was being taken to Exodus Recovery, Inc. near USC as that facility was the only psychiatric facility that had an open bed!! Unfortunately, as soon as he is stable Exodus will discharge him and he has no one who will help him move forward!!! Is this how we treat people who have cancer or a different illness?

This just one of many episodes that have been happening during the last 1 ½ years!! Because he only has MediCal insurance, there are few options and he is yet to have a consistent psychiatrist or <u>any</u> counseling therapies. Also, during his first episode he did injure my left knee which still has not healed and has required two physical therapy sessions every week for over 14 months!! I still cannot walk more than a block without pain!

We must support the CARE Court framework and hold the system accountable at all delivery points. For the reasons above, NAMI-CA supports SB 1338 and so does our family. I may be reached at shirlgudal@gmail.com or (626) 893-6572. Thank you.

Sincerely,

Shirley E. Gudal

The Honorable Tom Umberg, Chair Senate Committee on Judiciary 1021 O Street, Room 6730 Sacramento, CA 95814 The Honorable Richard Pan, Chair Senate Committee on Health 1021 O Street, Room 7320 Sacramento, CA 95814

Re: SB 1338 (Umberg and Eggman) Community Assistance, Recovery, and Empowerment (CARE) Court Program – SUPPORT

Dear Senator Umberg and Senator Pan:

I am writing to express my support for SB 1338 (Umberg and Eggman), which aims to deliver services to Californians with a serious mental illness or substance use disorder who too often remain homeless or incarcerated without the treatment they desperately need.

The National Alliance on Mental Illness (NAMI-CA) members have been calling for such reform for years. The state needs a wide array of options for mentally ill persons, based on their individual needs and choices.

As you review the magnitude of the problem please remember that there are also many persons who are only one difficulty away from homelessness, involuntary hospitalization, or incarceration. My adult son has developmental disabilities and physical and mental health problems. He has never been able to sustain a full-time job; he has attempted suicide. Fortunately he happens to have housing, medications, and family support, but through the groups and programs that help him I have met dozens of less fortunate persons who are 'just hanging on' to housing and employment because of disability or mental health problems. They too need a backup safety net like Court CARE.

Sincerely,

Stuart A.Ross, PhD

Davis, CA

Cc:

The Honorable Susan Talamantes Eggman, California State Senate

Strat A. Ross

April 20, 2022

The Honorable Tom Umberg, Chair

Senate Committee on Judiciary

1021 O Street, Room 6730

Sacramento, CA 95814

The Honorable Richard Pan, Chair

Senate Committee on Health

1021 O Street, Room 7320

Sacramento, CA 95814

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All people should have the right to make their own decisions about medical treatment. However, I am aware that there are individuals with serious mental illnesses such as schizophrenia and other psychotic disorders who, at times, due to their illness, lack insight or good judgment about their need for medical treatment. In cases like this, a higher level of care may be necessary, but must be the last resort. The National Alliance on Mental Illness (NAMI-CA) members have been calling for reform for our loved ones for years.

My Son 24 years old, had dual diagnoses (Schizophrenia/Bi-Polar and Severe Substance abuse) died in front of a train on July 27, 2019 less than 9 months after a judge released him from a temporary LPS conservatorship, going against psychiatric recommendations to keep him hospitalized for an additional 6 to 9 months or longer depending on his response to treatment in an impatient psychiatric facility. Dajon had anasognosia. This is when someone is unaware of their own mental health condition, they cannot perceive their condition accurately and believe they do not need help. Anosognosia is a common symptom of certain mental illnesses. Dajon

believed he was completely ok, refusing medication and treatment. He told the judge he would live in a homeless shelter and the judge released him with no coordination of care. I got him housing but he struggled to keep it because he was noncompliant with his medication. Please read his story here at change.org/mybeloveddajon

For someone with a mental health condition, the basic necessity of a stable home can be hard to come by. The lack of safe and affordable housing is one of the most powerful barriers to recovery. When this basic need isn't met, people cycle in and out of homelessness, jails, shelters and hospitals. Having a safe, appropriate place to live can provide stability to allow our loved ones to achieve their goals. Housing is critical to recovery and must be available in the CARE Court process.

Individuals living with serious mental illnesses need a wide array of options for permanent, decent, and affordable housing, based on their individual needs and choices.

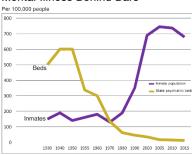
SB 1338 provides a tool for our loved ones who have historically suffered tremendously on the streets or during avoidable incarceration so that they can be successfully stabilized and supported in the community. For these reasons, I support SB 1338.

Sincerely,

Michelle Gonzales-Reed

mybeloveddajon@gmail.com

Mental Illness Behind Bars Per 100,000 people



Family & Consumer **Advocates for** California's Severely Mentally III

1618 Alhambra Blvd#160994 Sacramento CA 95816 April 21, 2022



We Support SB 1338 and AB 2830

To the Authors of SB 1338 and AB 2830, and the Committees on Health and Judiciary:

The undersigned are family members with loved ones who have severe brain disorders/severe mental illness ("SMI"), professionals who work with SMIs, consumers who recognize that some of their peers are too sick to recognize that they are sick and thus need help, and others who want to assist the desperately ill, braindisordered individuals we see every day on our streets, living in danger, degradation and despair.

We believe that SB 1338/Care Court can be an impetus for initiating and sustaining lifesaving treatment for those with the most serious brain illnesses. While we certainly prefer voluntary treatment, we know all too well that in some cases considerable help is necessary before someone can graduate to self-directed recovery. Our bottom line is we are trying to keep our loved ones alive and out of jail. Most of them fall in the small subset within the 4% shown in the Venn diagram above who have severe anosognosia, a symptom of severe mental illness that keeps them from knowing they are sick, and the reason they adamantly refuse voluntary treatment programs. As the above graph demonstrates, rather than receiving life-sustaining treatment these individuals often end up imprisoned or dead--by suicide, by cop, or by accidents/illnesses they had no ability to fend off. (Schizophrenia decreases life expectancy by 20-30 years.) Usually jailed for status crimes like public urination but sometimes for terrible ones, they are typically locked in solitary and often treated horribly. They, their families and the public suffer tremendously from the human and financial cost of their inability to access lifesaving medical care. Though a small percentage of the 1,600,000 SMI's in California (mathematically that's 4% of our 40 million citizens), they take up an outsized percentage of local welfare, police, jail and court budgets.

Concerning SB 1338, we like that only people with psychotic disorders who aren't in treatment and presently "lack medical decisionmaking capacity" are eligible for Care Court, that they will generally receive treatment in the community, and that the only "right" affected---in the most minimal possible way--is their "right" to make medical decisions. We also like the high level of due process, which allows our loved ones both a lawyer and a supporter to ensure that they have a voice. We hope that Care Court will reach all the people in psychosis who should be considered "gravely disabled" under current law but are not, because they are only dying by inches. They and the others who are never dangerous enough to self/others to be 5150'd under the Lanterman-Petris-Short Act ("LPS"), much less treated long term, have jail or death as their only options now. Why? Because the only way to prove the dangerousness that is a predicate to involuntary treatment under Source data for lefthand graph: Fuller, D.A. et al 2016 Going, going gone: trends and consequences of eliminating state psychiatric beds. Treatment Advocacy Center & Harcourt B.E. 2011, An Institutionalization effect: the impact of mental hospitalization and imprisonment on homicide in the United States, 1934-2001, The Journal of Legal Studies. Incarceration data from Bureau of Justice Statistics, Correctional Populations in the United States. Righthand diagram source: NIMH data (which has estimated that 18%-25% of us have "mental illness" with the 4% SMI as constant).

LPS is with evidence of past dangerousness--usually considerable evidence. By the time SMI's have become that dangerous it is often too late. As for "grave disability"—LPS prevents us from helping our loved ones in any way for them to receive that label—and ironically, if they have managed to stay alive on the streets, that is taken as proof that they will continue to do so. It's bad logic but it's the system we currently live with, and it is a very cruel one. (We agree, however, that the avenue towards potential LPS commitment in SB 1338 at Section 5979(a) is necessary both as leverage to persuade the brain-disordered to engage in voluntary care, and because this new system will inevitably locate some SMIs who are already dangerous enough to need and qualify for involuntary hospitalization and treatment under current LPS standards. We like that AB 1338 guarantees that they will get a fair hearing before that happens.)

We respectfully disagree with the so-called "civil rights" activists who fight for the "right" of brain-disordered people to make their own medical decisions, when by definition under SB 1338 they are psychotic and unable to do so. Our loved ones are imprisoned in the terrifying recesses of their own broken brains, and in danger every day on the streets. This is not freedom, and to call it a "civil right" debases that term. Mentally incompetent people have never had such a "right" and in fact, until recent years, society found myriad ways to make sure that those of us who are incapable of making medical decisions still received care. (If you have a heart attack and are temporarily unable to make choices, medical personnel will quickly declare you mentally incompetent and do their best to keep you alive. These days, insane people simply get left on the streets to die, and often do.) It is also, in our view, inaccurate to label SB 1338 as "coercive" given the number of settlement hearings where the SMI individual has both a lawyer and supporter to help him/her decide on a treatment plan before the matter ever goes to a judge. Millions of Americans are subject to court orders (notably, most divorce decrees) and don't see themselves as "coerced' if they agreed to the decision. Several studies have shown that clients of Laura's Law/AOT (which most of these self-labelled civil "rights" activists also misguidedly oppose) generally like their AOT programs, presumably because they are involved in decisionmaking and at some level, recognize that they need help. People who do not understand this population should not project their own abilities and preferences onto others who do not share their gifts.

Thank you for your attention. We hope you will pass this praiseworthy bill.

Sincerely,

Linda L. Mimms, M.A. Public Policy, Duke
University
Vice Chair of the Board, Schizophrenia &
Psychosis Action Alliance
Hope Street Coalition
California Advocates for Treatment
National Shattering Silence Coalition (NSSC)
National Alliance on Mental Illness (NAMI)
lindalmimms@gmail.com
www.linkedin.com/in/lindalmimms
"What you ignore, you empower."

Joanne Hoemberg. I lost my grandson who was like my own son to schizophrenia in 2017. The system failed him time and time again, and he took his own life at 22 years of age. I really can't blame him considering all the suffering he went through with this horrible disease.

Carol Stanchfield Director of Assertive Community Treatment (ACT)

& Assisted Outpatient Treatment (AOT) Services Turning Point Community Programs (TPCP) Advocate/trainer for ACT/AOT treatment fidelity Parent of son with Severe & Persistent Psychiatric Disability

Member of National Alliance on Mental Illness (NAMI)

Source data for lefthand graph: Fuller, D.A. et al 2016 *Going, going gone: trends and consequences of eliminating state psychiatric beds.* Treatment Advocacy Center & Harcourt B.E. 2011, An Institutionalization effect: the impact of mental hospitalization and imprisonment on homicide in the United States, 1934-2001, *The Journal of Legal Studies.* Incarceration data from Bureau of Justice Statistics, *Correctional Populations in the United States.* Righthand diagram source: NIMH data (which has estimated that 18%-25% of us have "mental illness" with the 4% SMI as constant).

Lois Loofbourrow

Sacramento Family Advocates for AOTI pray California has mercy and compassion on the small percentage of SMI who are unable to advocate for themselves.

Sharon and Patrick Hind-Smith Our daughter ,33, homeless and in jail again, is bipolar.

Alison Monroe

Oakland CA

Mom of 27-year-old with dual diagnosis of schizoaffective disorder and meth addiction, has been homeless and in jail, has benefited from involuntary treatment and Laura's Law Co-founder and steering committee member, Alameda County Families Advocating for the Seriously Mentally Ill

Elizabeth Kaino & Marvin W Hopper Carmichael CA

Parents of daughter, age 33, living with SMI, SUD and Epilepsy, recently dropped out of treatment & living unhoused leading to involuntary housing with no treatment at Sac Co Jail / Volunteers and members of Nami Sacramento / Members of Family Advocates for AOT in Sacramento

Patricia Fontana-Narell
Mother of son living on the streets with untreated
Serious Mental Illness
Alameda County Families Advocating for the
Seriously Mentally Ill (ACFASMI) Steering
Committee

Candy DeWitt and Hans De Wit Parent of son with SMI FASMI (Family Advocates Serious Mental Illness)

Linda Mayo Mother of twins with schizophrenia NAMI Stanislaus MHSA Committee Forward Together - Alternative Response Models California Advocates for SMI Margot Dashiell, Berkeley

I am a family member four times over and know how critical it is to have institutional support when a loved one refuses treatment in face of deterioration. I have also been a family advocate for more than 20 years, so I also know how many families are in need of services which urge resistant people to treatment via Care Courts.

Wade and Nancy Brynelson, Co-chairs of the Family Advocates for AOT in Sacramento County We are parents of an individual with SMI who, after being hospitalized and released, was involved in a violent incident and arrested for murder. Our son remains incarcerated awaiting trial more than two years after his arrest.

Dale Milfay San Francisco
Hope Street Coalition
California Advocates for Treatment
National Shattering Silence Coalition (NSSC)
National Alliance on Mental Illness (NAMI)
Treatment Advocacy Center

Mary Ann Bernard
B.A .Stanford, J.D. U. Chicago Law School
Former counsel to mental hospitals outside
California
Mother of SMI adult
Civil litigator for roughly thirty years
SBN 211417 (inactive-retired)

Susan Levi – Oceanside, CA – Mom of 31 year old daughter with schizoaffective disorder and SUD who is currently conserved and doing well after years of being in and out of homelessness with all of the physical/mental traumas a young woman experiences on the streets.

VP, Board of Directords, NAMI SFV/SC

Sheila Ganz, documentary filmmaker, whose sister lives with schizophrenia and anosognosia and was denied treatment and medication during several continuous psychotic breaks, which lead to her worsening mental condition.

Source data for lefthand graph: Fuller, D.A. et al 2016 Going, going gone: trends and consequences of eliminating state psychiatric beds. Treatment Advocacy Center & Harcourt B.E. 2011, An Institutionalization effect: the impact of mental hospitalization and imprisonment on homicide in the United States, 1934-2001, The Journal of Legal Studies. Incarceration data from Bureau of Justice Statistics, Correctional Populations in the United States. Righthand diagram source: NIMH data (which has estimated that 18%-25% of us have "mental illness" with the 4% SMI as constant).

The Honorable Tom Umberg, Chair Senate Committee on Judiciary 1021 O Street, Room 6730 Sacramento, CA 95814 The Honorable Richard Pan, Chair Senate Committee on Health 1021 O Street, Room 7320 Sacramento, CA 95814

Re: SB 1338 (Umberg and Eggman) Community Assistance, Recovery, and Empowerment (CARE) Court Program – **SUPPORT**

Dear Senator Umberg and Senator Pan:

As the mother of a son with a severe form of bipolar disorder, I strongly urge your support SB 1338 (Umberg and Eggman), which aims to deliver services to Californians with a serious mental illness or substance use disorder. When these unfortunate individuals end up in the 'revolving door' system that offers inadequate support, they are soon ill again, using drugs again and/or back on our streets homeless. Those who end up incarcerated definitely do not receive the essential medications and counseling needed and end up worse. We all have seen the mentally ill stumbling along, lonely, dirty, and felt that twinge of 'I wish there were something we could do to help them.'

There is help, but the ill and addicted need much more than just a hand out. Rather, the 'hand UP' needed is a combination of medications, education, counseling and follow up, and in many cases, affordable housing. SB 1338 would be an excellent beginning.

While people should have the right to make decisions about their medical treatment, a person who is in the throes of a mental health breakdown or episode does NOT have the ability to make those decisions. I have seen my own son claim he was "just fine," when his behavior was clear he was not in touch with reality, a danger to himself and even to his family, not able to sleep or eat properly for days. In cases like this, a higher level of care is necessary. The National Alliance on Mental Illness (NAMI-CA) members have been calling for reform for our loved ones for years.

I have seen firsthand how, due to being in the clutches of his illness, my son's distorted belief was that everyone else had a problem and he was okay. Once he began taking the medications he desperately needed, he slowly emerged from the psychotic, distorted thinking stage he was in and we again saw our intelligent, caring, responsible family member return. But for the too many mentally ill and/or drug addicted individuals in our society, they do not have supportive family, or the family has given up in frustration. Professional help is an absolute must during these trying times.

Without basic human needs met (housing, medical care, food), the downward cycle repeats. There are huge vacant lots in our county I drive past and often think, why couldn't we build a facility right here that offered all in one place? A safe place where people could heal and regain hope and dignity and become a member of society rather than a burden to it? Millions are invested in sport arenas or business buildings which

are more than half empty. Why not divert funds to help those most in need in our counties?

Affordable housing is one of the most powerful barriers to recovery. When this basic need isn't met, the cycle of homelessness, jails, shelters and over-run hospitals continues. Housing is critical to recovery and must be available in the CARE Court process.

Individuals living with serious mental illnesses need a wide array of options for permanent, decent, and affordable housing, based on their individual needs and choices.

SB 1338 provides a tool for our loved ones who have historically suffered tremendously on the streets or during avoidable incarceration so that they can be successfully stabilized and supported in the community. For these reasons, I support SB 1338.

Sincerely,

Melinda A. Cohen

The Honorable Tom Umberg, Chair Senate Committee on Judiciary 1021 O Street, Room 6730 Sacramento, CA 95814 The Honorable Richard Pan, Chair Senate Committee on Health 1021 O Street, Room 7320 Sacramento, CA 95814

Re: SB 1338 (Umberg and Eggman) Community Assistance, Recovery, and Empowerment (CARE) Court Program – **SUPPORT**

Dear Senator Umberg and Senator Pan:

I am writing to express my support for SB 1338 (Umberg and Eggman), which aims to deliver services to Californians with a serious mental illness or substance use disorder who too often languish – suffering in homelessness or incarceration – without the treatment they desperately need.

All people should have the right to make their own decisions about medical treatment. However, I am aware that there are individuals with serious mental illnesses such as schizophrenia and other psychotic disorders who, at times, due to their illness, lack insight or good judgment about their need for medical treatment. In cases like this, a higher level of care may be necessary, but must be the last resort. The National Alliance on Mental Illness (NAMI-CA) members have been calling for reform for our loved ones for years.

For me, this issue is personal because my father had challenges with Bi-polar Disorder and it led to him being homeless at the end of his life. I am more fortunate that I have been able to manage my Bi-polar disorder and always had a home and never experienced the cycle of jails and hospitals. Too many others are not so fortunate and we need to have better resources to deal with this crisis.

For someone with a mental health condition, the basic necessity of a stable home can be hard to come by. The lack of safe and affordable housing is one of the most powerful barriers to recovery. When this basic need isn't met, people cycle in and out of homelessness, jails, shelters and hospitals. Having a safe, appropriate place to live can provide stability to allow our loved ones to achieve their goals. Housing is critical to recovery and must be available in the CARE Court process.

Individuals living with serious mental illnesses need a wide array of options for permanent, decent, and affordable housing, based on their individual needs and choices.

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Sincerely,

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All people should have the right to make their own decisions about medical treatment. However, I am aware that there are individuals with serious mental illnesses such as schizophrenia and other psychotic disorders who, at times, due to their illness, lack insight or good judgment about their need for medical treatment. In cases like this, a higher level of care may be necessary, but must be the last resort. The National Alliance on Mental Illness (NAMI-CA) members have been calling for reform for our loved ones for years.

My son has schizo-affected disorder and has battled alcohol addiction that led to homelessness. Without the now funded Response Team, which may have helped him much sooner and caused less money and disruption in the community, he was incarcerated numerous times. Due to the processing and backlog of the courts, I believe his mental health was in jeopardy. It was incredibly trying for our family, often with nowhere to turn to. What finally did the trick was the FACT Program in Sonoma County, CA. With the proper treatment and a safe and secure environment, he graduated and now has his own Section 8 apartment. I see so many others on the street with similar problems and my heart breaks. Please pass this bill.

For someone with a mental health condition, the basic necessity of a stable home can be hard to come by. The lack of safe and affordable housing is one of the most powerful barriers to recovery. When this basic need isn't met, people cycle in and out of homelessness, jails, shelters and hospitals. Having a safe, appropriate place to live can provide stability to allow our loved ones to achieve their goals. Housing is critical to recovery and must be available in the CARE Court process.

Individuals living with serious mental illnesses need a wide array of options for permanent, decent, and affordable housing, based on their individual needs and choices.

SB 1338 provides a tool for our loved ones who have historically suffered tremendously on the streets or during avoidable incarceration so that they can be successfully stabilized and supported in the community. For these reasons, I support SB 1338.

Sincerely,

N. Leigh McCutcheon

April 24, 2022

The Honorable Tom Umberg, Chair Senate Committee on Judiciary 1021 O Street, Room 6730 Sacramento, CA 95814 The Honorable Richard Pan, Chair Senate Committee on Health 1021 O Street, Room 7320 Sacramento, CA 95814

Re: SB 1338 (Umberg and Eggman) Community Assistance, Recovery, and Empowerment (CARE) Court Program – **SUPPORT**

Dear Senator Umberg and Senator Pan:

I am writing to express my support for SB 1338 (Umberg and Eggman), which aims to deliver services to Californians with a serious mental illness or substance use disorder who too often languish – suffering in homelessness or incarceration – without the treatment they desperately need.

All people should have the right to make their own decisions about medical treatment. However, I am aware that there are individuals with serious mental illnesses such as schizophrenia and other psychotic disorders who, at times, due to their illness, lack insight or good judgment about their need for medical treatment. In cases like this, a higher level of care may be necessary, but must be the last resort. The National Alliance on Mental Illness (NAMI-CA) members have been calling for reform for our loved ones for years.

Both my husband and my daughter suffered from bipolar disorder and repeatedly cycled through incarceration inappropriately. This CARE court initiative would have helped enormously if it had been available to them.

For someone with a mental health condition, the basic necessity of a stable home can be hard to come by. The lack of safe and affordable housing is one of the most powerful barriers to recovery. When this basic need isn't met, people cycle in and out of homelessness, jails, shelters and hospitals. Having a safe, appropriate place to live can provide stability to allow our loved ones to achieve their goals. Housing is critical to recovery and must be available in the CARE Court process.

Individuals living with serious mental illnesses need a wide array of options for permanent, decent, and affordable housing, based on their individual needs and choices.

SB 1338 provides a tool for our loved ones who have historically suffered tremendously on the streets or during avoidable incarceration so that they can be successfully stabilized and supported in the community. For these reasons, I support SB 1338.

Sincerely,

Agnes Raeder 420 California Ave #20 Santa Monica CA 90403

Subject: Support for SB1338

Date: Friday, April 22, 2022 at 2:26:42 PM Pacific Daylight Time

From: Haggard, Alden F
To: Danny Offer

[EXTERNAL EMAIL] DO NOT CLICK links or attachments unless you recognize the sender and know the content is

April 20, 2022

The Honorable Tom Umberg, Chair Senate Committee on Judiciary 1021 O Street, Room 6730 Sacramento, CA 95814

The Honorable Richard Pan, Chair Senate Committee on Health 1021 O Street, Room 7320 Sacramento, CA 95814

Re: SB 1338 (Umberg and Eggman) Community Assistance, Recovery, and Empowerment (CARE) Court Program – SUPPORT

Dear Senator Umberg and Senator Pan:

I am writing to express my support for SB 1338 (Umberg and Eggman), which aims to deliver services to Californians with a serious mental illness or substance use disorder who too often languish – suffering in homelessness or incarceration – without the treatment they desperately need.

All people should have the right to make their own decisions about medical treatment. However, I am aware that there are individuals with serious mental illnesses such as schizophrenia and other psychotic disorders who, at times, due to their illness, lack insight or good judgment about their need for medical treatment. In cases like this, a higher level of care may be necessary, but must be the last resort. The National Alliance on Mental Illness (NAMI-CA) members have been calling for reform for our loved ones for years.

My loved one has been conserved under LPS and has lost her freedom and been in a locked facility for over one year. Though she has a home with me and I have expressed my willingness to care for her I have been denied Private Conservatorship. Even though she was in a mental health program prior to hospitalization, I feel she was not provided the treatment she needed that would have avoided conservatorship. This has been a stressful situation for both her and myself and personally is taking it's toll on me both physically and mentally.

For someone with a mental health condition, the basic necessity of a stable home can be hard to come by. The lack of safe and affordable housing is one of the most powerful barriers to recovery. When this basic need isn't met, people cycle in and out of homelessness, jails, shelters and hospitals. Having a safe, appropriate place to live can provide stability to allow our loved ones to achieve their goals. Housing is critical to recovery and must be available in the CARE Court process.

Individuals living with serious mental illnesses need a wide array of options for permanent, decent, and affordable housing, based on their individual needs and choices.

SB 1338 provides a tool for our loved ones who have historically suffered tremendously on the streets or during avoidable incarceration so that they can be successfully stabilized and supported in the community. For these reasons, I support SB 1338.

Sincerely,

Alden F Haggad

Subject: Yes on SB1338 Yes on AB2830

Date: Friday, April 22, 2022 at 7:36:20 PM Pacific Daylight Time

From: Allyson Drew **To:** Danny Offer

[EXTERNAL EMAIL] DO NOT CLICK links or attachments unless you recognize the sender and know the content is safe.

To the people that will make this happen,

That once sweet, innocent, loving, blonde-haired, blue-eyed, two-year-old boy is now homeless.

He is my older brother and was diagnosed with schizophrenia when he was 17, and I was 15.

My understanding parents got him help. They got him the correct medication to help Jeffrey Raymond Staahl live a normal life in this world; a world that is not built for the mentally ill.

He had another break at age 42. This time he's an adult. The way the current system works in California, he is not able to be forced into getting help. Instead he pushes away the help he needs. He is welcomed in to HOMELESSNESS i. CALIFORNIA which is better known as an open air insane asylum.

The hospitals do their job to stabilize the mentally ill.

The police do their job to bring in the mentally ill when they are breaking the law.

The judges do not do their job. They let the mentally ill out to live a life of homelessness.

We have an opportunity to break this cycle that does not work.

If we have competency court that addresses the mental disease, we can rehabilitate these mentally ill people before letting them back out into society and prevent homelessness.

Competency Court will hold the mentally ill person ACCOUNTABLE.

Competency Court will help get them their correct MEDICATION.

Competency Court will help them get HOUSING.

Competency Court will help them get FOOD AND CLOTHING.

Competency Court will get them a chance at a normal life.

Without competency court we will continue to see our homeless population rise because there is no accountability.

My brother Jeffrey Raymond Staahl was brought in by the police in California. He was stabilized at Kaiser hospital for two weeks. He was placed in a long-term mental health care facility and against the treating psychiatrist recommendation to keep him there, he was released two weeks into his stay by a California judge. He was released in to homelessness.

Are these judges just overworked? Do they know that we don't have a system to help them? Otherwise how do they themselves sleep at night knowing they released a person into homelessness?

Thank God my brother Jeffrey drove to Colorado and was picked up by police in the state of Colorado.

Sitting in on his Zoom Competency Court hearing in Colorado, you see what an excellent mental health legal system looks like.

Colorado is your mental health gold standard. Let's do what they do.

Thank you,

Allyson Drew

Subject: Support SB 1338 & SB 2830

Date: Thursday, April 21, 2022 at 9:07:48 AM Pacific Daylight Time

From: Alma Backer **To:** Danny Offer

[EXTERNAL EMAIL] DO NOT CLICK links or attachments unless you recognize the sender and know the content is safe.

I am writing in support of SB 1338 & SB 2830. My adult daughter was addicted to meth and is now diagnosed as schizophrenic. She had struggled with drug use for most of her adult life. She denied she had a problem for years. Eight years ago she began hearing voices and developed all signs of schizophrenia. At the time she had an eight year old son. She refuses to get help. She began sleeping in her car with her son and driving around all night even though she had a house. She thought she owned multiple houses in Newport Beach, CA as well as Disneyland and The Grand California Hotel. Her behavior was erratic and her son was missing school. I reported her to CPS several times and do the police other times for wellness checks. At one point she held a gun to her child's head and said she was going to kill him and then herself.

Whenever the CAT team or police were involved they said she was not a danger to herself or others, even though one time she threatened to kill her father.

Finally after two years the school reported that her son had not been in school for over a month and they requested a wellness check. At that time CPS removed her son and put him in my care.

The next 4 years were a nightmare. She was arrested several times for trespassing at Disneyland and the Grand Califonia Hotel. She was put on 5150 holds. I was trying to get an conservatorship which I found to be impossible. She lost her house, all of her possessions and I moved her from motel to motel where she would be kicked out because she would be screaming in the parking lot. I became the legal guardian to her son. Finally I could not keep helping her and she lived on the street near Disneyland for over a year. When the pandemic struck, all the tourists were gone and she became afraid on the street and agreed to get help from AOT Telecare.

She now lives in supportive housing and receives SSI. However she is now refusing her meds and is spiraling back down the rabbit hole.

If I had been able to make medical care decisions for her when she was unable to this story could have ended differently. To allow people to make decisions for themselves when they are drug addicted and so mentally ill is inhumane.

Sincerely,

Alma Backer 3785 San Ramon Dr Corona, CA 9288 The Honorable Tom Umberg, Chair Senate Committee on Judiciary 1021 O Street, Room 6730 Sacramento, CA 95814 The Honorable Richard Pan, Chair Senate Committee on Health 1021 O Street, Room 7320 Sacramento, CA 95814

Re: SB 1338 (Umberg and Eggman) Community Assistance, Recovery, and Empowerment (CARE) Court Program – **SUPPORT**

Dear Senator Umberg and Senator Pan:

I am writing to express my support for SB 1338 (Umberg and Eggman), which aims to deliver services to Californians with a serious mental illness or substance use disorder who too often languish – suffering in homelessness or incarceration – without the treatment they desperately need.

All people should have the right to make their own decisions about medical treatment. However, I am aware that there are individuals with serious mental illnesses such as schizophrenia and other psychotic disorders who, at times, due to their illness, lack insight or good judgment about their need for medical treatment. In cases like this, a higher level of care may be necessary, but must be the last resort. The National Alliance on Mental Illness (NAMI-CA) members have been calling for reform for our loved ones for years.

My mom and my sister both suffer from schizophrenia and we need more help for them to get better and to get the best services.

They do they serve because they didn't ask for this illness.

They both need a safe home or to feel to taken care of, and to live a safe life because they deserve to have a safe life like I do or you.

For someone with a mental health condition, the basic necessity of a stable home can be hard to come by. The lack of safe and affordable housing is one of the most powerful barriers to recovery. When this basic need isn't met, people cycle in and out of homelessness, jails, shelters and hospitals. Having a safe, appropriate place to live can provide stability to allow our loved ones to achieve their goals. Housing is critical to recovery and must be available in the CARE Court process.

Individuals living with serious mental illnesses need a wide array of options for permanent, decent, and affordable housing, based on their individual needs and choices.

SB 1338 provides a tool for our loved ones who have historically suffered tremendously on the streets or during avoidable incarceration so that they can be successfully stabilized and supported in the community. For these reasons, I support SB 1338.

Sincerel	v
DILICCIC	Ļу,

Subject: Re: SB 1338 (Umberg and Eggman) Community Assistance, Recovery, and Empowerment (CARE)

Court Program - SUPPORT

Date: Sunday, April 24, 2022 at 11:08:32 AM Pacific Daylight Time

From: anastasia lee **To:** Danny Offer

[EXTERNAL EMAIL] DO NOT CLICK links or attachments unless you recognize the sender and know the content is safe.

April 23, 2022

The Honorable Tom Umberg, Chair Senate Committee on Judiciary 1021 O Street, Room 6730

Sacramento, CA 95814

The Honorable Richard Pan, Chair Senate Committee on Health 1021 O Street, Room 7320 Sacramento, CA 95814

Re: SB 1338 (Umberg and Eggman) Community Assistance, Recovery, and Empowerment (CARE) Court Program – **SUPPORT**

Dear Senator Umberg and Senator Pan:

I am writing to express my support for SB 1338 (Umberg and Eggman), which aims to deliver services to Californians with a serious mental illness or substance use disorder who too often languish – suffering in homelessness or incarceration – without the treatment they desperately need.

All people should have the right to make their own decisions about medical treatment. However, I am aware that there are individuals with serious mental illnesses such as schizophrenia and other psychotic disorders who, at times, due to their illness, lack insight or good judgment about their need for medical treatment. In cases like this, a higher level of care may be necessary, but must be the last resort. The National Alliance on Mental Illness (NAMI-

CA) members have been calling for reform for our loved ones for years.

I am the mother of a 25 year old son who suffers from a serious mental illness with psychotic features. This illness, coupled with his unwillingness to accept treatment from a psychiatrist and medication drove him into homelessness for almost a year in 2020. Our family remained committed to accessing every resource available to try and get him help both voluntarily and involuntarily during this time. After many failed requests for a grave disability assessment over many months, my son finally agreed to participate in an assessment for an ACT program in the county which provided housing. The initial housing placement took just over two months from the time he was deemed approved/confirmed as being seriously mentally ill and accepted into the program. Our family provided his basic necessities during this wait time to ensure he would remain engaged and agreeable to recovery and entering housing and the program once he could be placed. *I think it is important to note that there are many individuals who do not have family involvement and I would imagine these programs lose someone who may have been willing to accept help on any given day and then are forced to remain on the streets for months while waiting for their spot for housing. Placing someone in housing right away is imperative to them not being left to continue/endure substance use, continued homelessness and an environment that puts them at risk for being a victim of trauma due to their vulnerability.

For someone with a mental health condition, the basic necessity of a stable home can be hard to come by. The lack of safe and affordable housing is one of the most powerful barriers to recovery. When this basic need isn't met, people cycle in and out of homelessness, jails, shelters and hospitals. Having a safe, appropriate place to live can provide stability to allow our loved ones to achieve their goals. Housing is critical to recovery and must be available in the CARE Court process.

Individuals living with serious mental illnesses need a wide array of options for permanent, decent, and affordable housing, based on their individual needs and choices.

SB 1338 provides a tool for our loved ones who have historically suffered tremendously on the streets or during avoidable incarceration so that they can be successfully stabilized and supported in the community. For these reasons, I support SB 1338.

Sincerely, Anastasia Lee

Subject: Support SB 1338. Support AB 2830.

Date: Thursday, April 21, 2022 at 5:15:59 AM Pacific Daylight Time

From: Angela large **To:** Danny Offer

[EXTERNAL EMAIL] DO NOT CLICK links or attachments unless you recognize the sender and know the content is safe.

Dear legislator,

Alive! That's what I am grateful my son still is. Mental health supports, ESPECIALLY after this last wave of interrupted personal care during Covid closures, will literally prevent so many more people from becoming casualties.

Please practice your passion for helping people, the reason you took pubic office, and support SB 1338 and AB2830. Lives hinge on deeper levels of care when depressive episodes descend. A 30 year old mechanical engineer that is literally my heart is here today and I am so grateful.

Take a moment and check in with your own comfort level of discussing mental health. The words are almost too stigmatized, too personal, too shaming to discuss. If it were a diagnosis of brain cancer, how would you feel toward the person?— Compassionate and supportive. Mental illness requires specialized personnel and time to treat. That takes funding. The loving families cannot bear the extensive, long term Costs alone. Insurance helps but falls short.

Be an advocate for those that cannot even advocate for themselves. Support NAMI. Support SB 1338 and AB2830. support life.

May you enjoy positive esteem and secure independence. May you feel contentment and loved.

Thank you for the work you do.

Warmly Angie Large

Sent from my iPhone

Subject: Yes on SB 1338 and SB 2830

Date: Sunday, April 24, 2022 at 1:37:57 PM Pacific Daylight Time

From: Ann Marie K Smith

To: Danny Offer

[EXTERNAL EMAIL] DO NOT CLICK links or attachments unless you recognize the sender and know the content is safe.

Dear Legislator:

We are in strong support of SB 1338 and SB 2830. Anyone with a loved one having a serious mental illness like schizophrenia understands the need for CARE and court support. We hope that you will support these bills too.

Thank you for voting to help our mentally ill and their families succeed in a complicated and challenging health system.

Sincerely,

Ann Marie Smith Giovanni Smith NAMI volunteers Subject: Yes on Care Court

Date: Sunday, April 24, 2022 at 3:21:17 PM Pacific Daylight Time

From: Anna Nicole **To:** Danny Offer

[EXTERNAL EMAIL] DO NOT CLICK links or attachments unless you recognize the sender and know the content is safe.

My personal experience:

My sister was living away from our family and experienced a personal trauma that left her with symptoms of PTSD. Things later escalated and she became extremely paranoid. She experienced auditory hallucinations and became very delusional.

Her symptoms were all clear indicators that she developed Paranoid Schizophrenia with Anosognosia (meaning she had no idea she is ill). She moved back in with my elderly parents for about a year.

Our attempts at getting her the help she needed were rejected. The police were unable to help regardless of the hundreds of calls she made under her false duress. Until one day she seemed a threat. Our local police had her taken for a 5150 hold. Against doctor's wishes she was able to leave after about 2 weeks. Because she is borderline genius, she acted as her own attorney in Behavioral Health Court and got out. We never saw her again. No one in her circle of loved ones had any say. At some point while ill, she removed my mother as her medical Power of Attorney.

She donated over \$60,000 of her own retirement to charities assisting victims of Human Trafficking. Today she is currently a voluntarily missing adult living on the streets. She is completely unaware she is ill and is under the belief our entire family, the police and the court system are all corrupt.

If California enables Care Court effectively, we might have a chance at getting my sister the help that she needs. If not for my family, please do not let another family suffer in the way that ours has. Let California take the lead and other states follow. I miss my best friend and I would do anything for others not to suffer the way she is. Imagine waking up everyday truly believing you could not trust a single person in the world? Your felt your only option was to put yourself in actual danger living on the streets? This could happen to anyone. Your sister. Your mother. Your wife. Your child. You have the power to make a change.

Thank you for listening,

Anna-Nicole Wright

Subject: CARE Court

Date: Friday, April 22, 2022 at 9:37:41 AM Pacific Daylight Time

From: Barbara Ann Chestnutt

To: Danny Offer

[EXTERNAL EMAIL] DO NOT CLICK links or attachments unless you recognize the sender and know the content is safe.

I know I'm one of the lucky ones. My daughter could have easily ended up on the streets or worse. She is good now but again luck...and grit? I'm writing in support of SB1338 and SB2830, so more Mom's can say I'm lucky. Sincerely,

--

Barbara Ann Chestnutt

Subject: SB1338

Date: Friday, April 22, 2022 at 5:15:45 PM Pacific Daylight Time

From: Betty Henry **To:** Danny Offer

[EXTERNAL EMAIL] DO NOT CLICK links or attachments unless you recognize the sender and know the content is safe.

Re: SB 1338 (Umberg and Eggman) Community Assistance, Recovery, and Empowerment (CARE) Court Program – **SUPPORT**

I am writing to express my strong support for the establishment (with accountability) of the CARE Court Program.

I have read the arguments against this bill by Human Rights Watch. Their position is that everyone has the right to self-determination and the risk of any over-reach is too much. I respectfully disagree.

The closest analogy I can think of is a proposition that a suspected murderer should not have to go to court because the courts sometimes get it wrong. Although I fervently believe in the Innocence Project and all efforts to make sure that no person should be incarcerated (or, worse yet, killed) for a crime they did not commit, SB1338 has safeguards, accountability, and a path towards care for individuals who are unable to care for themselves.

Just this last week, a young man who was clearly not in control of his behavior, tried to force his way into my home demanding money and overtly threatening my family and our property. When I eventually was able to close the door on him, he remained and banged on the door, shouting obscenities for more than twenty minutes before going to our neighbor and repeating the same thing. I cannot claim knowledge of whether he was mentally ill or high on drugs (he did not appear to be high), but his actions are not unique. A walk through almost any city in CA reveals a high level of need.

We need alternatives to the merry-go-round of incarceration and release.

Sincerely,

Betty Henry, PhD
Psychologist and Board Member of the Mental Health Association of Alameda County

3315 Claremont Ave. Berkeley, CA. 94705 510 334-4905

The Honorable Richard Pan, Chair Senate Committee on Health 1021 O Street, Room 7320 Sacramento, CA 95814

Re: SB 1338 (Umberg and Eggman) Community Assistance, Recovery, and Empowerment (CARE) Court Program – **SUPPORT**

Dear Senator Umberg and Senator Pan:

I am writing to express my support for SB 1338 (Umberg and Eggman), which aims to deliver services to Californians with a serious mental illness or substance use disorder who too often languish – suffering in homelessness or incarceration – without the treatment they desperately need.

All people should have the right to make their own decisions about medical treatment. However, I am aware that there are individuals with serious mental illnesses such as schizophrenia and other psychotic disorders who, at times, due to their illness, lack insight or good judgment about their need for medical treatment. In cases like this, a higher level of care may be necessary, but must be the last resort. The National Alliance on Mental Illness (NAMI-CA) members have been calling for reform for our loved ones for years.

My 55-year old son needs a Care Court. Too bad this is not in effect NOW to help my son, currently in the Inyo County Jail. His <u>seventh hearing</u>, since arrest on November 24, for significant traffic charges, is set for Tuesday, April 26 to determine if he is mentally competent to stand trial. As he is without insight to his illness, he refuses MH care in the jail and is unwilling to support his own defense. But he is very sick, and both prosecutor and defense attorney agree that he is incompetent to stand trial. A Care Court is needed to handle these types of situations as the criminal court just doesn't seem to be able to make a judgement and get him into mandated treatment if incompetent (as mandated by law). He has been homeless since late 2017.

For someone with a mental health condition, the basic necessity of a stable home can be hard to come by. The lack of safe and affordable housing is one of the most powerful barriers to recovery. When this basic need isn't met, people cycle in and out of homelessness, jails, shelters and hospitals. Having a safe, appropriate place to live can provide stability to allow our loved ones to achieve their goals. Housing is critical to recovery and must be available in the CARE Court process.

Individuals living with serious mental illnesses need a wide array of options for permanent, decent, and affordable housing, based on their individual needs and choices.

SB 1338 provides a tool for our loved ones who have historically suffered tremendously on the streets or during avoidable incarceration so that they can be successfully stabilized and supported in the community. For these reasons, I support SB 1338.

Sincerely,

John G DeLoof Fullerton

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My son has severe mental illness. Over the years he has required medication changes in order to stabilize during mental health crisis. There are virtually no hospital beds available in my community or in the nearby surrounding communities for him to be temporarily monitored during medication changes or escalation of symptoms (delusional crisis). People who have heart disease or other illnesses are hospitalized during crisis. It is long past time that people who live with severe mental illness have the same level of treatment that any other person has available to them during crisis.

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My son suffers from schizoaffective disorder. During the past four years he has been hospitalized five times. Each time it was because of his lack of insight into his illness and the lack of medication compliance. As parents we desperately tried to seek help for him with no luck. Last year he was arrested, incarcerated and is currently at Napa State Hospital going through treatment. No family or person should have to go through this experience when their loved one is not well.

For someone with a mental health condition, the basic necessity of a stable home can be hard to come by. The lack of safe and affordable housing is one of the most powerful barriers to recovery. When this basic need isn't met, people cycle in and out of homelessness, jails, shelters and hospitals. Having a safe, appropriate place to live can provide stability to allow our loved ones to achieve their goals. Housing is critical to recovery and must be available in the CARE Court process.

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Baljinder Claire

The Honorable Richard Pan, Chair Senate Committee on Health 1021 O Street, Room 7320 Sacramento, CA 95814

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My son suffers from sever schizoaffective disorder which is a combination of both schizophrenia and bipolar disorder. My son urgently needs affordable housing as his illness is too severe for him to work yet he is on a 12 year waiting list for section 8 housing while able bodied adults with children are given priority my it is unfair that someone as gravely disabled as my son is not given the same priority as an adult with a child as my sons abilities are less than that of a child yet he is not given any priority for affordable housing despite the fact that he is permanently and fully disabled.

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Mariangela Collins Manatt

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We at the California Clubhouse support this legislation as it may provide much needed support for all individuals, incarcerated or not. We have several members who are currently unhoused or seeking permanent housing.

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My 21-year-old son suffers from a serious mental illness (aka SMI). The current mental health systems in place are still scarce for this population and sometimes works against them due to the poor training, education, and funding to treat severe mental illnesses in our communities. The very same crisis response team who I expected would help my son, put him out on the streets because they determined that his "poorly" managed mental illness posed a risk to his younger siblings in our home. A call to them resulted in my son's homelessness. Removing him from his family and placing him on the streets to rely on County and community programs only opens up the door for a person with this disease to spiral downward and become incredibly disconnected and more ill. Resorting to County services was fruitless because the qualifiers are barriers to a person with severe mental illness. An individual with a serious mentally illness suffers from brain damage, leading to anosognosia. A condition that harms regions of the brain that would allow them to understand that they are very ill or that they need imminent housing, treatment, medication and safety. Please remove barriers of support and care to this vulnerable population. They do not decide to remain ill—it is the disease itself which renders them incapable of having insight.

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Sincerely,

Carolina Reyes Caretaker of a son with a serious mental illness cirisgomez@gmail.com

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My brother, Donald P, Jeckell, had chronic schizophrenia for 40 years until his death last year. He was fortunate to have family that helped him get stabilized and find long term housing. It was very difficult to get him his initial medical care. He was delusional and paranoid. My mom had to lie to the police that he threatened her to get him temporarily committed and on a path to stability. He was fortunate, but many are not so lucky. He had several setbacks during the years where he thought he didn't need his medications. Fortunately, he was under conservatorship for mental health and was was admitted to psychiatric hospitals to get stabilized. If he didn't have housing and affordable medical care and housing his life would be filled with unnecessary suffering. He was helped by federal disability benefits, MediCAL, and medicare. He lived in a board and care facility with pricing fixed to his Social Security Disability and SS retirement checks. His last several years were spent in a skilled nursing facility under MediCAL long term care until he died after some medical hospitalizations.

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Sincerely,

Robert R Jeckell 1016 La Salle Drive Sunnyvale, CA 94087 rjeckell@mac.com

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As a lifelong resident of California I am horrified by frequent interactions I have had with mentally ill and/or inebriated homeless people who are not getting the care they need. I see them everywhere from Santa Monica to San Francisco to my home town of Sebastopol. We have to act today to get these people off the streets and into programs to rehabilitate them.

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Sara K Margulis Sebastopol, CA sara.margulis@gmail.com

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My daughter has been incarcerated twice since 3/10/2020 for a total of 2 years due to her mental illness. While incarcerated, her daughter, Gabryelle, was murdered by a mentally ill man who had just been release from custody after 8 years of confinement. He went on a rampage and murdered my Granddaughter & another young man. He killed himself when arrested. God only knows how much damage has occurred to my daughter's mental health due to enduring the torture of incarceration instead of the medical attention she so deserves. The DA is determined to keep the mentally ill in prison. This is all too common in most cities and has been happening throughout the country sense Reagan released the mentally ill out on the streets in the 1980's. There are currently 1700 inmates awaiting placement in psychiatric facilities in Santa Barbara County alone! It is inexcusable to torture the mentally ill with incarceration! The trauma is intolerable. The effect of the noise, threats of violence, punishment, and persecution due to their behavior, that they have no control over, is criminal! The families are forever damaged beyond belief. I have been fortunate enough to become involved with NAMI and have learned a great deal about mental illness. I am a caregiver and have worked at Step Down Housing as a House Manager. I have also volunteered to advocate for the mentally ill that don't have any family or have been estranged from them. I believe that as a citizen of this country, it is my duty to my fellow man to help where I can. The system has been so broken that it will take all of us working together to make a change that will repair and defend those who can't defend themselves. I continue to pray for a solution. Please do not delay in passing these imperative legislations.

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Sincerely,

Barbara Murray (In remembrance of my beautiful Granddaughter Gabby)



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My daughter is missing after numerous hospitalizations and referrals to wrap around services, refusing psychiatry appointments and meds referencing lethal poison. Her delusions keep her wandering the streets without food, clothing or shelter seeking drugs to calm the voices. She is too sick to recognize her illness and even stating "I love my family, why is this happening?" She has income, a teen son and supportive family and yet unable to stay in one place due to her illness. She is suffering a slow suicidal death and has a "right" to be protected as she struggles with daily life saving decision making. She was a medical professional putting others first and would want treatment (voluntary or involuntary) in her normal state of mind.

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Sincerely,

Melanie Klinkamon, Confederated Tribes of Siletz Tribal Elder Mother of Shatha Al-Humaidi, Missing due to Mental Illness

April 24, 2022

The Honorable Tom Umberg, Chair Senate Committee on Judiciary 1021 O Street, Room 6730 Sacramento, CA 95814 The Honorable Richard Pan, Chair Senate Committee on Health 1021 O Street, Room 7320 Sacramento, CA 95814

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Our own adult daughter could benefit from a better support system, and the knowledge they will have a place to live even in a mentally unstable state.

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Teri Bernstein, 2606 29th St Santa Monica, CA 90405

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When my family member became ill with mental health issues and he was having no insight into the fact that he and all of us in the family were suffering as a result, I went to Behavioral Health and other organisations to seek help. I was consistently turned away since my loved one was of adult age. As a result of this, many times he was faced with homelessness and lack of food.

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Sincerely, Christy Stroud

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My son was diagnosed with schizoaffective disorder 10 years ago. The voices in his head told him to kill himself. The voices almost succeeded, a trauma center in San Diego saved him. He pulled himself together and worked for the next 9 years. After losing his job during the Covid pandemic he became depressed and stopped taking his meds. He realized he was in trouble and went to the emergency departments 9 times in 20 days and no one gave him the essential care he needed. Instead the voices took over and he became a danger to others. He ended up in jail with felony assault charges. He has been in jail for 8 months. He has not been moved to a mental facility yet. SMI patients deserve more attention and support from the emergency departments. If he had received the correct care from this "community provider" back in August, 2022, he would be back on his medication today and back into society; instead he is still very sick and incarcerated. Once he is back in society it would be a tremendous help if he had a safe and affordable place to live. He has lost everything.

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The Honorable Richard Pan, Chair Senate Committee on Health 1021 O Street, Room 7320 Sacramento, CA 95814

Re: SB 1338 (Umberg and Eggman) Community Assistance, Recovery, and Empowerment (CARE) Court Program – **SUPPORT**

Dear Senator Umberg and Senator Pan:

I am writing to express my support for SB 1338 (Umberg and Eggman), which aims to deliver services to Californians with a serious mental illness or substance use disorder who too often languish – suffering in homelessness or incarceration – without the treatment they desperately need.

All people should have the right to make their own decisions about medical treatment. However, I am aware that there are individuals with serious mental illnesses such as schizophrenia and other psychotic disorders who, at times, due to their illness, lack insight or good judgment about their need for medical treatment. In cases like this, a higher level of care may be necessary, but must be the last resort. The National Alliance on Mental Illness (NAMI-CA) members have been calling for reform for our loved ones for years.

I am the mother of an SMI- seriously mentally ill, adult son who is now institutionalized. I strongly believe that had California laws been written to help the mentally ill, instead of incarcerating them with no help, he would be a thriving individual who could take care of himself. So yes, I support SB1338.

For someone with a mental health condition, the basic necessity of a stable home can be hard to come by. The lack of safe and affordable housing is one of the most powerful barriers to recovery. When this basic need isn't met, people cycle in and out of homelessness, jails, shelters and hospitals. Having a safe, appropriate place to live can provide stability to allow our loved ones to achieve their goals. Housing is critical to recovery and must be available in the CARE Court process.

Individuals living with serious mental illnesses need a wide array of options for permanent, decent, and affordable housing, based on their individual needs and choices.

SB 1338 provides a tool for our loved ones who have historically suffered tremendously on the streets or during avoidable incarceration so that they can be successfully stabilized and supported in the community. For these reasons, I support SB 1338.

Sincerely,

April 24, 2022

The Honorable Tom Umberg, Chair Senate Committee on Judiciary 1021 O Street, Room 6730 Sacramento, CA 95814 The Honorable Richard Pan, Chair Senate Committee on Health 1021 O Street, Room 7320 Sacramento, CA 95814

Re: SB 1338 (Umberg and Eggman) Community Assistance, Recovery, and Empowerment (CARE) Court Program – **SUPPORT**

Dear Senator Umberg and Senator Pan:

I am writing to express my support for SB 1338 (Umberg and Eggman), which aims to deliver services to Californians with a serious mental illness or substance use disorder who too often languish – suffering in homelessness or incarceration – without the treatment they desperately need.

All people should have the right to make their own decisions about medical treatment. However, I am aware that there are individuals with serious mental illnesses such as schizophrenia and other psychotic disorders who, at times, due to their illness, lack of insight or good judgment about their need for medical treatment. In cases like this, a higher level of care may be necessary, but must be the last resort. The National Alliance on Mental Illness (NAMI-CA) members have been calling for reform for our loved ones for years.

I am a NAMI WLA Support Group facilitator and parent of a young man with Bipolar Disorder. He would have been on the streets if he didn't have a generous grandfather that paid for his private treatment. Everyone should have access to in-patient treatment to heal just like for any other disease. Our Support Group has many parents of children on the streets because they suffer from Anosognosia so do not believe they need medication and can't find a home.

For someone with a mental health condition, the basic necessity of a stable home can be hard to come by. The lack of safe and affordable housing is one of the most powerful barriers to recovery. When this basic need isn't met, people cycle in and out of homelessness, jails, shelters and hospitals. Having a safe, appropriate place to live can provide stability to allow our loved ones to achieve their goals. Housing is critical to recovery and must be available in the CARE Court process.

Individuals living with serious mental illnesses need a wide array of options for permanent, decent, and affordable housing, based on their individual needs and choices.

SB 1338 provides a tool for our loved ones who have historically suffered tremendously on the streets or during avoidable incarceration so that they can be successfully stabilized and supported in the community. For these reasons, I support SB 1338.

Sincerely,

Cc:

April 22, 2022

The Honorable Tom Umberg, Chair Senate Committee on Judiciary 1021 O Street, Room 6730 Sacramento, CA 95814 The Honorable Richard Pan, Chair Senate Committee on Health 1021 O Street, Room 7320 Sacramento, CA 9581

Re: SB 1338 (Umberg and Eggman) Community Assistance, Recovery, and Empowerment (CARE) Court Program – **SUPPORT**

Dear Senator Umberg and Senator Pan:

I am writing in support for SB 1338 (Umberg and Eggman), which aims to deliver medical treatment to Californians with a serious mental illness or substance use disorder who are not receiving the medical treatment they require.

There are individuals with serious mental illnesses, now understood as neurobiological disorders unique to each individual who, due to their illness, lack insight or good judgment about their need for medical treatment. In cases like this, a higher level of care as indicated in SB 1338 is necessary.

My father experienced symptoms of bipolar disorder while completing a doctorate degree in sociology at Harvard University. The neurobiological changes in his brain produced a false reality for him, a reality vastly different from other people. He could not detect that the reality his diseased brain generated for him wasn't real. He didn't know he was sick. No longer his normal self, he began drinking alcohol and developed severe alcohol use disorder. He left Harvard, my mother divorced him and he became homeless. I hated my mother for not forcing him to take medication and to quit drinking. She said the law would not allow her to do so, by law it was his choice. He went missing and as an adult my sister found him on the streets in Seattle. She tried to get him help, but he refused. He had substantial brain damage by this time, because of lack of medical treatment for his progressive neurobiological disorders. When my father was 58 years old he died on the streets of Seattle, due to blunt trauma to the head. Any legislator, lawyer, judge or anyone who believes my father "chose" not to take medication, "chose" not to quit drinking and thereby "chose" this life, is a fool.

SB 1338 could have helped my father. He may have had the opportunity to recover from his illness and make important contributions to our society. I wish what happened to my father never happens to anyone else. But it has, and it will continue to, if we don't change our laws. For this reason, I support SB 1338.

Shelley J. Hill, M.S., M.S.L.

2052 Wilkins Ave Apt 41, Napa, CA 94559

650-906-0025

Sincerely,

The Honorable Richard Pan, Chair Senate Committee on Health 1021 O Street, Room 7320 Sacramento, CA 95814

Re: SB 1338 (Umberg and Eggman) Community Assistance, Recovery, and Empowerment (CARE) Court Program – **SUPPORT**

Dear Senator Umberg and Senator Pan:

I am writing to express my support for SB 1338 (Umberg and Eggman), which aims to deliver services to Californians with a serious mental illness or substance use disorder who too often languish – suffering in homelessness or incarceration – without the treatment they desperately need.

All people should have the right to make their own decisions about medical treatment. However, I am aware that there are individuals with serious mental illnesses such as schizophrenia and other psychotic disorders who, at times, due to their illness, lack insight or good judgment about their need for medical treatment. In cases like this, a higher level of care may be necessary, but must be the last resort. The National Alliance on Mental Illness (NAMI-CA) members have been calling for reform for our loved ones for years.

Involuntary medical intervention saved my mother's life. She spiraled out of control in psychosis for a year – she lost 40 pounds believing all food was poisoned, she lived in terror believing she was being followed and tormented, and made financially detrimental decisions in her psychotic state. It impacted the entire family and as much as we begged her to obtain treatment and take medication, she refused all help and devastated her loved ones. Her anosognosia made it impossible for her to make an informed decision for her own well-being. It wasn't until she walked into traffic that the police picked her up and brought her to the hospital. It took three weeks for her to agree to medication and we saw instant improvement. It was like she came back from the brink of death. Families and communities are suffering from the impact of mental illness. We have a moral responsibility to help both these families and individuals and intervene on their behalf. It also benefits the community at large. Those emphasizing civil liberties over medical care have no concept of the decompensation of individuals with a mental health condition. The mentally ill have a right to sanity and shelter and don't have the insight or capacity to seek it on their own. Please make it easier for families to help their mentally ill loved ones and increase funding for psychiatric hospitals and long-term residential living.

For someone with a mental health condition, the basic necessity of a stable home can be hard to come by. The lack of safe and affordable housing is one of the most powerful barriers to recovery. When this basic need isn't met, people cycle in and out of

homelessness, jails, shelters and hospitals. Having a safe, appropriate place to live can provide stability to allow our loved ones to achieve their goals. Housing is critical to recovery and must be available in the CARE Court process.

Individuals living with serious mental illnesses need a wide array of options for permanent, decent, and affordable housing, based on their individual needs and choices.

SB 1338 provides a tool for our loved ones who have historically suffered tremendously on the streets or during avoidable incarceration so that they can be successfully stabilized and supported in the community. For these reasons, I support SB 1338.

Sincerely,

Marianne B. Concerned citizen

The Honorable Richard Pan, Chair Senate Committee on Health 1021 O Street, Room 7320 Sacramento, CA 95814

Re: SB 1338 (Umberg and Eggman) Community Assistance, Recovery, and Empowerment (CARE) Court Program – **SUPPORT**

Dear Senator Umberg and Senator Pan:

I am writing to express my support for SB 1338 (Umberg and Eggman), which aims to deliver services to Californians with a serious mental illness or substance use disorder who too often languish – suffering in homelessness or incarceration – without the treatment they desperately need.

All people should have the right to make their own decisions about medical treatment. However, I am aware that there are individuals with serious mental illnesses such as schizophrenia and other psychotic disorders who, at times, due to their illness, lack insight or good judgment about their need for medical treatment. In cases like this, a higher level of care may be necessary, but must be the last resort. The National Alliance on Mental Illness (NAMI-CA) members have been calling for reform for our loved ones for years.

My son was a GATE (Gifted and Talented Education) student once, and then went into psychosis. Our lives were turned upside down, due to not having enough knowledge about the illness and resources to coup with the situation. My son was diagnosed with schizoaffective bipolar disorder. Due to his mental illness, he ended up in incarceration.

For someone with a mental health condition, the basic necessity of a stable home can be hard to come by. The lack of safe and affordable housing is one of the most powerful barriers to recovery. When this basic need isn't met, people cycle in and out of homelessness, jails, shelters and hospitals. Having a safe, appropriate place to live can provide stability to allow our loved ones to achieve their goals. Housing is critical to recovery and must be available in the CARE Court process.

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Sincerely,

Sukarn Claire

16 Jerome Court Petaluma, CA 94952

The Honorable Richard Pan, Chair Senate Committee on Health 1021 O Street, Room 7320 Sacramento, CA 95814

Re: SB 1338 (Umberg and Eggman) Community Assistance, Recovery, and Empowerment (CARE) Court Program – **SUPPORT**

Dear Senator Umberg and Senator Pan:

We are writing to express my support for SB 1338 (Umberg and Eggman), which aims to deliver services to Californians with a serious mental illness or substance use disorder who too often languish – suffering in homelessness or incarceration – without the treatment they desperately need.

All people should have the right to make their own decisions about medical treatment. However, we am aware that there are individuals with serious mental illnesses such as schizophrenia and other psychotic disorders who, at times, due to their illness, lack insight or good judgment about their need for medical treatment. In cases like this, a higher level of care may be necessary, but must be the last resort. The National Alliance on Mental Illness (NAMI-CA) members have been calling for reform for our loved ones for years.

We know this from our first-hand experience with a family member who has a serious mental illness, including a history of recuring, involuntary hospitalizations, stabilizations, and quick releases without any long-term recovery plan. This family member needs stable and safe housing with support from a professional team to insure continued long-term recovery. With the necessary resources, such individuals can lead healthy lives and be contributing members in our communities.

For someone with a mental health condition, the basic necessity of a stable home can be hard to come by. The lack of safe and affordable housing is one of the most powerful barriers to recovery. When this basic need isn't met, people cycle in and out of homelessness, jails, shelters and hospitals. Having a safe, appropriate place to live can provide stability to allow our loved ones to achieve their goals. Housing is critical to recovery and must be available in the CARE Court process.

Individuals living with serious mental illnesses need a wide array of options for permanent, decent, and affordable housing, based on their individual needs and choices.

SB 1338 provides a tool for our loved ones who have historically suffered tremendously on the streets or during avoidable incarceration so that they can be successfully stabilized and supported in the community. For these reasons, I support SB 1338.

Sincerely,

Deborah & Bruce Callister

April 24, 2022

The Honorable Tom Umberg, Chair Senate Committee on Judiciary 1021 O Street, Room 6730 Sacramento, CA 95814

The Honorable Richard Pan, Chair Senate Committee on Health 1021 O Street, Room 7320 Sacramento, CA 95814

Re: SB 1338 (Umberg and Eggman) Community Assistance, Recovery, and Empowerment (CARE) Court Program – **SUPPORT**

Dear Senator Umberg and Senator Pan:

I am writing to express my support for SB 1338 (Umberg and Eggman), which aims to deliver services to Californians with a serious mental illness or substance use disorder who too often languish – suffering in homelessness or incarceration – without the treatment they desperately need.

All people should have the right to make their own decisions about medical treatment. However, I am aware that there are individuals with serious mental illnesses such as schizophrenia and other psychotic disorders who, at times, due to their illness, lack insight or good judgment about their need for medical treatment. In cases like this, a higher level of care may be necessary, but must be the last resort. The National Alliance on Mental Illness (NAMI-CA) members have been calling for reform for our loved ones for years.

As an analyst for Centene/Health Net and Contra Costa County Health Services (i.e., behavioral health data analytics), I have developed insights for behavioral health reporting and audits. What is extremely troubling is that there is little progress being made to support a fragile, transient, and under-served population.

Recently, a homeless, vulnerable mother suffering from mental illness, Donna, was brutally murdered in Vallejo – stabbed and left to her defenses. I am sure there could have been a different outcome; her life could have been saved with the essential resources to protect her. Sadly, this is one of many tragic stories... I think we can make a difference to end the deplorable treatment and the neverending tragic outcomes for many people.

Individuals living with serious mental illnesses need a wide array of options for permanent, decent, and affordable housing, based on their individual needs and choices. SB 1338 provides a tool for our loved ones who have historically suffered tremendously on the streets or during avoidable incarceration so that they can be successfully stabilized and supported in the community, I support SB 1338.

Sincerely,

Karen Tassio Berndt

The Honorable Richard Pan, Chair Senate Committee on Health 1021 O Street, Room 7320 Sacramento, CA 95814

Re: SB 1338 (Umberg and Eggman) Community Assistance, Recovery, and Empowerment (CARE) Court Program – **SUPPORT**

Dear Senator Umberg and Senator Pan:

I am writing to express my support for SB 1338 (Umberg and Eggman), which aims to deliver services to Californians with a serious mental illness or substance use disorder who too often languish – suffering in homelessness or incarceration – without the treatment they desperately need.

All people should have the right to make their own decisions about medical treatment. However, I am aware that there are individuals with serious mental illnesses such as schizophrenia and other psychotic disorders who, at times, due to their illness, lack insight or good judgment about their need for medical treatment. In cases like this, a higher level of care may be necessary, but must be the last resort. The National Alliance on Mental Illness (NAMI-CA) members have been calling for reform for our loved ones for years.

My 44 year old daughter has Bipolar 1 disorder, and has been homeless, and in jail, all due to the impulsivity and her state of mind when she is in manic episodes. She also has made several suicide attempts during her depressive episodes. I consider it a miracle that she is still alive. She has been living in a headwinds against her because she and we the family do not have enough societal support for her.

For someone with a mental health condition, the basic necessity of a stable home can be hard to come by. The lack of safe and affordable housing is one of the most powerful barriers to recovery. When this basic need isn't met, people cycle in and out of homelessness, jails, shelters and hospitals. Having a safe, appropriate place to live can provide stability to allow our loved ones to achieve their goals. Housing is critical to recovery and must be available in the CARE Court process.

Individuals living with serious mental illnesses need a wide array of options for permanent, decent, and affordable housing, based on their individual needs and choices.

SB 1338 provides a tool for our loved ones who have historically suffered tremendously on the streets or during avoidable incarceration so that they can be successfully stabilized and supported in the community. For these reasons, I support SB 1338.

Lucy Meseberg

The Honorable Richard Pan, Chair Senate Committee on Health 1021 O Street, Room 7320 Sacramento, CA 95814

Re: SB 1338 (Umberg and Eggman) Community Assistance, Recovery, and Empowerment (CARE) Court Program – **SUPPORT**

Dear Senator Umberg and Senator Pan:

It is imperative that SB 1338 (Umberg and Eggman), which aims to deliver services to Californians with a serious mental illness or substance use disorder who too often languish – suffering in homelessness or incarceration – without the treatment they desperately need, is supported and ultimately passed into law.

All people should have the right to make their own decisions about medical treatment. Yet, there are individuals with serious mental illnesses such as schizophrenia and other psychotic disorders who, at times, due to their illness, lack insight or good judgment about their need for medical treatment. In cases like this, a higher level of care may be necessary, but must be the last resort. The National Alliance on Mental Illness (NAMI-CA) members have been calling for reform for our loved ones for years.

In my twenties, my family agonizingly witnessed my older brother by two years going in and out of hospitals, in and out of living homeless on the streets, and in and out of the system that didn't have enough support for him or those similar to him in the early throes of schizophrenia. These first years are critical and many do not make it through them. We were very lucky and my brother is now in his 50's and thriving, living on his own, and fully compliant with his needed medications.

For someone with a mental health condition, the basic necessity of a stable home can be hard to come by. The lack of safe and affordable housing is one of the most powerful barriers to recovery. When this basic need isn't met, people cycle in and out of homelessness, jails, shelters and hospitals. Having a safe, appropriate place to live can provide stability to allow our loved ones to achieve their goals. Housing is critical to recovery and must be available in the CARE Court process.

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Sincerely,

Pam Hansen

The Honorable Richard Pan, Chair Senate Committee on Health 1021 O Street, Room 7320 Sacramento, CA 95814

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I am a caregiver for my adult daughter with a severe diagnosis of mental illness, she lives with us in our house, thanks to the treatments she has received and the support of NAMI THE PROGRAM THAT BOGA FOR THE FAMILY, the stability and support she has GIVEN US, He is stable and has had no further seizures. When we go to the other dimension, she will be left absolutely alone and the income she receives is not enough to cover her basic needs, much less pay the rent. What programs can they implement to help them maintain their peace of mind, security and quality of life. Esperanza Calderón.

For someone with a mental health condition, the basic necessity of a stable home can be hard to come by. The lack of safe and affordable housing is one of the most powerful barriers to recovery. When this basic need isn't met, people cycle in and out of homelessness, jails, shelters and hospitals. Having a safe, appropriate place to live can provide stability to allow our loved ones to achieve their goals. Housing is critical to recovery and must be available in the CARE Court process.

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The Honorable Richard Pan, Chair Senate Committee on Health 1021 O Street, Room 7320 Sacramento, CA 95814

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My son is 30 years old has been diagnosed with schizophrenia multiple times but due to him having anosognosia his lack of insight to his mental illness prevents him from seeking help therefore our family suffers crisis after crisis. During one of his incarceration's, he had his ear nearly cut off by another inmate and while living in our family rental home he allows criminals to take advantage of him. He has had anything of value stolen from him. Bad people pray on the mentally ill. People like my son need to be able to have their family members make decisions for them like psych holds, medication, and treatment. When he is in crisis its unsafe to have him living with us or on his own. He needs to be in a facility equipped to handle mental illness and not just for 72 hrs. It needs to be long enough for rehabilitation and for meds to work.

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Sincerely,

Suzanne Arabian

April 24, 2022

The Honorable Tom Umberg, Chair Senate Committee on Judiciary 1021 O Street, Room 6730 Sacramento, CA 95814 The Honorable Richard Pan, Chair Senate Committee on Health 1021 O Street, Room 7320 Sacramento, CA 95814

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I have worked in the mental and behavioral health field since 1992, including substance use programs, juvenile center, county jail, psych hospitals, outpatient clinics and case-management programs. I have seen first-hand the frustration of wanting to help, knowing what might work but being unable to do anything because the law allows people who don't have the capacity to refuse help. While I do want to give each person their dignity, that is not allowing them to become homeless, criminalized, destitute and often die (25-year life span difference for those with mental health diagnosis) because they wont get the help they desperately need.

For someone with a mental health condition, the basic necessity of a stable home can be hard to come by. The lack of safe and affordable housing is one of the most powerful barriers to recovery. When this basic need isn't met, people cycle in and out of homelessness, jails, shelters and hospitals. Having a safe, appropriate place to live can provide stability to allow our loved ones to achieve their goals. Housing is critical to recovery and must be available in the CARE Court process.

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Sincerely, Elene YF Bratton, M.S., LMFT

cc:

The Honorable Richard Pan, Chair Senate Committee on Health 1021 O Street, Room 7320 Sacramento, CA 95814

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My daughter, age 33 and diagnosed with several SMI including Bipolar, PTSD, ADHD and lately diagnosed with Substance Use Disorder (prefers alcohol and meth), became deteriorated while in our home and needed more help than we could give, yet no Avenue was available to us to secure treatment while she was under our roof and had no medical capacity to choose treatment—lack of insight. At that point, only option was to live in chaos and lose our own health or rescind housing, so we did, and she's been alternately unhoused or in custody for dangerous crimes, all because officers disagreed with medical professionals that a medical involuntary hold was correct treatment. Officers are not medical professionals! When daughter is in treatment she is capable of respecting civil rights of others as well as her own. The part of her brain responsible for the thoughts of insight and volunteering are interrupted and it is an unrealistic expectation to expect a disabled brain to function completely (we don't ask a paraplegic to get up and get dressed, we can see the disability). This bill has potential to interrupt the cycle of deterioration and victimization save my daughters life.

For someone with a mental health condition, the basic necessity of a stable home can be hard to come by. The lack of safe and affordable housing is one of the most powerful barriers to recovery. When this basic need isn't met, people cycle in and out of homelessness, jails, shelters and hospitals. Having a safe, appropriate place to live can provide stability to allow our loved ones to achieve their goals. Housing is critical to recovery and must be available in the CARE Court process.

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Sincerely,

Elizabeth Kaino Hopper, 6929 Grant ave, Carmichael CA 95608 BS Design, MFA Design for Disability Nami Sacramento volunteer & member Family Advocates for AOT in Sacramento Ending the Silence, member

The Honorable Richard Pan, Chair Senate Committee on Health 1021 O Street, Room 7320 Sacramento, CA 95814

Re: SB 1338 (Umberg and Eggman) Community Assistance, Recovery, and Empowerment (CARE) Court Program – **SUPPORT**

Dear Senator Umberg and Senator Pan:

I am writing to express my support for SB 1338 (Umberg and Eggman), which aims to deliver services to Californians with a serious mental illness or substance use disorder who too often languish – suffering in homelessness or incarceration – without the treatment they desperately need.

All people should have the right to make their own decisions about medical treatment. However, I am aware that there are individuals with serious mental illnesses such as schizophrenia and other psychotic disorders who, at times, due to their illness, lack insight or good judgment about their need for medical treatment. In cases like this, a higher level of care may be necessary, but must be the last resort. The National Alliance on Mental Illness (NAMI-CA) members have been calling for reform for our loved ones for years.

My son suffers from bipolar disorder. For nearly 10 years my family struggled to help him through the cycles of mania and depression that he experienced. He refused to accept that he had a problem and needed treatment. He had numerous encounters with police when he posed a threat to himself or to others, and had to be forcibly hospitalized several times for extended periods of time. A few years ago he entered a court-mandated program and house after he attacked family members during a psychotic episode. This has been a blessing and a long overdue intervention that could have saved us years of anguish, stress, fear, and desperation. We could not provide the kind of structured support that this program has given him. Some people may say it is cruel to force people to be medicated against their will. For my son, it was cruel to leave him untreated and in the severe pain, paranoia, and terror that the cycles of bipolar inflicted on him.

For someone with a mental health condition, the basic necessity of a stable home can be hard to come by. The lack of safe and affordable housing is one of the most powerful barriers to recovery. When this basic need isn't met, people cycle in and out of homelessness, jails, shelters and hospitals. Having a safe, appropriate place to live can provide stability to allow our loved ones to achieve their goals. Housing is critical to recovery and must be available in the CARE Court process.

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Sincerely,

Fanny Yan

The Honorable Richard Pan, Chair Senate Committee on Health 1021 O Street, Room 7320 Sacramento, CA 95814

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Dear Senator Umberg and Senator Pan:

I am writing to express my support for SB 1338 (Umberg and Eggman), which aims to deliver services to Californians with a serious mental illness or substance use disorder who too often languish – suffering in homelessness or incarceration – without the treatment they desperately need.

All people should have the right to make their own decisions about medical treatment. However, I am aware that there are individuals with serious mental illnesses such as schizophrenia and other psychotic disorders who, at times, due to their illness, lack insight or good judgment about their need for medical treatment. In cases like this, a higher level of care may be necessary, but must be the last resort. The National Alliance on Mental Illness (NAMI-CA) members have been calling for reform for our loved ones for years.

My brother suffers from bipolar disorder. For nearly 10 years my family struggled to help him through the cycles of mania and depression that he experienced. He refused to accept that he had a problem and needed treatment. He had numerous encounters with police when he posed a threat to himself or to others, and had to be forcibly hospitalized several times for extended periods of time. We have been lucky enough to be able to keep him safe thanks to our ability to provide stable housing for him, and because our city's police went through mental health training and knew how to approach him. But this was only because of a previous incident of police brutality in my city where police killed a mentally ill man experiencing homelessness.

Still, my brother's condition meant my family could never truly relax because we never knew if he was safe or regularly taking his medications. A few years ago he attacked my brother and my parents, resulting in a restraining order against him and court-mandated treatment in a program house. This has been a blessing and a long overdue intervention that could have saved us years of anguish, stress, fear, and desperation. We could not provide the kind of structured support that this program has given him. Some people may say it is cruel to force people to be medicated against their will. For my family and my brother, it was cruel to leave him untreated and in the severe pain, paranoia, and terror that the cycles of bipolar inflicted on him. I know that whenever I see someone in public suffering from mental illness, there but for the grace of God—and I am not a religious person—there goes my brother.

For someone with a mental health condition, the basic necessity of a stable home can be hard to come by. The lack of safe and affordable housing is one of the most powerful barriers to recovery. When this basic need isn't met, people cycle in and out of homelessness, jails, shelters and hospitals. Having a safe, appropriate place to live can provide stability to allow our loved ones to achieve their goals. Housing is critical to recovery and must be available in the CARE Court process.

Individuals living with serious mental illnesses need a wide array of options for permanent, decent, and affordable housing, based on their individual needs and choices.

SB 1338 provides a tool for our loved ones who have historically suffered tremendously on the streets or during avoidable incarceration so that they can be successfully stabilized and supported in the community. For these reasons, I support SB 1338.

Sincerely,

The Honorable Richard Pan, Chair Senate Committee on Health 1021 O Street, Room 7320 Sacramento, CA 95814

Re: SB 1338 (Umberg and Eggman) Community Assistance, Recovery, and Empowerment (CARE) Court Program – **SUPPORT**

Dear Senator Umberg and Senator Pan:

I am writing to express my support for SB 1338 (Umberg and Eggman), which aims to deliver services to Californians with a serious mental illness or substance use disorder who too often languish – suffering in homelessness or incarceration – without the treatment they desperately need.

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My son and our family have been directly impacted by the lack of long-term housing and care for the severely mentally ill. My son Connor Cox was diagnosed with schizophrenia at age 19. He has been in and out of hospitals and jails too numerous of times to recall. I have witnessed the lack of care he has been given in jail where the needs of his complex illness have not adequately been addressed. Well-meaning inmates came to his rescue keeping him from drinking toilet water and chewing forks while they pleaded with authority to have a doctor assess him. If this wasn't bad enough, the care and lack of discharge planning in institutions geared to care for the mentally ill has been even more negligent. He has been discharged to the streets of San Diego with a bag of medication and no means to follow-up in an outpatient setting. As a worried mother trying to locate my son to get adequate care, I was featured on Channel 8 news. My son was found days later lying in the middle of a busy street in downtown San Diego. At age 27, we have been unable to have him hospitalized long enough to truly make a difference. In July of last year, a medical professional in Riverside decided they would give him "one more chance" and allow him to try a board and care facility near Desert Springs. I knew Connor would leave this facility since it was not a lock-down facility. Ten days later he disappeared into the desert, and we have been unable to locate him since.

My mother's heart pleads with lawmakers to help us put the safety net into place that will help those that are too sick to help themselves. Conservatorship is a long and broken system that relies on one county having "record" of the many hospitalizations

the individual has had. For the mentally ill that are often transients, they cross back and forth between counties never establishing the pattern that would qualify them for conservatorship. Without conservatorship, I have been unable to have my son in a facility that would keep him safe, treat his illness, and given him a quality of life he so deserves. In a country that has so many strengths, we have completely neglected those that need our care the most. Please say yes to SB1338 and renew the hope that we are not alone in caring for these precious individuals that so desperately need our help.

SB 1338 provides a tool for our loved ones who have historically suffered tremendously on the streets or during avoidable incarceration so that they can be successfully stabilized and supported in the community. For these reasons, I support SB 1338.

Sincerely,

Tanya Nolan

This April 22, 2022

The Honorable Tom Umberg, Chair Senate Committee on Judiciary 1021 O Street, Room 6730 Sacramento, CA 95814

The Honorable Richard Pan, Chair Senate Committee on Health 1021 O Street, Room 7320 Sacramento, CA 95814

Re: SB 1338 (Umberg and Eggman) Community Assistance, Recovery, and Empowerment (CARE) Court Program – **SUPPORT**

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SB1338 gives me reason to hope there could be help for people like my son who died in 2019 as a direct result of untreated serious mental illness and subsequent addiction to meth. When an individual is this ill they don't even understand they are ill and/or could be helped. Medication and a stable living place could have helped him recover.

For someone with a mental health condition, the basic necessity of a stable home can be hard to come by. The lack of safe and affordable housing is one of the most powerful barriers to recovery. When this basic need isn't met, people cycle in and out of homelessness, jails, shelters and hospitals. Having a safe, appropriate place to live can provide stability to allow our loved ones to achieve their goals. Housing is critical to recovery and must be available in the CARE Court process.

Individuals living with serious mental illnesses need a wide array of options for permanent, decent, and affordable housing, based on their individual needs and choices.

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Sincerely, Veronica Madrid, 5256 Joaquin Drive, Santa Rosa CA 95409

The Honorable Richard Pan, Chair Senate Committee on Health 1021 O Street, Room 7320 Sacramento, CA 95814

Re: SB 1338 (Umberg and Eggman) Community Assistance, Recovery, and Empowerment (CARE) Court Program – **SUPPORT**

Dear Senator Umberg and Senator Pan:

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A crucial problem is the lack of effective, intensive care immediately following emergency hospitalization (51/50) for a psychotic episode. My own daughter was a 51/50 because she heard voices telling her to kill herself, yet she was released within three days, and the hospital did nothing to provide any resources for treatment. As a NAMI support group facilitator for eight years, I have heard literally hundreds of stories from families who are unable to find supportive housing or extended treatment for their loved ones suffering from serious mental illness. And for so many families, their loved ones' illness makes them vulnerable to arrest and incarceration instead of treatment. The CARE court seems to me to strike a good balance between respect for the civil rights of individuals and intervention when a person is too ill to make an informed judgment about whether or not to take medication or pursue treatment.

For someone with a mental health condition, the basic necessity of a stable home can be hard to come by. The lack of safe and affordable housing is one of the most powerful barriers to recovery. When this basic need isn't met, people cycle in and out of homelessness, jails, shelters and hospitals. Having a safe, appropriate place to live can provide stability to allow our loved ones to achieve their goals. Housing is critical to recovery and must be available in the CARE Court process.

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Sincerely,

Catherine Brady

The Honorable Richard Pan, Chair Senate Committee on Health 1021 O Street, Room 7320 Sacramento, CA 95814

Re: SB 1338 (Umberg and Eggman) Community Assistance, Recovery, and Empowerment (CARE) Court Program – **SUPPORT**

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My loved one was diagnosed with a mental disorder which rendered him disabled to hold a job. As a young adult, he would be in his prime time to be beginning his own life; however, unable to earn a living, he was unable to live on his own. He suffered so much because he did not want to live like this that he attempted to kill himself 3 times. Since mental illnesses are only diagnosed by a person's behaviors at a moment in time when they are being evaluated by a mental health professional, the local county behavioral wellness did not accept him into the program for care. Consequently, my family has been burdened by the responsibility to find him care and provide him shelter and food, to keep him from being homeless and to keep him alive. It has been a real struggle because at times he becomes so emotionally dysfunctional that he lashes out and acts impulsively, doing life-threatening acts. I have been told that the only way to get him help is to let him become homeless or when he commits a crime he will go to jail. This is not right!

I want to add a comment about this bill that I would like to support another bill to expand this CARE not only for people diagnosed with schizophrenia and other psychotic disorders to people who are severely disabled by other diagnoses, such as BPD, OCD, Bipolar. These are a few other diagnoses that I am aware of that also cause disabling emotions, which can lead to unstable behaviors and death. There are effective research-based treatments that are intensive year-long, which are not medications, but therapy, such as Dialectical Behavioral Therapy. I feel that these other non-medication approaches should also be targeted for inclusion in CARE.

CARE is so important because so many of our loved ones suffer in silence due to stigma and to their anosognosia, an inability to understand and perceive their own illness. We who have loved-ones, need some support! Mental health disorders are physical health disorders, we need parity in care and support and acceptance.

For someone with a mental health condition, the basic necessity of a stable home can be hard to come by. The lack of safe and affordable housing is one of the most powerful barriers to recovery. When this basic need isn't met, people cycle in and out of homelessness, jails, shelters and hospitals. Having a safe, appropriate place to live can provide stability to allow our loved ones to achieve their goals. Housing is critical to recovery and must be available in the CARE Court process.

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Thanks, Cesli Vierra

The Honorable Richard Pan, Chair Senate Committee on Health 1021 O Street, Room 7320 Sacramento, CA 95814

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Due to my bipolar disorder, I was evicted from my apartment in 2021 and became homeless for several months. I also became incarcerated because of poor choices I made while in a manic state. If I had better access to appropriate mental health services and supportive housing, these experiences might well have been avoided. I am currently staying with family, but could greatly benefit from assistance to obtain my own living space.

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Sincerely,

Steven Dee Smith

April 24, 2022

The Honorable Tom Umberg, Chair Senate Committee on Judiciary 1021 O Street, Room 6730 Sacramento, CA 95814 The Honorable Richard Pan, Chair Senate Committee on Health 1021 O Street, Room 7320 Sacramento, CA 95814

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My daughter was incarcerated while in a psychotic episode. Her home was foreclosed on during this time and if it hadn't been for me, she would have been homeless. Currently, numerous other individuals are homeless with nowhere to live.

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Sincerely,

Cc:

Darlene Thomas

The Honorable Richard Pan, Chair Senate Committee on Health 1021 O Street, Room 7320 Sacramento, CA 95814

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I have an adult son with schizoaffective disorder, and had I not required that he take anti-psychotic medication as a condition of his living me, he would be living on the streets in a delusional state.

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Sincerely,

David Wolfson Berkeley California

My April 24, 2022

The Honorable Tom Umberg, Chair Senate Committee on Judiciary 1021 O Street, Room 6730 Sacramento, CA 95814 The Honorable Richard Pan, Chair Senate Committee on Health 1021 O Street, Room 7320 Sacramento, CA 95814

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My son was diagnosed with paranoid schizophrenia at 19. After years of living with us he became more and more aggressive; but refused treatment. In an attempt to get him the help he so desperately needed, he was taken to a 5150 hold. It backfired, he wasn't "bad enough" for the few beds that they had and they released him to the street. He has been living on the street and we have not seen him in three years. We track him through police reports but have not seen him, because he wants no contact with us. He is dying on the street and there is nothing we can do.

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My son is homeless and addicted to drugs for 20 years. I have tried my own solutions and they have failed. Just today I thought that such people like him (pushing shopping carts with belongings) might first be offered a storage space to save their things). I collected and got rid of everything but washed some clothes. I took him to a group home and he really did try but it did not work out. I think getting rid of his belongings was not necessary. He could have saved them in storage as part of condition for getting into housing and gradually let go of items when no longer needed them and felt safe in new housing/environment. It is a difficult challenge for them and for society to understand.

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Sincerely, Deborah Abrams

The Honorable Richard Pan, Chair Senate Committee on Health 1021 O Street, Room 7320 Sacramento, CA 95814

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Having lived a life where I could see the struggles of having a mental illness that was put upon you by no means of your own and having such a lack of availability to assistance or even proper basic education to people that would help people better understand and work with individuals who could thrive with proper help. They don't need handouts; they need assistance that will get them to where they can thrive. These are members of our society who want to be active and with some help they could. It is our duty a fellow human beings to assist one another. Mental health or not everyone needs a helping hand here and there.

For someone with a mental health condition, the basic necessity of a stable home can be hard to come by. The lack of safe and affordable housing is one of the most powerful barriers to recovery. When this basic need isn't met, people cycle in and out of homelessness, jails, shelters and hospitals. Having a safe, appropriate place to live can provide stability to allow our loved ones to achieve their goals. Housing is critical to recovery and must be available in the CARE Court process.

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Sincerely,

Gabriela Robles

The Honorable Richard Pan, Chair Senate Committee on Health 1021 O Street, Room 7320 Sacramento, CA 95814

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Sincerely,

Julie Barbour

The Honorable Richard Pan, Chair Senate Committee on Health 1021 O Street, Room 7320 Sacramento, CA 95814

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My daughter went through the AOT process in 2019 it saved her life. She was suffering from Schizophrenic psychosis which rendered her unable to discern the difference between reality and how she perceived reality to be. We were unable to convince her to seek treatment as she didn't trust anyone. With the help of the AOT social workers and El Segundo Community Police division we were able to transport Amber to Harbor UCLA Hospital where she received psychiatric care to stabilize her to better understand reality. She went to the Los Angeles Mental Health Court for six months to report to the Judge on the progress of her condition. Amber continues to take her medication and speaks to her Psychiatrist and Social Worker once a month. She is now employed part time at a bakery near her studio apartment and attends El Camino College online. Amber would not be living the life she is leading now without the intervention of the Los Angeles Mental Health Department and Court system. We are grateful for this help. We know that others living with severe mental illness and/or homelessness can benefit from CARE Court too.

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Sincerely,

Kelli Griffin

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[I personally was on the streets with schizophrenic symptoms after an Emergency room Physician would not admit me for treatment. I went to jail for trespassing because I would not leave the hospital ER until I was admitted. I went through other ER visits, with placement attempts in outside programs. Finally, I was admitted, put under conservatorship and advanced through the programs with stable housing in this way. I am now able, after all that stability, to start working again and looking for independent, stable housing...]

For someone with a mental health condition, the basic necessity of a stable home can be hard to come by. The lack of safe and affordable housing is one of the most powerful barriers to recovery. When this basic need isn't met, people cycle in and out of homelessness, jails, shelters and hospitals. Having a safe, appropriate place to live can provide stability to allow our loved ones to achieve their goals. Housing is critical to recovery and must be available in the CARE Court process.

Individuals living with serious mental illnesses need a wide array of options for permanent, decent, and affordable housing, based on their individual needs and choices.

SB 1338 provides a tool for our loved ones who have historically suffered tremendously on the streets or during avoidable incarceration so that they can be successfully stabilized and supported in the community. For these reasons, I support SB 1338.

Sincerely,

Leslie A. E. Shepherd

The Honorable Richard Pan, Chair Senate Committee on Health 1021 O Street, Room 7320 Sacramento, CA 95814

Re: SB 1338 (Umberg and Eggman) Community Assistance, Recovery, and Empowerment

(CARE) Court Program - SUPPORT

Dear Senator Umberg and Senator Pan:

I am writing to express my support for SB 1338 (Umberg and Eggman), which aims to deliver services to Californians with a serious mental illness or substance use disorder who too often languish – suffering in homelessness or incarceration – without the treatment they desperately need.

All people should have the right to make their own decisions about medical treatment. However, I am aware that there are individuals with serious mental illnesses such as schizophrenia and other psychotic disorders who, at times, due to their illness, lack insight or good judgment about their need for medical treatment. In cases like this, a higher level of care may be necessary, but must be the last resort. The National Alliance on Mental Illness (NAMI-CA) members have been calling for reform for our loved ones for years.

Although I am fortunate not to live with a "serious mental illness," I do live with generalized anxiety disorder, depression, and PTSD, which has impacted my life in significant ways. I am incredibly fortunate that I have had access to excellent psychiatric care since my diagnoses many years ago. I also have the insight and excellent support to ensure I remain compliant with medical treatment and maintain my mental wellness. Not everyone, especially those with very serious mental illness, substance use disorders, are incarcerate and/or homeless, have this opportunity. Together, we can make a change!

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Sincerely,

Virginia Lynn Hayes NAMI Orange County

The Honorable Richard Pan, Chair Senate Committee on Health 1021 O Street, Room 7320 Sacramento, CA 95814

Re: SB 1338 (Umberg and Eggman) Community Assistance, Recovery, and Empowerment (CARE) Court Program – **SUPPORT**

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[Please add a succinct, one-paragraph personal story ...]

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The Honorable Richard Pan, Chair Senate Committee on Health 1021 O Street, Room 7320 Sacramento, CA 95814

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In my role as a case manager of individuals with severe and persistent mental health I have struggled to find appropriate tools or authority to get people the help they need. Relying on jail or a conservatorship is usually a drawn-out process that the individual must endure after several run ins with law enforcement or the local mental health facility, costing tax payers and straining government budgets. Incarceration is not rehabilitation, however having a tool to be able to get individuals the real help they need would be a win for the community and the people we serve.

For someone with a mental health condition, the basic necessity of a stable home can be hard to come by. The lack of safe and affordable housing is one of the most powerful barriers to recovery. When this basic need isn't met, people cycle in and out of homelessness, jails, shelters and hospitals. Having a safe, appropriate place to live can provide stability to allow our loved ones to achieve their goals. Housing is critical to recovery and must be available in the CARE Court process.

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Sincerely,

Mel Bledsoe

The Honorable Richard Pan, Chair Senate Committee on Health 1021 O Street, Room 7320 Sacramento, CA 95814

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[Please add a succinct, one-paragraph personal story ...]

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[Please add a succinct, one-paragraph personal story ...] It is been a hard time trying to get my son the right help even though I am my son's conservator. It so frustrating seen how a Psychiatrist release him even when I can tell he has not been stabilized. Due to this my son went into a Dentist office and ask a dentist to pulled out all his molars it is obvious that because of his mental illness and the lack of the right care he did not know what he was doing. Now he has to chew with his front teeth and he is facing stomach problems.

For someone with a mental health condition, the basic necessity of a stable home can be hard to come by. The lack of safe and affordable housing is one of the most powerful barriers to recovery. When this basic need isn't met, people cycle in and out of homelessness, jails, shelters and hospitals. Having a safe, appropriate place to live can provide stability to allow our loved ones to achieve their goals. Housing is critical to recovery and must be available in the CARE Court process.

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The Honorable Richard Pan, Chair Senate Committee on Health 1021 O Street, Room 7320 Sacramento, CA 95814

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[My son experienced the worse of the dilemmas, as he ended up incarcerated, tried by jury, found guilty. He was beat up in jail. He had a public defender who had no experience defending a person with a mental illness. The D.A. was accusing my son of a premeditated crime even when there was proof of mental illness e.g there was a psychiatrist testifying of my son's mental condition. There was paper work from the NAVY showing the mental health history. So much anarchy in the court system for those suffering from these illnesses. Moreover, he did not have any health insurance, he struggled trying to get treatment and/or medication.

People like my son, who with the right treatment and provisions are able to enjoy a humanistic life style.

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Re: SB 1338 (Umberg and Eggman) Community Assistance, Recovery, and Empowerment (CARE) Court Program – **SUPPORT**

Dear Senator Umberg and Senator Pan:

As a member of NAMI (The National Alliance on Mental Illness), I am writing to express my support for SB 1338 (Umberg and Eggman), which aims to deliver services to Californians with a serious mental illness or substance use disorders who too often languish – suffering in homelessness or incarceration – without the treatment they desperately need.

One of my children has struggled for most of her life with mental health issues. We went through years of mis-diagnosis, intermittent and disinterested treatment by overtaxed healthcare professionals. Only in the last few years, by pooling the financial resource of three families, were we able to get consistent, caring and effective treatment to her. Yet, even now, she has no stable affordable living situation. Over twenty years of care and effort and my child is still in danger of being homeless. What will happen to her after we are gone?

Housing insecurity is one of the most powerful barriers to recovery for people in her situation. When this basic need isn't met, people cycle in and out of homelessness, jails, shelters and hospitals. Having a safe, appropriate place to live can provide stability to allow our loved ones to achieve their goals. Housing is critical to recovery and must be available in the CARE Court process.

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In my case, I have helped and supported a dear friend for many years. Some would say I make him co-dependent. But, he has been diagnosed with Bi-polar Disorder & PTSD and in some cases, he has difficulty at times in making decisions or understanding what he reads. He has had a few problems over the years with law enforcement and with individuals due to his mental illness. Each episode causes him to go further into his psychosis. Incarceration is not a solution to help him or the many others that are affected by a devastating illness such as mental health.

For someone with a mental health condition, the basic necessity of a stable home can be hard to come by. The lack of safe and affordable housing is one of the most powerful barriers to recovery. When this basic need isn't met, people cycle in and out of homelessness, jails, shelters and hospitals. Having a safe, appropriate place to live can provide stability to allow our loved ones to achieve their goals. Housing is critical to recovery and must be available in the CARE Court process.

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Sincerely,

RICHARD L. BAER 69430 POOLSIDE DRIVE DESERT HOT SPRINGS, CA 92241 (714) 545-5515

The Honorable Richard Pan, Chair Senate Committee on Health 1021 O Street, Room 7320 Sacramento, CA 95814

Re: SB 1338 (Umberg and Eggman) Community Assistance, Recovery, and Empowerment (CARE) Court Program – **SUPPORT**

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And more often than not, lack of insight or good judgement is not the only reason people with mental illnesses become among the unhoused. Stigma of something as simple as a label - having only once been "seen by" or "diagnosed" by a psychiatrist - can lead to someone losing their job. Stigma of mental illness is discrimination and it is pervasive in our culture despite the successes of the mental health advocacy movement in recent years. I know this from personal experience. I was fortunate to be able to hide my diagnosis from employers when I sensed their attitudes toward mental illness. I never lived on the streets. But the effects of the stigma of mental illness changed the course of my adult life. Whatever the reason a person with mental illness has found themselves unhoused or incarcerated, SR 1338 should help them move toward recovery.

For someone with a mental health condition, the basic necessity of a stable home can be hard to come by. The lack of safe and affordable housing is one of the most powerful barriers to recovery. When this basic need isn't met, people cycle in and out of homelessness, jails, shelters and hospitals. Having a safe, appropriate place to live can provide stability to allow our loved ones to achieve their goals. Housing is critical to recovery and must be available in the CARE Court process.

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Sincerely,

Roxanne W. Reeves, PhD 909 Cowper St. Palo Alto, CA. 94301

The Honorable Richard Pan, Chair Senate Committee on Health 1021 O Street, Room 7320 Sacramento, CA 95814

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My own mom suffers from a mental illness, but she is too paranoid of medical personnel to be diagnosed. She therefore is excluded from treatment and services that could help her manage her condition. She cannot drive, she has lost the ability to maintain meaningful relationships, and her family does not have satisfactory options for her care.

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Sincerely, Sarah Harrington

The Honorable Richard Pan, Chair Senate Committee on Health 1021 O Street, Room 7320 Sacramento, CA 95814

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My son David is a victim of substance abuse and mental illness and is living on the streets of Berkeley. I have checked into everything I can do but because of the "law", I've been told that he does not qualify for involuntary hospitalization or whatever help he needs. Mentally ill people don't have the capacity to know when they need help. Change the law.

For someone with a mental health condition, the basic necessity of a stable home can be hard to come by. The lack of safe and affordable housing is one of the most powerful barriers to recovery. When this basic need isn't met, people cycle in and out of homelessness, jails, shelters and hospitals. Having a safe, appropriate place to live can provide stability to allow our loved ones to achieve their goals. Housing is critical to recovery and must be available in the CARE Court process.

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Sincerely,

Trudy Miller

The Honorable Richard Pan, Chair Senate Committee on Health 1021 O Street, Room 7320 Sacramento, CA 95814

Re: SB 1338 (Umberg and Eggman) Community Assistance, Recovery, and Empowerment (CARE) Court Program – **SUPPORT**

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I have a son that has Schizophrenia. It has been a nightmare of love as I now call it. He was once lost in a city I was teaching in for three days. The "voices" told him he had to leave. They said his energy was so "bad" that he should leave his family. We woke to find him gone. I have written at length the whole story, but to make it succinct, it took me three days to track him down. It was harrowing and horrifying to think I could have lost him for good when he SO, SO needed help. Luckily the police in this big city he was lost in found him screaming and hiding in some bushes. They had been trained in Mental Health work, so they did not take him to jail. They took him to the Hospital instead and found my number in his jacket and called me. The kindness and consideration in that was an immense step forward in the care of these lost souls in our system. My family was lucky that time. Far too many of these lost souls get lost for good in some system or another. They need our help and our love and our understanding until the day when someone finds out what this disease is. It WILL be solved someday and until then, they deserve our faith and kindness and love. My Son is doing incredibly amazing now, and is a peer counselor for a non-profit mental health group helping others as best he can now. It took ten years of loving support and devotion to get him on his feet again. Do not give up!!

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Sincerely,

Vicki Reiner reinerdog@sbcglobal.net

April 20, 2022

The Honorable Tom Umberg, Chair Senate Committee on Judiciary 1021 O Street, Room 6730 Sacramento, CA 95814

The Honorable Richard Pan, Chair Senate Committee on Health 1021 O Street, Room 7320 Sacramento, CA 95814

Re: SB 1338 (Umberg and Eggman) Community Assistance, Recovery, and Empowerment (CARE) Court Program – **SUPPORT**

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My adult son with schizophrenia was unable to meet his own basic needs without my help, but each time he left a hospital setting and lived with me, he was evicted or had to be hospitalized by the police because of lack of structure for recovery. I worked full time and spent my free time and most of my earnings on caring for my son unsuccessfully. He would not see doctors or therapists or even take medication since I shouldered the burden of his choices. He chose to take methamphetamine to ease his pain. I finally found Mental Health America, Long Beach. They visited my son over a period of four months and created a case to present to the court for him having me as his LPS Conservator. Five years later, my son lives in his own small place, has not been arrested or in the hospital for two years, manages his EBT and weekly SSI stipends, and has a weekly Beach Cleanup job with MHALB staff. I strongly believe that the care of the

suffering mentally ill should be undertaken by professionals. Families care but are ill equipped for providing what is needed. Any many families have given up trying.

For someone with a mental health condition, the basic necessity of a stable home can be hard to come by. The lack of safe and affordable housing is one of the most powerful barriers to recovery. When this basic need isn't met, people cycle in and out of homelessness, jails, shelters and hospitals. Having a safe, appropriate place to live can provide stability to allow our loved ones to achieve their goals. Housing is critical to recovery and must be available in the CARE Court process.

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Re: SB 1338 (Umberg and Eggman) Community Assistance, Recovery, and Empowerment (CARE) Court Program – **SUPPORT**

Dear Senator Umberg and Senator Pan:

I am writing to express my support for SB 1338 (Umberg and Eggman), which aims to deliver services to Californians with a serious mental illness or substance use disorder. Without the treatments they desperately need, these individuals often suffer homelessness or incarceration.

Citizens have the right to make informed decisions about medical treatment. However, I am aware that patients with serious mental illnesses such as schizophrenia and other psychotic disorders may at times, due to their illness, lack insight or judgment about their need for medical treatment. In such cases, a higher level of care may be necessary, albeit last resort. The National Alliance on Mental Illness (NAMI-CA) members have been calling for such reform. Although I have not personally dealt with mental illness, my experience caring for close family members diagnosed with such disorders has allowed me to share with you this unique perspective.

My cousin was diagnosed with Schizophrenia seven years ago. Being a new medical student at the time with limited exposure into the broad pathophysiology of Psychiatry, I knew the uphill battle we would be facing in providing him with appropriate supports and care he needed. However, with assistance from his excellent physician staff and close family relationships, we were able to adequately provide the psychosocial and pharmacological support required. As I reflect on my cousin's situation, I realized there are several individuals without family members, health care providers, or loved ones to help them get the care they desperately need – especially if they do not have decision-making capacity. This is what led me to joining NAMI-CA in 2018, my passion to treat patients with complex psychiatric conditions while being an advocate for them.

The basic necessity of a stable home can be hard to come by for individuals with mental health disorders and the lack of safe and affordable housing is one of the most powerful barriers to recovery. When this basic need isn't met, it creates a vicious cycle causing individuals to fall in and out of homelessness, jails, shelters, and hospitals. Having a safe and appropriate place to live can provide stability for our loved ones to achieve their goals. Thus, having a wide array of options for permanent, safe, and affordable housing should be a crucial component of the Care Court process.

SB 1338 provides a vital tool for our loved ones who have historically suffered tremendously on the streets or during avoidable incarceration which allows for successful stabilization and support within the communities they once called home For these reasons, I support SB 1338.

Sincerely,

Dr. Nikhil Vatti, MD

The Honorable Richard Pan, Chair Senate Committee on Health 1021 O Street, Room 7320 Sacramento, CA 95814

Re: SB 1338 (Umberg and Eggman) Community Assistance, Recovery, and Empowerment (CARE) Court Program – **SUPPORT**

Dear Senator Umberg and Senator Pan:

I am writing to express my support for SB 1338 (Umberg and Eggman), which aims to deliver services to Californians with a serious mental illness or substance use disorder who too often languish – suffering in homelessness or incarceration – without the treatment they desperately need.

All people should have the right to make their own decisions about medical treatment. However, I am aware that there are individuals with serious mental illnesses such as schizophrenia and other psychotic disorders who, at times, due to their illness, lack insight or good judgment about their need for medical treatment. In cases like this, a higher level of care may be necessary, but must be the last resort. The National Alliance on Mental Illness (NAMI-CA) members have been calling for reform for our loved ones for years.

My wife, Junling Du, had the bi-polar and schizophrenia for twelve years, she refused to take medicine (lack insight or good judgment) and she got worse and worse. There is no forced treatment from government (except she has big violations – killing others and herself), now she damaged properties like the cars, windows, and computers in stores nearby, yes, she has the "human right", but I, relatives and peoples around the community are all under big dangerous. She is now still in jail. However I would like ask the government to give a forced medical treatment, and also provide financial support for hospital treatment and place to stay if needed. Since my insurance covers 75% up to 20 days), the cost in mental hospital is about \$300 - \$400/day. The treatment will be a long time (3 months to 1 yr). For regular middle class it is not affordable, the loved one will stay on streets, jails and sometimes finally get divorced, it's very miserable for whole family.

For someone with a mental health condition, the basic necessity of a stable home can be hard to come by. The lack of safe and affordable housing is one of the most powerful barriers to recovery. When this basic need isn't met, people cycle in and out of homelessness, jails, shelters and hospitals. Having a safe, appropriate place to live can provide stability to allow our loved ones to achieve their goals. Housing is critical to recovery and must be available in the CARE Court process.

Individuals living with serious mental illnesses need a wide array of options for permanent, decent, and affordable housing, based on their individual needs and choices.

SB 1338 provides a tool for our loved ones who have historically suffered tremendously on the streets or during avoidable incarceration so that they can be successfully stabilized and supported in the community. For these reasons, I support SB 1338.

Sincerely,

Jian Wang

12463 Rainier St Moorpark, CA 93021 Email <u>wangxj.uc@gmail.com</u> Phone 562-4893466

The Honorable Richard Pan, Chair Senate Committee on Health 1021 O Street, Room 7320 Sacramento, CA 95814

Re: SB 1338 (Umberg and Eggman) Community Assistance, Recovery, and Empowerment (CARE) Court Program – **SUPPORT**

Dear Senator Umberg and Senator Pan:

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All people should have the right to make their own decisions about medical treatment. However, I am aware that there are individuals with serious mental illnesses such as schizophrenia and other psychotic disorders who, at times, due to their illness, lack insight or good judgment about their need for medical treatment. In cases like this, a higher level of care may be necessary, but must be the last resort. The National Alliance on Mental Illness (NAMI-CA) members have been calling for reform for our loved ones for years.

California desperately needs Care Court services. Mental health peers who do not engage in voluntary mental health services and who meet the criteria of Care Court will be provided with opportunities to recover before they become further victimized by criminalization or homelessness. Opponents of Care Court seek to maintain the status quo. They offer no solutions or new ideas that will remedy the current mental health catastrophe; just more of the same. We already know how well that has worked out! It is time for new thinking and new programs targeted at California's most challenged individuals with serious mental illness. Please vote "Yes" and support this legislation to implement Care Court in California.

For someone with a mental health condition, the basic necessity of a stable home can be hard to come by. The lack of safe and affordable housing is one of the most powerful barriers to recovery. When this basic need isn't met, people cycle in and out of homelessness, jails, shelters and hospitals. Having a safe, appropriate place to live can provide stability to allow our loved ones to achieve their goals. Housing is critical to recovery and must be available in the CARE Court process.

Individuals living with serious mental illnesses need a wide array of options for permanent, decent, and affordable housing, based on their individual needs and choices.

SB 1338 provides a tool for our loved ones who have historically suffered tremendously on the streets or during avoidable incarceration so that they can be successfully stabilized and supported in the community. For these reasons, I support SB 1338.

Sincerely,

Mark Gale

Criminal Justice Chair, NAMI Greater Los Angeles County Member, Permanent Steering Committee, Los Angeles Office of Diversion and Reentry Member, Judicial Council's Collaborative Justice Courts Advisory Committee Markgale510@gmail.com

ALSTON & BIRD

333 South Hope Street, 16th Floor Los Angeles, CA 90071-1410 213-576-1000 | Fax: 213-576-1100

Edward J. Casey Direct Dial: 213-576-1005 Email: ed.casey@alston.com

April 22, 2022

The Honorable Tom Umberg, Chair Senate Committee on Judiciary 1021 O Street, Room 6730 Sacramento, CA 95814 The Honorable Richard Pan, Chair Senate Committee on Health 1021 O Street, Room 7320 Sacramento, CA 95814

Re: SB 1338 (Umberg and Eggman) Community Assistance, Recovery, and Empowerment (CARE) Court Program – SUPPORT

Dear Senator Umberg and Senator Pan:

I am writing to express my support for SB 1338 (Umberg and Eggman), which aims to deliver services to Californians with a serious mental illness or substance use disorder who too often languish – suffering in homelessness or incarceration – without the treatment they desperately need.

All people should have the right to make their own decisions about medical treatment. However, there are individuals with serious mental illnesses such as schizophrenia and other psychotic disorders who, at times, due to their illness, lack insight or good judgment about their need for medical treatment. In cases like this, a higher level of care may be necessary, but must be the last resort.

Unfortunately, my opinion on this issue is borne out of personal experience. I have an adult son who has suffered with schizophrenia for the past 6 years. At one point he stopped taking his medication and became psychotic. He was unable to make any rational decision concerning his health and safety. Fortunately, I was able to employ the help of various specialists in the mental health community and was able to get my son back on his medication.

He is now stable and living on his own. However, for too many who suffer with a serious mental health condition, the basic necessity of a stable home can be hard to come by. The lack of safe and affordable housing is one of the most powerful barriers to recovery. When this basic need isn't met, people cycle in and out of homelessness, jails, shelters and hospitals. Having a safe, appropriate place to live can provide stability to allow our loved ones to achieve their goals. Housing is critical to recovery and must be available in the CARE Court process.

Alston & Bird LLP www.alston.com

SB 1338 provides a tool for our loved ones who have historically suffered tremendously on the streets or during avoidable incarceration so that they can be successfully stabilized and supported in the community. As an attorney for 30 years practicing in the civil courts, I believe that processes detailed in SB 1338 will protect the rights of the person with a mental health condition are respected while also ensuring that they receive the health care and support that they so need.

The National Alliance on Mental Illness (NAMI-CA) members have been calling for reform for our loved ones for years. SB 1338 will provide that support for our loved ones with mental health conditions, and therefore I support SB 1338.

Sincerely,

Edward J. Casey

Partner

EJC:dtc

The Honorable Tom Umberg, Chair Senate Committee on Judiciary 1021 O Street, Room 6730 Sacramento, CA 95814 The Honorable Richard Pan, Chair Senate Committee on Health 1021 O Street, Room 7320 Sacramento, CA 95814

Re: SB 1338 (Umberg and Eggman) Community Assistance, Recovery, and Empowerment (CARE) Court Program – **SUPPORT**

Dear Senator Umberg and Senator Pan:

I am writing to express my support for SB 1338 (Umberg and Eggman), which aims to deliver services to Californians with a serious mental illness or substance use disorder who too often languish – suffering in homelessness or incarceration – without the treatment they desperately need.

All people should have the right to make their own decisions about medical treatment. However, I am aware that there are individuals with serious mental illnesses such as schizophrenia and other psychotic disorders who, at times, due to their illness, lack insight or good judgment about their need for medical treatment. In cases like this, a higher level of care may be necessary, but must be the last resort. The National Alliance on Mental Illness (NAMI-CA) members have been calling for reform for our loved ones for years.

My story begins with being a special education teacher at the Pat Anderson Land Park Academy. Like many Special Education teachers, I received a severe injury to the head from a student on July 17, 2022. In seeking medical care through the California Workmen's Compensation, no referrals were made for all of my injuries. The Pat Anderson school's workers' compensation company Berkshire Hathaway refused to find a neurologist to care for my concussion for over a year. In the meantime, my mental illness was growing worse.

Consequently, this led to my mental health issues which the Berkshire Hathaway compensation refused to treat because it is difficult to prove in court. So I had to seek help from my Sutter Medical plan for my mental illness, which followed the concussion. I was incapacitated by my mental illness and would have appreciated someone seeing my mental illness and then treating it. I have recovered.

In the meantime, I see the need for intervention for immediate mental ill intervention. This bill must pass so that every human person has the right to be restored to better mental health.

For someone with a mental health condition, the basic necessity of a stable home can be hard to come by. The lack of safe and affordable housing is one of the most powerful barriers to recovery. When this basic need isn't met, people cycle in and out of

homelessness, jails, shelters and hospitals. Having a safe, appropriate place to live can provide stability to allow our loved ones to achieve their goals. Housing is critical to recovery and must be available in the CARE Court process.

Individuals living with serious mental illnesses need a wide array of options for permanent, decent, and affordable housing, based on their individual needs and choices.

SB 1338 provides a tool for our loved ones who have historically suffered tremendously on the streets or during avoidable incarceration so that they can be successfully stabilized and supported in the community. For these reasons, I support SB 1338.

Sincerely,

Marcia Kilpatrick Madlock BA, MDiv, Doctoral Student 2024

Dear Congresman

My name is Carmen CaicedoSanchez, my son Andres Sanchez has been in and out of Hospitals for the 10th times in the las year period, there is commitment to treatment and no consequences so far, I fully support governor Newson proposal Re: SB 1338 (Umberg and Eggman) Community Assistance, Recovery, and Empowerment

(CARE) Court Program

We need to do more to help our love ones with mental illness to commit to treatment since they don't have enough insight of their own illness; treatment will increase safety and wellness in our California neighborhoods,

Respectfully,

Carmen Caicedo- Sanchez

My address is

803 Magnolia Avenue Apt 132

Corona CA 92879

Subject: SB 1338 and SB 2830

Date: Saturday, April 23, 2022 at 10:18:56 AM Pacific Daylight Time

From: CAROL GALLOWAY

To: Danny Offer

[EXTERNAL EMAIL] DO NOT CLICK links or attachments unless you recognize the sender and know the content is safe.

It is my hope that you will vote yes on these two bills that are desperately needed to help older people get the help they need and should have. My son is 65 years old and is homeless because of his mental illness. Not only does he suffer with mental illness he also has other physical illnesses that need attention.

Thank you. Carol Galloway Subject: Yes on SB 1338

Date: Friday, April 22, 2022 at 5:06:23 PM Pacific Daylight Time

From: Carol Hart

To: Danny Offer

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April 22, 2022

The Honorable Tom Umberg, Chair Senate Committee on Judiciary 1021 O Street, Room 6730 Sacramento, CA 95814

The Honorable Richard Pan, Chair Senate Committee on Health 1021 O Street, Room 7320 Sacramento, CA 95814

Re: SB 1338 (Umberg and Eggman) Community Assistance, Recovery, and Empowerment (CARE) Court Program – **SUPPORT**

Dear Senator Umberg and Senator Pan:

I am writing to express my support for SB 1338 (Umberg and Eggman), which aims to deliver services to Californians with a serious mental illness or substance use disorder who too often

languish – suffering in homelessness or incarceration – without the treatment they desperately need.

All people should have the right to make their own decisions about medical treatment. However, I have experienced in my own family individuals with serious mental illnesses, psychotic disorders, who, at times, due to their illness, lack insight or good judgment about their need for medical treatment. In cases like this, a higher level of care may be necessary. The National Alliance on Mental Illness (NAMI-CA) members have been calling for reform for our loved ones for years.

I have been trying for over a year to help my son get back on his schizoaffective-bipolar medication so he can go back to living a productive, stable life. He is an adult who took medications to keep him stable for 15 years very successfully but his paranoid delusions came back when he stopped taking his medication and it has made him unable to tell what and who is real. He believes all his devices are hacked and that there are people who have made it their mission to steal his ideas and make his life miserable. He believes everyone in LA is an actor pretending to be his friends, family and potential employers. My son thinks I am an imposter in person and a bot when I text him. Because he is very paranoid, he does not trust police, hospitals, doctors, social workers, family or anyone who might try to help him. He has been beaten on the street three times within the last year but he is often afraid to go to an emergency room. He has been 5150ed twice this last year by hospital staff who can see immediately that he needs hospitalization but he won't consent to medication so eventually they just let him go back to living in his car.

My son is suffering every day and I am unable to find a way to get him the help he needs.

My son has threatened suicide and threatened to hurt others many times. But the laws in California protect him from involuntary medication, even when he is too delusional and paranoid to understand that his thoughts are dangerous and that medication is the way back. People with greivances against society and delusions and paranoia can hurt others to get "justice." The last officer I talked to told me my son has a right to be mentally ill. They are waiting for suicide or murder so they can take some action.

Please make sure the law contains some avenue for family members to intervene and that the CARE Court can mandate medication and compliance with medication. People didn't know my son was bipolar for all the years he took his medication but he is a very different, scary person without it. Even to his loving mother. Did I mention my son is also Type 1 Diabetic? It should be obvious that he can't take care of diabetes if he is too paranoid to believe his blood sugar meter isn't hacked. And yet, no one has been able to intervene to get him back on medication. And his many friends and I have been trying for over a year. Please pass the laws necessary to help people like my son and please pass these laws quickly. Please don't wait for any more tragedies to happen

For someone with a mental health condition, the basic necessity of a stable home can be hard to come by. The lack of safe and affordable housing is one of the most powerful barriers to recovery. When this basic need isn't met, people cycle in and out of homelessness, jails, shelters and hospitals. Having a safe, appropriate place to live can provide stability to allow our loved ones to achieve their goals. Housing is critical to recovery and must be available in the CARE Court process.

Individuals living with serious mental illnesses need a wide array of options for permanent,

decent, and affordable housing, based on their individual needs and choices.

SB 1338 provides a tool for our loved ones who have historically suffered tremendously on the streets or during avoidable incarceration so that they can be successfully stabilized and supported in the community. For these reasons, I support SB 1338.

Sincerely,

Carol Hart

4145 El Bosque Drive

Pebble Beach, CA 93953

(310) 922-2392

carolhart9@mac.com

Subject: SB 1338

Date: Sunday, April 24, 2022 at 3:55:24 PM Pacific Daylight Time

From: Carol Higgins **To:** Danny Offer

[EXTERNAL EMAIL] DO NOT CLICK links or attachments unless you recognize the sender and know the content is

April 24, 2022

The Honorable Tom Umberg, Chair Senate Committee on Judiciary 1021 O Street, Room 6730 Sacramento, CA 95814

The Honorable Richard Pan, Chair Senate Committee on Health 1021 O Street, Room 7320 Sacramento, CA 95814

Re: SB 1338 (Umberg and Eggman) Community Assistance, Recovery, and Empowerment (CARE) Court Program – SUPPORT

Dear Senator Umberg and Senator Pan:

I am writing to express my support for SB 1338 (Umberg and Eggman), which aims to deliver services to Californians with a serious mental illness or substance use disorder who too often languish – suffering in homelessness or incarceration – without the treatment they desperately need.

All people should have the right to make their own decisions about medical treatment. However, I am aware that there are individuals with serious mental illnesses such as schizophrenia and other psychotic disorders who, at times, due to their illness, lack insight or good judgment about their need for medical treatment. In cases like this, a higher level of care may be necessary, but must be the last resort. The National Alliance on Mental Illness (NAMI-CA) members have been calling for reform for our loved ones for years.

My daughter has been diagnosed with schizophrenia for 12 years now and she is 41 years old and is so gravely disabled she is unable to help herself. She takes her meds but they don't solve all the problems with mental illness. She has been incarcerated multiple times and constantly is evicted from her housing due to lack of medication to deal with schizophrenia's negative symptoms—she is unable to understand consequences and make good decisions. My husband and I are now 77 and 75 years old and unable to keep rescuing her from those poor decisions. We need much more appropriate legal help.

For someone with a mental health condition, the basic necessity of a stable home can be hard to come by. The lack of safe and affordable housing is one of the most powerful barriers to recovery. When this basic need isn't met, people cycle in and out of homelessness, jails, shelters and hospitals. Having a safe, appropriate place to live can provide stability to allow our loved ones to achieve their goals. Housing is critical to recovery and must be available in the CARE Court process.

Individuals living with serious mental illnesses need a wide array of options for permanent, decent, and affordable housing, based on their individual needs and choices.

SB 1338 provides a tool for our loved ones who have historically suffered tremendously on the streets or during avoidable incarceration so that they can be successfully stabilized and supported in the community. For these reasons, I support SB 1338.

Sincerely,

Carol Higgins San Diego

Subject: Support CARE Court

Date: Sunday, April 24, 2022 at 2:19:07 AM Pacific Daylight Time

From: Carolyn Gerard **To:** Danny Offer

[EXTERNAL EMAIL] DO NOT CLICK links or attachments unless you recognize the sender and know the content is safe.

The Honorable Tom Umberg, Chair Senate Committee on Judiciary 1021 O Street, Room 6730 Sacramento, CA 95814

The Honorable Richard Pan, Chair Senate Committee on Health 1021 O Street, Room 7320 Sacramento, CA 95814

Re: SB 1338 (Umberg and Eggman) Community Assistance, Recovery, and Empowerment (CARE) Court Program – SUPPORT

Dear Senator Umberg and Senator Pan:

I am writing to express my support for SB 1338 (Umberg and Eggman), which aims to deliver services to Californians with a serious mental illness or substance use disorder who too often languish – suffering in homelessness or incarceration – without the treatment they desperately need.

All people should have the right to make their own decisions about medical treatment. However, I am aware that there are individuals with serious mental illnesses such as schizophrenia and other psychotic disorders who, at times, due to their illness, lack insight or good judgment about their need for medical treatment. In cases like this, a higher level of care may be necessary, but must be the last resort. The National Alliance on Mental Illness (NAMI-CA) members have been calling for reform for our loved ones for years.

At the age of 24 my niece died from an overdose of drugs which were too easy for her to get off the street and from friends. She did not receive proper support from her family or the community.

For someone with a mental health condition, the basic necessity of a stable home can be hard to come by. The lack of safe and affordable housing is one of the most powerful barriers to recovery. When this basic need isn't met, people cycle in and out of homelessness, jails, shelters and hospitals. Housing is critical to recovery and must be available in the CARE Court process.

Individuals living with serious mental illnesses need a wide array of options for permanent, decent, and affordable housing, based on their individual needs and choices.

SB 1338 provides a tool for our loved ones who have historically suffered tremendously on the streets or during avoidable incarceration so that they can be successfully stabilized and supported in the community. For these reasons, I support SB 1338.

Sincerely,

Carolyn Gerard, LMFT (858) 735-1338 1516 Front Street, San Diego, CA 92101

Restoring love when it seems impossible.

Subject: SB 1338 & AB 2830

Date: Sunday, April 24, 2022 at 3:14:42 PM Pacific Daylight Time

From: chris blatchford
To: Danny Offer

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April 20, 2022

The Honorable Tom Umberg, Chair Senate Committee on Judiciary 1021 O Street, Room 6730 Sacramento, CA 95814

The Honorable Richard Pan, Chair Senate Committee on Health 1021 O Street, Room 7320 Sacramento, CA 95814

Dear Senator Umberg and Senator Pan:

I am writing to express my support for SB 1338 and AB2830. Both of these measures are designed to deliver services to Californians with a serious mental illness or substance use disorder. Many of these people end up in jail or living on the streets without treatment of any kind. No one benefits from this and it is a national disgrace. As a news reporter for 45 years, I have personally witnessed these conditions up close.

The prevailing thought in recent decades is that everyone has the right to make their own decisions about medical treatment. But when it comes to people suffering from schizophrenia, bipolar or other psychotic conditions that premise is just plain stupid! Irrationality is at the core of these diseases and lack of insight or good judgment about their need for medical treatment is commonplace. A higher level of care is often necessary. The National Alliance on Mental Illness (NAMI-CA) members have been calling for reform for our loved ones for years.

My 46-year old son has been diagnosed as "mildly schizophrenic." He graduated from UCLA with a B-plus gradepoint average and had a successful career as a TV documentary producer until the age of 35. If we did not take him into our home he would be living on the streets. He is very smart but the disease has has made him paranoid beyond the point of rationality. Hippa laws and patient rights stand in the way of him ever getting better.

For someone with a mental health condition, a stable and affordable home is one of the most powerful barriers to recovery. When this basic need isn't met, people cycle in and out of homelessness, jails, shelters and hospitals. Having a safe, decent place to live is essential for someone trying to overcome mental illness. Housing is critical to recovery and must be available in the CARE Court process.

People living with serious mental illnesses need a wide array of options for permanent, decent, and affordable housing, based on their individual needs and choices.

SB 1338 and AB2830 provide a tool for our loved ones who have historically suffered tremendously on the streets or during avoidable incarceration so that they can be successfully stabilized and supported in the community. For these reasons, I support SB 1338 and AB2830.

But there is even more to be done. Hippa laws and the bill of patient rights need to be amended so they help the mentally ill and their families rather than hurt them. That is the current set up. And it is really shortsighted, ignorant, and completely out of touch with the realities facing the mentally ill and their families.

Sincerely,

Chris Blatchford

Subject: SB1338 and AB2830

Date: Friday, April 22, 2022 at 4:20:25 PM Pacific Daylight Time

From: Cindy Griffith

To: Danny Offer

[EXTERNAL EMAIL] DO NOT CLICK links or attachments unless you recognize the sender and know the content is safe.

As a family with an adult member who has suffered her whole life with mental illness, we ask you to please support Governor Newsom's CARE Court initiative. It is imperative that people with mental illness are helped at the highest levels of care, as they deserve to be treated, and for their family members, loved ones, and the general population.

Thank you!

--

Cindy Griffith, DRE01983108

805-441-0472 (cell)

Subject: Why wait until someone is homeless

Date: Friday, April 22, 2022 at 10:41:08 AM Pacific Daylight Time

From: CRADER, Clarissa

To: Christopher Villalobos, Cases Director Patricia Haversham Brown, Dave Giffen - Coalition for the

Homeless, Danny Offer, End Homelessness Info, The Brooklyn Daily Eagle Print, Brooklyn Borough

President Eric Adams, Ioriluis@brooklynbp.nyc.gov, Governor Hochul

[EXTERNAL EMAIL] DO NOT CLICK links or attachments unless you recognize the sender and know the content is safe.

The clients/patients of the agencies that work with the mentally ill arent all homeless. Ive been asking for supportive housing for years and its always some excuse as to why my son couldnt be helped.

Multiple hospitalizations, i thought, were the reason someone would need extra supervison (AOT or other suitable programs).

My son fit the criteria

He also fits the criteria for

*"2 physician, yet was discharged anyway. His last arrest he because he almost killed an elderly man. Thats when CASES came into his life. That case went on for over a year. I often thanked the former workers because that kept him out of jail, convincing the judge that he would stay in "treatment" with 5 years probation.

Treatment has come to less and less, theres no mandated in patient, no psychotherapy, no day treatment, hes left to wander the streets with no agenda and no goals and pick up others with similar issues. Despite my many pleas for assistance, even while some disturbing acts were committed, i was told to just "call the cops" or that he "presents well with US", so this has gone on for the last 20 years. My mother and myself were victims/hostages of Justin with no help from Adult Protective Services, IMT, or any other city agency....until i put my house up for sale. Even then, in March 2021 ive been asking for housing, ive been told by the specialist to just "put him out" but i, like most mothers would rather get suitable housing. Now, hes been in 6 different hotels and now the issue is "theres no established record of homelessness". At \$200/night, and soon to be \$300 a night in different hotels due to inappropriate behavior(nude in hallways), destroying property. severe mental illness, history of violent episodes, delusions, hallucinations, gangrene, alcohol abuse, what else does someone need to be granted transitional or supportive housing.

Clarissa Crader

Sent from the all new AOL app for Android

Subject: Support for SB1330 AB2830

Date: Sunday, April 24, 2022 at 1:21:20 PM Pacific Daylight Time

From: Cress Miller **To:** Danny Offer

[EXTERNAL EMAIL] DO NOT CLICK links or attachments unless you recognize the sender and know the content is safe.

It was 9:38 p.m. when I called 911. My emergency was the need for an ambulance; my father would not respond when we tried waking him up. His breathing is fine, his color is fine but he will not open his eyes or respond to us in any way. My husband watches him while I unlock the front door and ensure a clear path to my dad's bedroom, grab my jacket and hat (because it's cold in hospitals), and make sure that I've got the "important papers" binder and my notebook where I log all of my dad's medical care.

The paramedics arrive and immediately begin to assess my father while simultaneously getting as much information as possible; what are his conditions, how long has he been like this, has this happened before, does he have an ID, what are his medications, does he take them regularly, have there been any changes recently? There's an answer to every question except knowing whether this is cataleptic or symptomatic of another potentially more serious condition. My husband and I wait as they bring in the gurney to carry my father out to the ambulance. I follow behind them, get the name of the hospital and then head straight to the car.

The drive is short and familiar. Heading to the E.R. entrance is automatic, pulling into the garage and parking in the usual spot on the incline facing East. There's always good parking at this hour. I've arrived just as my dad's been registered and have to wait until he's been placed in a bed before they can allow me back to see him. I'm waiting in the car, checking in with my husband and sending messages to my sister and aunt. The hospital name comes up on my cellphone; they're ready and want me to come in. The number is already saved in my contacts. This is the 4th E.R. visit this year.

It's 1:34 a.m. and Willy Wonka and the Chocolate Factory is on mute in E.R. room 64, the room we were in in January. My father's blood has been drawn, urine sample taken, chest X-rayed, EKG done and he came back from a head CT not too long ago. I've provided the details about "why" we're here three more times and watched multiple health professionals attempt to rouse him but still no response. I'll be waiting for at least another hour before his test results come in and in all likelihood will be told, once more, that there is nothing medically wrong with my father and he'll be released.

There's not a lot I can do while I wait just like there's not a lot I can do once we're sent home. So for now I'll make the most of it and let you know how lucky we are. We are so lucky to be here receiving care right now. This is the moment that so many families hope for, dream of, pray for, and wish they could be in; their mentally-ill loved one is in the hospital and regardless of the circumstances that brought them here, this is the chance to get that evaluation, to get that 5150 and maybe finally be able to see their loved one get the care they so desperately need.

For the families waiting, "desperate" is not as accurate a description so much as despondent, utterly exhausted, feeling helpless and despairing as they watch their loved one suffer from the effects of their mental-illness and are told time and time again that there's nothing that can be done. These loved ones can, even with a diagnosis in their records, refuse treatment, decline care, deny that there's anything wrong and continue to fall apart to the point of a more headline-worthy tragedy all because, "it's their choice."

Three years ago it was my father's "choice" not to interact with anyone and to ignore any health care providers he encountered. It was his "choice" to compulsively leave on all the lights and water faucets at the "board and care" facility with cracked ground, low-hanging wires, and no heating and air conditioning that he "chose" to live in. It was my father's "choice" to disappear for days at a time walking miles in soiled clothing without means of contact, money,

food, nor water only to be picked up by law enforcement cities away and returned to his facility, or taken to hospitals that did the same because he presented well. And it was his "choice" not to take his medication and stop eating until he dropped to a weight that verged on irreversible damage before he was finally hospitalized to have a large and painful abscess that he "chose" not to talk about treated. This is not the trajectory nor story of everyone with a mental-illness but it is all too frequently and one case too many the reality of countless others.

There is a very real and inherent danger in the way we use the word "choice" when discussing people with extreme mental-illnesses and/or histories of substance abuse. In these contexts "choice" becomes a double-edged sword that prevents these individuals from receiving appropriate care when the opportunity arises and then blames them for the consequences of their untreated conditions. Rather than recognizing a person's agency and respecting their rights the framing of "choice" places the burden of responsibility on the individual suffering while at the same time absolving the "unaffected" from any duty of care or meaningful intervention, in a way that would be unthinkable if we were talking about someone with a brain disorder or other recognizable debilitating condition.

They say that privilege is not recognizing that something is a problem simply because it is not our problem. The statistics as underreported as they are bear out that there are far more people affected by these conditions than we realize or care to admit. It is amazing how often we hear that someone has "lost their mind," or ask, "who in their right mind?," would make the kind of decisions that lead to such perilous outcomes, and yet our policies, our institutions, our professionals, our programs and ourselves still respond in a way that ignores the literal truth of those very observations. These are the many parties who actually do have a choice and the opportunity to find a better way to respond to and care for our loved ones in need. Choosing to support and pass SB1330 and AB2830 is a step in that direction.

It's 5:33 a.m. now. The movie and several infomercials from 70s music collections to full-body massage chairs have come and gone. My father has been medically cleared based on his physical tests and the attending doesn't know what to do. The telepsych consult advised they could not make any decisions due to my father's inability to answer their questions. He is still here, unresponsive to everyone. I've replied to all the incoming texts but don't have any answers. What I do have is a choice and I choose to advocate for my dad, to see that he has equal access to and is given the care he deserves. No matter how limited my capacity may be, advocating matters because regardless of the cause of this hospital visit, my father clearly cannot interact at all with the health professionals and provide them information that would enable them to help. I choose to speak up so that others have more than hope to be in this position but are given the opportunity to do the same.

All I humbly ask is that these stories be shared and read and given the fullest consideration when viewing SB1330 and AB2830. Please take the time to recognize that these are more than anecdotes but the lived experiences of those statistics in front of you. Please know that these problems and their consequences are very real. Please understand why the burden of care cannot continue to be left up to the impaired individuals. Please respect why we family members cannot afford to let things continue as they are, to be in a society where our loved ones are allowed to suffer, to live in squalor, and continue to fall mentally and physically apart until there's nothing left because it's their "choice" to do so. No one chooses that kind of pain. No one chooses that path of destruction. No one wants nor aspires to those conditions at any point in their lives. We were not taught from an early age that that life is an option much less an acceptable one and yet as a society we continue to accept it. We do not want this for our loved ones any more than we would want it for ourselves. We cannot do this alone and we need your help. Our loved ones need your help. There will never be a perfect system nor a magical solution to this problem but there can be change, there can be improvements, and there can be progress with your help. Please pass SB1330 and AB2830 and give us the help we need and deserve.

Sincerely,
Cress Miller
38 year-old La Verne, CA resident
daughter, caregiver, NAMI Pomona Valley member and consumer

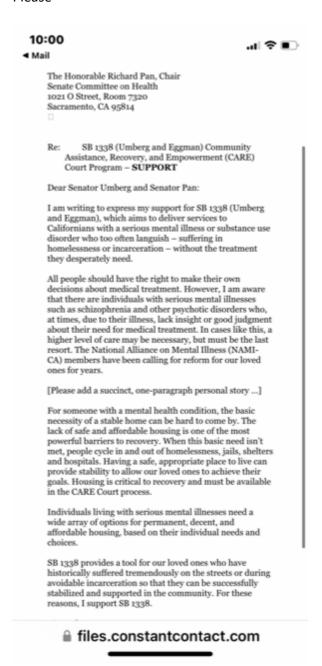
Subject: Support SB 1338

Date: Friday, April 22, 2022 at 10:09:21 AM Pacific Daylight Time

From: Cynthia Killpack
To: Danny Offer
Attachments: IMG_0854.PNG

[EXTERNAL EMAIL] DO NOT CLICK links or attachments unless you recognize the sender and know the content is safe.

Please



Subject: Higher Level of SeericeCare

Date: Sunday, April 24, 2022 at 11:51:16 AM Pacific Daylight Time

From: Debra Hoffmann
To: Danny Offer

[EXTERNAL EMAIL] DO NOT CLICK links or attachments unless you recognize the sender and know the content is safe.

I am encouraging the legislatures and those involved to increase the level of service/care/funding . I have been dealing with a family issue for about five years now and I know many others with much longer duration of dealing with family member that a addressed in this bill – many times they lack the insight to take care of themselves and be social with the public.

Debra Hoffmann Community Member and Advocate

Sent from Mail for Windows

Subject: Son diagnosed with schizophrenia

Date: Saturday, April 23, 2022 at 12:37:57 PM Pacific Daylight Time

From: DEBRA VAN DIJK
To: Danny Offer
CC: DEBRA VAN DIJK

[EXTERNAL EMAIL] DO NOT CLICK links or attachments unless you recognize the sender and know the content is safe.

Good afternoon, My son Derek who is over 18, diagnosed with schizophrenia, at the age of 14.

Derek has been 5150, in and of hospitals, the Riverside Sheriff's

department are very aware of Derek's condition.

The public defender, has requested Derek's medical records regarding the new laws, I came across police report, law enforcement made statements, I have contacted Law enforcement, and all agencies, regarding the officers, basically they lied

resulting to prision

I know the statistics, how many people with mental illness, are serving jail even prison, because the lies, false statements, on police reports, this needs to stop.

there is no voice.

I will continue with a voice.

It must change. Thank you,

Debra VanDijk

koolmom07@msn.com

I have been involved with Nami, when my son was diagnosed.

I have mourned for my son, I still do.

there is still not enough support,

Sent via the Samsung Galaxy S8+, an AT&T 5G Evolution capable smartphone

Subject: NAMI Newsome Support Letter

Date: Sunday, April 24, 2022 at 8:49:55 AM Pacific Daylight Time

From: Denise Thomas **To:** Danny Offer

[EXTERNAL EMAIL] DO NOT CLICK links or attachments unless you recognize the sender and know the content is safe.

Dear Legislators,

I am thankful to have this opportunity to share our family's battle with mental illness.

Our loved one was diagnosed sixteen years ago at the age of sixteen. She is now 32.

Being diagnosed was easy but after care has always been a challenge and I believe is a factor in relapse.

My daughter has been arrested, jailed and homeless because of her illness. Although she receives care in rehabilitation, she has difficulty with the transition.

Her SSI is not sufficient to sustain her. Her friendly support group evaporates and she is left alone to fend for herself. It's heartbreaking.

For example in November of 2020, she was taken advantage of by a sober living facility, they currently are unregulated by the state and provide very little or no <u>support.in</u> dealing with the individual as a patient. To provide the amount of care that she and others need after rehabilitation is beyond the capabilities of most Californian families.

This is why I am writing you and the state legislature this beautiful sunny Čalifornian morning. I am grateful for all that you have done in the past but as a family in the trenches we know there is more work to be done and we need your help to improve the quality of all citizens including those äfflicted by mental illness.

Thank you for taking the time to read this latter and we appreciate your desire to serve these often under represented and under served members of our society.

The Thomas Family

Subject: Support of SB 1338 and AB 2830

Date: Friday, April 22, 2022 at 3:36:11 PM Pacific Daylight Time

From: Diane Bagby **To:** Danny Offer

CC: Mike Bagby, IRENE ROCK, Elizabeth Kruidenier, Martha Ackman

[EXTERNAL EMAIL] DO NOT CLICK links or attachments unless you recognize the sender and know the content is safe.

We are in support of Governor Newsom's CARE Court initiative to help people with serious mental illness receive the care they need. Families of the seriously mentally ill overwhelmingly support this.

Our son, Michael, 43, has been ill with schizoaffective disorder since he was 18 years old. He has been hospitalized 10 times and had 5 suicide attempts. He is the kindest and most loving and intelligent person we know; never been violent and never had a drug problem yet he is deeply troubled by persistent disturbing thoughts.

Please allow me to let you know what families have to endure.

Last May, 2021 was our son's last suicide attempt. He was hospitalized at Eisenhower Med Center, in Riverside county, intubated and in a coma for 2 days. When it was time to leave the hospital, (he was only there 4 days), they insisted on sending him to a Riverside county psych hospital "because it was their rule for release--a Riverside county hospital since the attempt was in Riverside". We explained that we are very well versed on the disease and had contacted our local hospital in San Diego where there was a bed waiting for him. They would not hear of it. When there were no beds to be found in Riverside, they found a drug rehab hospital in LA county, 3 hours from our home in San Diego county. We fought it as much as we could but they would not release him to our care. He didn't need drug rehab, he needed treatment for his disease and we had a bed for him in a psychiatric hospital near us in San Diego. We know how to behave when dealing with hospitals. We were quiet and polite yet they had us escorted out of the hospital by hospital security guards. We called the sheriff's office. The sheriff had to intervene and thankfully he released him to our care. The hospital would not allow us back in (we were apparently criminally concerned parents!) to bring him his clothes and instead walked Mike out in his hospital garments and no shoes.

We took him directly to the psychiatric hospital on Rosecrans in San Diego. They changed his meds and RELEASED HIM IN 3 DAYS!!! <u>You do NOT release someone when their meds are changed in 3 DAYS!</u> After a very serious <u>suicide attempt</u>, Mike needed comprehensive wrap around services and at least a 3-week-long stay at the hospital but sadly, it's get 'em in and get 'em out!! That is the protocol these days and it is not working.

If it were not for Mike having a loving family, he would have been hoisted out on the streets to fend for himself. He would be another homeless sick, kind, intelligent and desperately ill person. This is a description of our son and many others. Many people shout the mantra that housing is the answer to homelessness. HOUSING IS NOT THE ANSWER, TREATMENT IS. HOUSING WITHOUT TREATMENT WILL BE A DISASTER.

Please help them and DO NOT LISTEN TO THE VOICES THAT WOULD RATHER THEY HAVE THE RIGHT TO REMAIN UNTREATED AND THE RIGHT TO GET LOCKED UP IN JAIL OR LOST ON THE STREETS FOR AN ILLNESS THAT IS NOT THEIR FAULT. PLEASE LISTEN TO THE FAMILIES INSTEAD.

Lastly allow me to ask you...When a person in a diabetic coma comes to the hospital and is incoherent, does the ER doc ask them if they want insulin? No, they are treated without their permission because they are not aware that they are ill. The mentally ill should be treated no differently. They need mandatory treatment when they are unable to understand that they are ill.

Diane Bagby NAMI FAMILY TO FAMILY TEACHER

Mike Bagby FORMER PRESIDENT OF NAMI ORANGE COUNTY and FORMER PRESIDENT OF NAMI NORTH COUNTY SAN DIEGO Subject: Support SB 1338 Support AB 2830.

Date: Friday, April 22, 2022 at 10:32:44 AM Pacific Daylight Time

From: Diane Rivera **To:** Danny Offer

cc: steven@namica.org

[EXTERNAL EMAIL] DO NOT CLICK links or attachments unless you recognize the sender and know the content is safe.

Dear Friends,

Please note that I ask you all to support Governor Newsom's CARE Court initiatives- SB1338 and AB2830.

Our family member who just turned 30 years old has been ill with a dual diagnosed condition of Paranoid Schizophrenia and Alcohol Abuse since his late teens. He has been homeless most of this time, experimenting with drugs and alcohol, in and out of jail numerous times between three or more different Southern California counties, spent months behind bars awaiting a trial for breaking laws in order to feed himself or defend himself, has been hospitalized over this same period, of late, two of which were short term Conservatorship or he could stay in jail as a way to pay his debt to society. Each time, hospital personnel released him after a 6 or 8 month period without a plan for treatment. Upon his release, he was not provided with housing, ancillary care or support to be able to teach him how to live with his disability. Consequently, he went back on to the streets, roamed around homeless repeating the same life style that has kept him ill. At this writing, he is, again, waiting to be sent again into Conservatorship Court.

Try as they may, Counties have received so much money which, in my opinion, most of which has been spent on personnel writing documents for treatment without hardly any of these dollars going for housing or direct treatment.

I support Governor Newsom's CARE COURT.

"CARE Court is a proposed framework to deliver mental health and substance Use disorder services to the most severely impaired Californians who too often languish – suffering in homelessness or incarceration – without the treatment they desperately need."

For more information about CARE Court:

- AB 2830
- SB 1338
- Framework document
- FAQ

Please note that I ask you all to support Governor Newsom's CARE Court initiatives-

SB1338 and AB2830.

Thank you for your time to learn about so many which includes my wonderful but ill family member.

Sincerely,

Diane Rivera KG6QLX

A THOUGHT FOR TODAY:

If you don't turn your life into a story, you just become a part of someone else's story. -Terry Pratchett, novelist (28 Apr 1948-2015)

Subject: Please support SB 1338 and AB 2830

Date: Friday, April 22, 2022 at 11:31:55 AM Pacific Daylight Time

From: Diane Terada **To:** Danny Offer

[EXTERNAL EMAIL] DO NOT CLICK links or attachments unless you recognize the sender and know the content is safe

These bills are important for the mental health community

Support SB 1338.

Support AB 2830.

Diane Terada, Pharm D Clinical Pharmacist

dterada@lcthc.org

Subject: Please support SB 1338 (inspired by my son who has schizophrenia)

Date: Thursday, April 21, 2022 at 10:37:57 AM Pacific Daylight Time

From: Dolores Elkin
To: Danny Offer

[EXTERNAL EMAIL] DO NOT CLICK links or attachments unless you recognize the sender and know the content is

April 20, 2022

The Honorable Tom Umberg, Chair Senate Committee on Judiciary 1021 O Street, Room 6730 Sacramento, CA 95814

The Honorable Richard Pan, Chair Senate Committee on Health 1021 O Street, Room 7320 Sacramento, CA 95814

Re: SB 1338 (Umberg and Eggman) Community Assistance, Recovery, and Empowerment (CARE) Court Program – **SUPPORT**

Dear Senator Umberg and Senator Pan:

I am writing to express my support for SB 1338 (Umberg and Eggman), which aims to deliver services to Californians with a serious mental illness or substance use disorder who too often languish – suffering in homelessness or incarceration – without the treatment they desperately need.

All people should have the right to make their own decisions about medical treatment. However, I am aware that there are individuals with serious mental illnesses such as schizophrenia and other psychotic disorders who, at times, due to their illness, lack insight or good judgment about their need for medical treatment. In cases like this, a higher level of care may be necessary, but must be the last resort. The National Alliance on Mental Illness (NAMI-CA) members have been calling for reform for our loved ones for years.

As the parent of a young adult who has schizophrenia who has helped him manage his care for many years, I have strong feelings about family being able to help and not have our hands tied. We love our son deeply.

When we first learned of his illness we went to Family Services at the Felton Institute. In the

first few days they used evidence based science to tell us the whole family working with the brain ill person is crucial to recovery, and it works! We are here with the other families we met who have kept our children living the lives they can without being a burden on society and living on the streets.

I dread the possibility of him going off of his medicine and us having our hands tied. He is a gentle soul, one who is frustrated at having a brain illness where there are not medicines that control it enough. He tries his best, as we do. Please, I beg, do not let him and his friends with schizophrenia fall through the cracks.

For someone with a mental health condition, the basic necessity of a stable home can be hard to come by. The lack of safe and affordable housing is one of the most powerful barriers to recovery. When this basic need isn't met, people cycle in and out of homelessness, jails, shelters and hospitals. Having a safe, appropriate place to live can provide stability to allow our loved ones to achieve their goals. Housing is critical to recovery and must be available in the CARE Court process.

Individuals living with serious mental illnesses need a wide array of options for permanent, decent, and affordable housing, based on their individual needs and choices.

SB 1338 provides a tool for our loved ones who have historically suffered tremendously on the streets or during avoidable incarceration so that they can be successfully stabilized and supported in the community. For these reasons, I support SB 1338.

Sincerely, Dolores Elkin

Subject: Support for SB1338

Date: Saturday, April 23, 2022 at 6:17:26 PM Pacific Daylight Time

From: Farah Hess
To: Danny Offer

Attachments: SB 1338 CARE Court Support Template 4-20-22.docx

[EXTERNAL EMAIL] DO NOT CLICK links or attachments unless you recognize the sender and know the content is safe.

I cannot insert my story into this letter. It is below in yellow. Please help pas this bill.

My 54 year old son has been homeless on the streets of sacramento in a tent for more than 5 years. He is not on his meds. He is diagnosis of paranoid schizophrenia has worsened due to alcoholism and meth use. He is known to the civil and criminal courts for drunk in public. A fin and nothing more. He has been beat up and cut, needing hospitalization because of his vulnerability. He assaulted me in August, trying to get money, was arrested and released back to the streets.

Farah Hess, sacramento county resident Parent of severely disabled adult with schizophrenia Subject: SB1338

Date: Friday, April 22, 2022 at 5:44:48 PM Pacific Daylight Time

From: gayleabal@hotmail.com

To: Danny Offer

[EXTERNAL EMAIL] DO NOT CLICK links or attachments unless you recognize the sender and know the content is

April 22, 2022

The Honorable Tom Umberg, Chair Senate Committee on Judiciary 1021 O Street, Room 6730 Sacramento, CA 95814

The Honorable Richard Pan, Chair Senate Committee on Health 1021 O Street, Room 7320 Sacramento, CA 95814

Re: SB 1338 (Umberg and Eggman) Community Assistance, Recovery, and Empowerment (CARE) Court Program – **SUPPORT**

Dear Senator Umberg and Senator Pan:

I am writing to express my support for SB 1338 (Umberg and Eggman), which aims to deliver services to Californians with a serious mental illness or substance use disorder who too often languish – suffering in homelessness or incarceration – without the treatment they desperately need.

All people should have the right to make their own decisions about medical treatment. However, I am aware that there are individuals with serious mental illnesses such as schizophrenia and other psychotic disorders who, at times, due to their illness, lack insight or good judgment about their need for medical treatment. In cases like this, a higher level of care may be necessary, but must be the last resort. The National Alliance on Mental Illness (NAMI-CA) members have been calling for reform for our loved ones for years.

We have a 31 year old son who was diagnosed with bipolar disorder at age 18. During the last 13 years his illness has been untreated, due to complete lack of insight, and has progressed to schizophrenia. He has cycled between homelessness, shelters, jail, or in a psychiatric hospital. He had qualified for an AOT program in Contra Costa county, but because taking medication was on a voluntary basis, he never did. We have had conversations with the chief of adult mental health for our county to try to get him long term involuntary hospitalization, but there has never been a bed available or he didn't qualify. Last summer, on July 2, 2021, another homeless man was killed, and our son was arrested and charged. He is currently in jail in Contra Costa county, on the mental health side of the jail. He has been declared Incompetent to Stand Trial, and is awaiting a bed in a state hospital. He was approximately number 1400 on the waitlist and has been waiting for 6 months. Meanwhile, his illness continues to be untreated. It deeply saddens us that something as

devastating and catastrophic as someone losing their life has to happen before others can get the mental health care that they need and deserve. As parents of an adult child living with a serious mental illness, we are adamant in the belief that our son would greatly benefit from CARE Court, and would not be in the position he is now if this program had already existed.

For someone with a mental health condition, the basic necessity of a stable home can be hard to come by. The lack of safe and affordable housing is one of the most powerful barriers to recovery. When this basic need isn't met, people cycle in and out of homelessness, jails, shelters and hospitals. Having a safe, appropriate place to live can provide stability to allow our loved ones to achieve their goals. Housing is critical to recovery and must be available in the CARE Court process.

Individuals living with serious mental illnesses need a wide array of options for permanent, decent, and affordable housing, based on their individual needs and choices.

SB 1338 provides a tool for our loved ones who have historically suffered tremendously on the streets or during avoidable incarceration so that they can be successfully stabilized and supported in the community. For these reasons, I support SB 1338.

Sincerely,

Gayle Abal 5049 Athens Drive San Ramon, CA 94582 925-786-0907

Subject: My Support SB 1338

Date: Saturday, April 23, 2022 at 9:45:02 AM Pacific Daylight Time

From: Goldah Tafari **To:** Danny Offer

[EXTERNAL EMAIL] DO NOT CLICK links or attachments unless you recognize the sender and know the content is safe

April 20, 2022

The Honorable Tom Umberg, Chair Senate Committee on Judiciary 1021 O Street, Room 6730 Sacramento, CA 95814

The Honorable Richard Pan, Chair Senate Committee on Health 1021 O Street, Room 7320 Sacramento, CA 95814

Re: SB 1338 (Umberg and Eggman) Community Assistance, Recovery, and Empowerment (CARE) Court Program – **SUPPORT**

Dear Senator Umberg and Senator Pan:

I am writing to express my support for SB 1338 (Umberg and Eggman), which aims to deliver services to Californians with a serious mental illness or substance use disorder who too often languish – suffering in homelessness or incarceration – without the treatment they desperately need.

All people should have the right to make their own decisions about medical treatment. However, I am aware that there are individuals with serious mental illnesses such as schizophrenia and other psychotic disorders who, at times, due to their illness, lack insight or good judgment about their need for medical treatment. In cases like this, a higher level of care may be necessary, but must be the last resort. The National Alliance on Mental Illness (NAMI-CA) members have been

calling for reform for our loved ones for years.

People with brain disorders need extra support and care. I have schizophrenia and I know that there is stigma surrounding my brain disorder. For people who are dealing with schizophrenia like me we need extra support and resources to have a life that is more whole and complete. It is hard dealing with mental illness and being able to have services like this to help us would be a tremendous relief.

For someone with a mental health condition, the basic necessity of a stable home can be hard to come by. The lack of safe and affordable housing is one of the most powerful barriers to recovery. When this basic need isn't met, people cycle in and out of homelessness, jails, sheltersand hospitals. Having a safe, appropriate place to live can provide stability to allow our loved ones to achieve theirgoals. Housing is critical to recovery and must be available in the CARE Court process.

Individuals living with serious mental illnesses need a wide array of options for permanent, decent, and affordable housing, based on their individual needs and choices.

SB 1338 provides a tool for our loved ones who have historically suffered tremendously on the streets or during avoidable incarceration so that they can be successfully stabilized and supported in the community. For these reasons, I support SB 1338.

Sincerely,

Goldah Tafari gtafari@gmail.com Subject: I give my full support to SB1338

Date: Saturday, April 23, 2022 at 3:01:05 PM Pacific Daylight Time

From: Ilana Mage **To:** Danny Offer

[EXTERNAL EMAIL] DO NOT CLICK links or attachments unless you recognize the sender and know the content is safe.

April 20, 2022

The Honorable Tom Umberg, Chair Senate Committee on Judiciary 1021 O Street, Room 6730 Sacramento, CA 95814

The Honorable Richard Pan, Chair Senate Committee on Health 1021 O Street, Room 7320 Sacramento, CA 95814

Re: SB 1338 (Umberg and Eggman) Community Assistance, Recovery, and Empowerment (CARE) Court Program – SUPPORT

Dear Senator Umberg and Senator Pan:

I am writing to express my support for SB 1338 (Umberg and Eggman), which aims to deliver services to Californians with a bbbserious mental illness or substance use disorder who too often languish – suffering in homelessness or incarceration – without the treatment they desperately need.

All people should have the right to make their own decisions about medical treatment. However, I am aware that there are individuals with serious mental illnesses such as schizophrenia and other psychotic disorders who, at times, due to their illness, lack insight or good judgment about their need for medical treatment. In cases like this, a higher level of care may be necessary, but must be the last resort. The National Alliance on Mental Illness (NAMI-CA) members have been calling for reform for our loved ones for years.

In my case I have a son with schizophrenia. On many occurrences I noticed people suffering from mental illness walking the streets being stopped by law inforcement and end up in jail rather than being taken to treatment centers to get the help they need.

I am great-full that Governor Newsom is a dressing this dire need. It has my full support

For someone with a mental health condition, the basic necessity of a stable home can be hard to come by. The lack of safe and affordable housing is one of the most powerful barriers to recovery. When this basic need isn't met, people cycle in and out of homelessness, jails, shelters and hospitals. Having a safe, appropriate place to live can provide stability to allow our loved ones to achieve their goals. Housing is critical to recovery and must be available in the CARE Court process.

Individuals living with serious mental illnesses need a wide array of options for permanent, decent, and affordable housing, based on their individual needs and choices.

SB 1338 provides a tool for our loved ones who have historically suffered tremendously on the streets or during
avoidable incarceration so that they can be successfully stabilized and supported in the community. For these
reasons, I support SB 1338.

Sincerely,

Ilana Mage

Cc: The Honorable Susan Talamantes Eggman, California State Senate

Ilana Mage

Subject: I support SB 1338 and AB 2830

Date: Sunday, April 24, 2022 at 2:55:38 PM Pacific Daylight Time

From: Jane Marshburn
To: Danny Offer

[EXTERNAL EMAIL] DO NOT CLICK links or attachments unless you recognize the sender and know the content is safe.

Hello.

Please vote for SB 1338 and AB 2830, the CARE court proposal. My daughter has Bipolar type 1, the most sever form of Bipolar with psychotic features and rapid cycling. She has been hospitalized multiple times for her own safety both for suicidal depression and psychotic mania. After decades of illness, she is better controlled with newer treatments Kaiser support. She is able to be a speaker for the NAMI classes for family members of ill relatives. I teach the Family to Family classes.

Please improve the lives of others suffering with mental illness by supporting SB 1338 and AB 2830.

Thank you, Jane Marshburn Member of NAMI California and NAMI San Mateo Subject: Care legislation: SB 1338 and AB 2830.

Date: Friday, April 22, 2022 at 10:21:04 AM Pacific Daylight Time

From: Jason Hall

To: Danny Offer

[EXTERNAL EMAIL] DO NOT CLICK links or attachments unless you recognize the sender and know the content is safe.

Dear state lawmakers,

I'm writing to inform Congress and the senate of the importance of passing this legislation, the CARE act proposed by governor Newsom will help protect the American people with greater importance and attention to mental health in the state of California. Right now, as we speak students from presigious universities in my district are studying to become medical and psychiatric professionals. Schools like UCLA and USC, state and private universities. We need these bills vote yes on SB 1338 and AB 2830.

Sincerely, Jason Patrick Hall

Get Outlook for iOS

Subject: SB 1338 and AB 2830

Date: Saturday, April 23, 2022 at 11:49:42 PM Pacific Daylight Time

From: JEANIE WILLIAMS

To: Danny Offer

[EXTERNAL EMAIL] DO NOT CLICK links or attachments unless you recognize the sender and know the content is safe.

April 23, 2022

The Honorable Tom Umberg, Chair

Senate Committee on Judiciary

1021 O Street, Room 6730

Sacramento, CA 95814

The Honorable Richard Pan, Chair

Senate Committee on Health

1021 O Street, Room 7320

Sacramento, CA 95814

Re: SB 1338 (Umberg and Eggman) Community Assistance, Recovery, and Empowerment (CARE) Court Program – SUPPORT and

AB 2830 (Bloom), Community Assistance, Recovery, and Empowerment (CARE) Court Program - SUPPORT

Dear Senator Umberg and Senator Pan:

I am writing to express my support for SB 1338 (Umberg and Eggman) and AB 2830 (Bloom), which aim to deliver services to Californians with a serious mental illness or substance use disorder who too often languish – suffering in homelessness or incarceration – without the treatment they desperately need.

All people should have the right to make their own decisions about medical treatment. However, I am aware that there are individuals with serious mental illnesses such as schizophrenia and other psychotic disorders who, at times, due to their illness, lack insight or good judgment about their need for medical treatment. In cases like this, a higher level of care may be necessary, but must be the last resort. The National Alliance on Mental Illness (NAMI-CA) members have been calling for reform for our loved ones for years.

Kirk Williams, my son, has schizophrenia and bi-polar. It runs in the family - my mother and also, a year ago my older son is off work to date. Kirk has history of suicide (he was 19 years old). That time, he was not a drug addict yet. He was seeing a psychiatrist, then, years later he stopped seeing his psychiatrist and learned that he was using street drugs. He is in and out of jail. He went to rehab - court mandated and he was clean for 25 months. Then, proposition 47 was passed. He got from bad to worst. His life in jail is like a revolving door. He was living in the street when he met a homeless girl. Year 2020 to 2021, court sent him to rehab but he ran away four times until his case is closed. New laws are not helping my son's health mentally and physically.

For someone with a mental health condition, the basic necessity of a stable home can be hard to come by. The lack of safe and affordable housing is one of the most powerful barriers to recovery. When this basic need isn't met, people cycle in and out of homelessness, jails, shelters and hospitals. Having a safe, appropriate place to live can provide stability to allow our loved ones to achieve their goals. Housing is critical to recovery and must be available in the CARE Court process.

Individuals living with serious mental illnesses need a wide array of options for permanent, decent, and affordable

housing, based on their individual needs and choices.

SB 1338 and AB 2830 provide a tool for our loved ones who have historically suffered tremendously on the streets or during avoidable incarceration so that they can be successfully stabilized and supported in the community. For these reasons, I support SB 1338.

Sincerely, Jeanie Williams

Cc: The Honorable Susan Talamantes Eggman, California State Senate

Subject: Mental health: AB 2830 & SB 1338

Date: Friday, April 22, 2022 at 9:34:04 AM Pacific Daylight Time

From: Jeff Fromberg

To: Danny Offer

[EXTERNAL EMAIL] DO NOT CLICK links or attachments unless you recognize the sender and know the content is safe.

I support both these legislative proposals to provide care for people who need greater assistance with mental health than Califronaia currently provides.

Jeff Fromberg 1653 Malcolm Ave los Angeles, Ca 90024 Subject: support this bill

Date: Friday, April 22, 2022 at 3:03:26 PM Pacific Daylight Time

From: Jenna Blaustein
To: Danny Offer

[EXTERNAL EMAIL] DO NOT CLICK links or attachments unless you recognize the sender and know the content is safe.

April 20, 2022

The Honorable Tom Umberg, Chair Senate Committee on Judiciary 1021 O Street, Room 6730 Sacramento, CA 95814

The Honorable Richard Pan, Chair Senate Committee on Health 1021 O Street, Room 7320 Sacramento, CA 95814

Re: SB 1338 (Umberg and Eggman) Community Assistance, Recovery, and Empowerment (CARE) Court Program – **SUPPORT**

Dear Senator Umberg and Senator Pan:

I am writing to express my support for SB 1338 (Umberg and Eggman), which aims to deliver services to Californians with a serious mental illness or substance use disorder who too often languish – suffering in homelessness or incarceration – without the treatment they desperately need.

All people should have the right to make their own decisions about medical treatment. However, I am aware that there are individuals with serious mental illnesses such as schizophrenia and other psychotic disorders who, at times, due to their illness, lack insight or good judgment about their need for medical treatment. In cases like this, a higher level of care may be necessary, but must be the last resort. The National Alliance on Mental Illness (NAMI-CA) members have been calling for reform for our loved ones for years.

As a nurse practitioner with mental health experience, I cannot emphasize how many patients I treated for depression due to family situations. Very often they could clearly see the person

was not able to think clearly enough to help themselves, one patient described it as: "watching my son step in front of the train over and over again."

For someone with a mental health condition, the basic necessity of a stable home can be hard to come by. The lack of safe and affordable housing is one of the most powerful barriers to recovery. When this basic need isn't met, people cycle in and out of homelessness, jails, shelters and hospitals. Having a safe, appropriate place to live can provide stability to allow our loved ones to achieve their goals. Housing is critical to recovery and must be available in the CARE Court process.

Individuals living with serious mental illnesses need a wide array of options for permanent, decent, and affordable housing, based on their individual needs and choices.

SB 1338 provides a tool for our loved ones who have historically suffered tremendously on the streets or during avoidable incarceration so that they can be successfully stabilized and supported in the community. For these reasons, I support SB 1338.

Sincerely,

Jenna Blaustein RN, ANP, GCFP

Cc: The Honorable Susan Talamantes Eggman, California State Senate

Jenna Blaustein 323-222-1312 home 323-646-0662 cell/text jennaroseblaustein.com **Subject: SB 1336 and AB 2830**

Date: Friday, April 22, 2022 at 4:40:00 PM Pacific Daylight Time

From: James Burfeind
To: Danny Offer

[EXTERNAL EMAIL] DO NOT CLICK links or attachments unless you recognize the sender and know the content is safe.

Dear California legislator,

I have three family members who suffer from severe mental illness. Their situations are made worse by inadequate mental health services.

I strongly support SB 1336 and AB 2830. Please support these bills.

I am a member of NAMI Butte County and our over 300 members are also concerned about this situation. I am the president of my local CTA/NEA-Retired chapter and I know many, many educators see this as a priority.

Thanks in advance for your support,

Jim Burfeind 9 Vermillion Circle Chico, CA 95928 530-680-5851 The Honorable Tom Umberg, Chair Senate Committee on Judiciary 1021 O Street, Room 6730 Sacramento, CA 95814 The Honorable Richard Pan, Chair Senate Committee on Health 1021 O Street, Room 7320 Sacramento, CA 95814

Re: SB 1338 (Umberg and Eggman) Community Assistance, Recovery, and Empowerment (CARE) Court Program – **SUPPORT**

Dear Senator Umberg and Senator Pan:

I am writing to express my support for SB 1338 (Umberg and Eggman), which aims to deliver services to Californians with a serious mental illness or substance use disorder who too often languish – suffering in homelessness or incarceration – without the treatment they desperately need.

All people should have the right to make their own decisions about medical treatment. However, I am aware that there are individuals with serious mental illnesses such as schizophrenia and other psychotic disorders who, at times, due to their illness, lack insight or good judgment about their need for medical treatment. In cases like this, a higher level of care may be necessary, but must be the last resort. The National Alliance on Mental Illness (NAMI-CA) members have been calling for reform for our loved ones for years.

• My Grandson has battled Schizophrenia, depression, PTSD, extreme anxiety since the onset of the illness at age 12. He has been to prison 2 times and comes out worse. Also due to housing laws he spends most of his time homeless, exasperating the illness.

For someone with a mental health condition, the basic necessity of a stable home can be hard to come by. The lack of safe and affordable housing is one of the most powerful barriers to recovery. When this basic need isn't met, people cycle in and out of homelessness, jails, shelters and hospitals. Having a safe, appropriate place to live can provide stability to allow our loved ones to achieve their goals. Housing is critical to recovery and must be available in the CARE Court process.

Individuals living with serious mental illnesses need a wide array of options for permanent, decent, and affordable housing, based on their individual needs and choices.

SB 1338 provides a tool for our loved ones who have historically suffered tremendously on the streets or during avoidable incarceration so that they can be successfully stabilized and supported in the community. For these reasons, I support SB 1338.

Sincerely,

Cc: The Honorable Susan Talamantes Eggman, California State Senate

Subject: SB 1338

Date: Friday, April 22, 2022 at 5:34:17 PM Pacific Daylight Time

From: Karen Russell
To: Danny Offer

[EXTERNAL EMAIL] DO NOT CLICK links or attachments unless you recognize the sender and know the content is

April 20, 2022

The Honorable Tom Umberg, Chair Senate Committee on Judiciary 1021 O Street, Room 6730 Sacramento, CA 95814

The Honorable Richard Pan, Chair Senate Committee on Health 1021 O Street, Room 7320 Sacramento, CA 95814

Re: SB 1338 (Umberg and Eggman) Community Assistance, Recovery, and Empowerment (CARE) Court Program – **SUPPORT**

Dear Senator Umberg and Senator Pan:

As a mother of a daughter who has been seriously mentally ill over 20 years I have had plenty of experience with our mental health system—I am writing to express my support for SB 1338 (Umberg and Eggman), which aims to deliver services to Californians with a serious mental illness or substance use disorder who too often languish — suffering in homelessness or incarceration — without the treatment they desperately need.

There are a serious lack of resources for the mentally ill, even when they are seeking help. There is no system set up for urgent care appointments. scripted response is "Go to the ER".

My daughter, Melissa, had 5 ER visits within one month. She was feeling very unstable but not yet psychotic and was seeking admission to a step down psychiatric unit for medication adjustment and observation. Her request was denied, she was sent home. She came back to the ER suicidal and was admitted on a 5150 to Freemont Hospital because Kaiser outsources all of their hospitalizations. She stayed there one week. She was still exhibiting signs of mania but was discharged at night (dropped off) at a Bart stationing Hayward with an invalid bus voucher. She was stranded in the dark where all ticket windows were closed and no one to help her. Her phone was almost out of battery after being locked up for a week. She was finally able to reach someone at Fremont Hospital who sent a taxi to come and get her and take her home to Auburn where she lives. She waited alone and frightened in the dark for over one hour. Furthermore, she was not sent home without any medication and it was too late to go to a pharmacy and fill a prescription. Down, down, down, she went. This time it was much worse. During this time I reached out multiple times to her Case

manager at Kaiser asking for help and there was absolutely no response (I have permission to speak on her behalf at Kaiser due to her illness) There was ZERO follow up after her Freemont hospitalization.

After multiple calls to police from friends, family members and neighbors, she was brought to Kaiser ER by police against her will with a possible head injury and lacerations to her arms. Her home was in shambles, with broken lamps, windows, etc. This time she spent 28 days in Sierra Vista Hospital. She did not even begin her regular medication, Lithium until her fifth day there. She was so psychotic and confused she thought she was in jail.

If there had been a step down unit or transitional housing unit available the FIRST time Melissa went to seek help when she was clear and not psychotic I believe this entire scenario could have been avoided. The stress that something like this puts a family through is like nothing you can imagine.

For someone with a mental health condition, the basic necessity of a stable home can be hard to come by. The lack of safe and affordable housing is one of the most powerful barriers to recovery. When this basic need isn't met, people cycle in and out of homelessness, jails, shelters and hospitals. Having a safe, appropriate place to live can provide stability to allow our loved ones to achieve their goals. Housing is critical to recovery and must be available in the CARE Court process.

Individuals living with serious mental illnesses need a wide array of options for permanent, decent, and affordable housing, based on their individual needs and choices.

SB 1338 provides a tool for our loved ones who have historically suffered tremendously on the streets or during avoidable incarceration so that they can be successfully stabilized and supported in the community. For these reasons, I support SB 1338.

A psychotic person can not make safe decisions period.

Sincerely,

Karen Russell

Cc: The Honorable Susan Talamantes Eggman, California State Senate

Subject: support for SB 1338

Date: Saturday, April 23, 2022 at 12:47:59 PM Pacific Daylight Time

From: Katy Polony **To:** Danny Offer

[EXTERNAL EMAIL] DO NOT CLICK links or attachments unless you recognize the sender and know the content is safe.

I have a grown son with schizophrenia and I work for Alameda County Behavioral Health in the IHOT program where we attempt to connect those with SMI to MH services. Due to a lack of awareness that they even have an illness, it is extremely hard to connect those with schizophrenia to voluntary community services. Often, hospitalization is required and we have nowhere near the necessary number of beds to adequately treat people in, or the necessary supportive housing and services to keep them stabilized once released from the hospital. SB1338 is a recognition of this reality and a move in the right direction.

Subject: Support of SB 1338

Date: Friday, April 22, 2022 at 4:29:56 PM Pacific Daylight Time

From: Lee Zamos **To:** Danny Offer

[EXTERNAL EMAIL] DO NOT CLICK links or attachments unless you recognize the sender and know the content is safe.

April 22, 2022

The Honorable Tom Umberg, Chair Senate Committee on Judiciary 1021 O Street, Room 6730 Sacramento, CA 95814

The Honorable Richard Pan, Chair Senate Committee on Health 1021 O Street, Room 7320 Sacramento, CA 95814

Re: SB 1338 (Umberg and Eggman) Community Assistance, Recovery, and Empowerment (CARE) Court Program – **SUPPORT**

Dear Senator Umberg and Senator Pan:

I am writing to express my support for SB 1338 (Umberg and Eggman), which aims to deliver services to Californians with a serious mental illness or substance use disorder who too often

languish – suffering in homelessness or incarceration – without the treatment they desperately need.

All people should have the right to make their own decisions about medical treatment. However, I am aware that there are individuals with serious mental illnesses such as schizophrenia and other psychotic disorders who, at times, due to their illness, lack insight or good judgment about their need for medical treatment. In cases like this, a higher level of care may be necessary, but must be the last resort. The National Alliance on Mental Illness (NAMI-CA) members have been calling for reform for our loved ones for years.

Once my son turned 18, advocating for his needs and arranging care became more and more challenging- almost impossible. This bill could have made our lives a little bit simpler.

For someone with a mental health condition, the basic necessity of a stable home can be hard to come by. The lack of safe and affordable housing is one of the most powerful barriers to recovery. When this basic need isn't met, people cycle in and out of homelessness, jails, shelters and hospitals. Having a safe, appropriate place to live can provide stability to allow our loved ones to achieve their goals. Housing is critical to recovery and must be available in the CARE Court process.

SB 1338 provides a tool for our loved ones who have historically suffered tremendously on the streets or during avoidable incarceration so that they can be successfully stabilized and supported in the community. For these reasons, I support SB 1338.

Lee Zamos

Cc: The Honorable Susan Talamantes Eggman, California State Senate

Sincerely,

Subject: Support for SB 1338

Date: Thursday, April 21, 2022 at 1:52:35 PM Pacific Daylight Time

From: Linda Mimms
To: Danny Offer
Attachments: image001.jpg

[EXTERNAL EMAIL] DO NOT CLICK links or attachments unless you recognize the sender and know the content is safe.

April 21, 2022

The Honorable Tom Umberg, Chair Senate Committee on Judiciary 1021 O Street, Room 6730 Sacramento, CA 95814

The Honorable Richard Pan, Chair Senate Committee on Health 1021 O Street, Room 7320 Sacramento, CA 95814

Re: SB 1338 (Umberg and Eggman) Community Assistance, Recovery, and Empowerment (CARE) Court Program – **SUPPORT**

Dear Senator Umberg and Senator Pan:

I am writing to express my support for SB 1338 (Umberg and Eggman), which aims to deliver services to Californians with a serious brain illness or substance use disorder who too often languish – suffering in homelessness or incarceration – without the medical treatment they desperately need.

All people should have the right to make their own decisions about medical treatment. However, there are individuals with serious brain illnesses such as schizophrenia and other psychotic disorders who, at times, due to their illness, lack insight and the decision-making capacity to recognize their need for medical treatment and the ability to guide that treatment.

When psychosis occurs, brain changes disable a person's decision-making capacity. Psychosis hijacks your brain. In 50% of cases, the affected person is unable to recognize they are sick. The word to describe this symptom is anosognosia, and it is the #1 barrier to seeking treatment. Prompt treatment is needed when psychosis exhibits, much like stroke. The longer left untreated, the more brain matter loss and worse long-term outcome. It takes an average of **10 years** for someone with schizophrenia to get needed treatment. By then, hopes for a meaningful recovery are severely diminished. These people have a much higher suicide rate

than the general population and a reduced lifespan of **20-30 years**.

These are the poor unfortunate souls that our current laws, based on archaic notions of severe brain diseases and a faulty LPS foundation, are forcing onto our streets and into our jail and prison cells. In cases like this, a higher level of care is necessary based on medical need and decision-making capacity, not on the current definition of grave disability which has resulted in parents being told to make their adult child homeless to perhaps get help in jail or end up dead. NAMI and families have been calling for reform for our loved ones for years.

For someone with a severe brain illness, the necessity of a stable home can be hard to come by. The lack of safe and affordable housing with clinical services and other supports, or #HousingThatHeals, is one of the most powerful barriers to recovery. When this basic need isn't met, people cycle in and out of homelessness, jails, shelters, and hospitals. Having a safe, appropriate place to live can provide stability to allow our loved ones to achieve their goals. Housing is critical to recovery and must be available in the CARE Court process.

Individuals living with serious brain illnesses need a wide array of options for permanent, decent, and affordable housing, based on their individual needs and choices. These are lifelong organ-based chronic conditions, much like any other condition such as diabetes and cardiac disease and need #HousingThatHeals with strong supportive services. The Housing First model has been a failure with people suffering from untreated psychosis. We need to stop setting them up to fail and start the destructive, and expensive, cycle of pain.

It's time to address the elephant in the room that decision makers across our state are loath to discuss. Why is California allowing groups who are not MDs and have no understanding of complex brain illnesses and psychosis, dictate to doctors when and if a very sick person can be given lifesaving medical treatment? Why are we giving these groups the power to stop legislation that can save the lives of those who lack decision-making capacity and the inability to voluntarily seek medical treatment?

Compassionate involuntary treatment is not an ideological construct—it is a medical necessity in cases where a person is unable to make lifesaving treatment decisions for themselves. It is our collective duty to honor our fellow citizens' right to prompt, effective healthcare to enable them to live their best lives. **Delaying treatment is a violation of an individual's human right to healthcare.** Every day a person is in psychosis is truly **a matter of life and death**—especially if they are unsheltered on our streets or in our jails, which have been the scene of a high number of deaths.

We need to stand up to any group that is actively promoting the ability of sick people to continue "dying with their rights on" in misery, homeless on our streets, suffering in jail and prison cells, and in the back rooms of family homes. Bold change is needed to save lives. The CARE Court concept is promoting bold change.

SB 1338 provides a tool for our loved ones who have historically suffered tremendously on the streets or during avoidable incarceration so that they can be successfully stabilized and supported in the community. For these reasons, I support SB 1338 and hope it leads to saving and improving lives of our most vulnerable citizens. They are depending on us.

Sincerely,

Linda L. Mimms, M.A. Public Policy, Duke University

Vice Chair of the Board, Schizophrenia & Psychosis Action Alliance

Hope Street Coalition

California Advocates for Treatment

National Shattering Silence Coalition (NSSC)

National Alliance on Mental Illness (NAMI)

Ginday. Mimms

lindalmimms@gmail.com

858-248-0024

www.linkedin.com/in/lindalmimms

"What you ignore, you empower."

Subject: Yes SB 1338 Yes on AB 2830

Date: Sunday, April 24, 2022 at 3:38:26 PM Pacific Daylight Time

From: Lisa Davis
To: Danny Offer

[EXTERNAL EMAIL] DO NOT CLICK links or attachments unless you recognize the sender and know the content is safe.

Good Day,

I have a loved one that suffers from mental illness. He and others like him need all the assistance that they can get. I can go on with a story but I have more than one.

Thank you and regards,

Lisa

Subject: SB 1338 CARE COURT- CARE COURT

Date: Friday, April 22, 2022 at 5:01:09 PM Pacific Daylight Time

From: Maria January
To: Danny Offer

[EXTERNAL EMAIL] DO NOT CLICK links or attachments unless you recognize the sender and know the content is safe.

Re: SB 1338 (Umberg and Eggman) Community Assistance, Recovery, and Empowerment (CARE) Court Program – **SUPPORT**

Dear Senator Umberg and Senator Pan:

I am writing to express my support for SB 1338 (Umberg and Eggman), which aims to deliver services to Californians with a serious mental illness or substance use disorder who too often languish – suffering in homelessness or incarceration – without the treatment they desperately need.

All people should have the right to make their own decisions about medical treatment. However, I am aware that there are individuals with serious mental illnesses such as schizophrenia and other psychotic disorders who, at times, due to their illness, lack insight or good judgment about their need for medical treatment. In cases like this, a higher level of care may be necessary, but must be the last resort. The National Alliance on Mental Illness (NAMI-CA) members have been calling for reform for our loved ones for years.

My 23 year old son (a straight "A" student), was sadly diagnosed with Schizoaffective disorder 4 years ago. He has been cycling through 8 involuntary 5150/5250, multiple short term recovery programs, 3 suicide attempts, homeless and inability to hold a job and care for himself. We are powerless and are desperately scrambling every where and any where to try to get him help...He lacks insight in his illness and his inconsistent compliance with medications are especially challenging. Hospitals spit him out to the streets to fend for himself many times. The recovery facilities will simply discharge him once insurance runs out. Lack of any housing assistance means he has no stable home for long term recovery. We desperately need help to put him back on his feet again.

For someone with a mental health condition, the basic necessity of a stable home can be hard to come by. The lack of safe and affordable housing is one of the most powerful barriers to recovery. When this basic need isn't met, people cycle in and out of homelessness, jails, shelters and hospitals. Having a safe, appropriate place to live can provide stability to allow our loved ones to achieve their goals. Housing is critical to recovery and must be available in the CARE Court process.

Individuals living with serious mental illnesses need a wide array of options for permanent, decent, and affordable housing, based on their individual needs and choices.

SB 1338 provides a tool for our loved ones who have historically suffered tremendously on the streets or during avoidable incarceration so that they can be successfully stabilized and supported in the community. For these reasons, I support SB 1338.

Sincerely,

Maria January

Cc: The Honorable Susan Talamantes Eggman, California State Senate

Subject: Support of care court

Date: Friday, April 22, 2022 at 4:48:43 PM Pacific Daylight Time

From: Martha White **To:** Danny Offer

[EXTERNAL EMAIL] DO NOT CLICK links or attachments unless you recognize the sender and know the content is safe.

Yes on **AB2830**Yes on **SB1338**

Our family would like to see Care Court established in California. Our son lives with Schizophrenia. At times he has not been able to make good decisions that support his health, because the the nature of his disease. This has put him at harms way to himself, that of our neighbors and family.

Even with excellent care and support this disease is not able to be controlled at all times. We are so fortunate that he has always been hospitalized instead of treated in jail when he is delusional.

The set back to our son's health after one of these episodes even in a hospital takes months to recover from and it always has a lingering decrease in health.

I can't imagine how much more permanent damage occurs from incarceration of someone as a criminal for having a psychological incident. It seems so inhumane to treat people that for no fault of their own have a serious brain disorder as criminals instead of as patients.

We know better and we can do better. Yes it not as simple disease to treat. But we have the ability to do better, just like we have done for other people in the community that have COVID, cancer or diabetes. So let's do the things we know are effective and work to cure this disease that effects 1% of our population.

Martha and Tom White 4737 Bermuda Ave San Diego 92107

Sent from my iPhone

Subject: Yes on SB 1338 and AB2830

Date: Sunday, April 24, 2022 at 2:27:51 PM Pacific Daylight Time

From: Martha Elderon **To:** Danny Offer

[EXTERNAL EMAIL] DO NOT CLICK links or attachments unless you recognize the sender and know the content is safe.

Dear Senator Umberg:

I join NAMI-CA in supporting SB 1338 (Umberg and Eggman), which aims to deliver services to Californians with a serious mental illness or substance use disorder who too often languish – suffering in homelessness or incarceration – without the treatment they desperately need. Individuals with serious mental illnesses such as schizophrenia and bipolar disorder at times, due to their illness, lack insight or good judgment about their need for medical treatment. In cases like this, a higher level of care may be necessary, but must be the last resort. Our members have been calling for reform for their loved ones for years. NAMI-CA believes that the availability of effective, comprehensive, community-based systems of care for persons suffering from serious mental illnesses will diminish the need for involuntary commitment and/or court-ordered treatment.

My 30-year-old daughter took her life after suffering for years with severe clinical depression. In her memory, I urge you to take care of the many people also suffering from mental illness.

Thank you,

~ Martha Elderon, 2482 Dell Ave., Mtn. View CA 94043

Subject: SB 1338

Date: Saturday, April 23, 2022 at 10:11:28 PM Pacific Daylight Time

From: Martha Graham Waldon

To: Danny Offer

[EXTERNAL EMAIL] DO NOT CLICK links or attachments unless you recognize the sender and know the content is safe.

April 23, 2022

The Honorable Tom Umberg, Chair Senate Committee on Judiciary 1021 O Street, Room 6730 Sacramento, CA 95814

The Honorable Richard Pan, Chair Senate Committee on Health 1021 O Street, Room 7320 Sacramento, CA 95814

Re: SB 1338 (Umberg and Eggman) Community Assistance, Recovery, and Empowerment (CARE) Court Program – **SUPPORT**

Dear Senator Umberg and Senator Pan:

I am writing to express my support for SB 1338 (Umberg and Eggman), which aims to deliver services to Californians with a serious mental illness or substance use disorder who too often languish – suffering in homelessness or incarceration – without the treatment they desperately need.

All people should have the right to make their own decisions about medical treatment. However, I am aware that there are individuals with serious mental illnesses such as schizophrenia and other psychotic disorders who, at times, due to their illness, lack insight or good judgment about their need for medical treatment. In cases like this, a higher level of care may be necessary, but must be the last resort. The National Alliance on Mental Illness (NAMI-CA) members have been calling for reform for our loved ones for years.

My 24-year-old daughter is currently under treatment for her first episode of serious mental illness. Part of her problem is that she suffers from a condition called Anosognosea which means that she has no insight into her own mental illness and thinks she does not have a problem. This is a common condition and for this reason her care needs to be managed by professionals working closely with her and our family.

For someone with a mental health condition, the basic necessity of a stable home can be hard to come by. The lack of safe and affordable housing is one of the most powerful barriers to recovery. When this basic need isn't met, people cycle in and out of homelessness, jails,

shelters and hospitals. Having a safe, appropriate place to live can provide stability to allow our loved ones to achieve their goals. Housing is critical to recovery and must be available in the CARE Court process.

Individuals living with serious mental illnesses need a wide array of options for permanent, decent, and affordable housing, based on their individual needs and choices.

SB 1338 provides a tool for our loved ones who have historically suffered tremendously on the streets or during avoidable incarceration so that they can be successfully stabilized and supported in the community. For these reasons, I support SB 1338.

Sincerely,

Martha Graham-Waldon 9501 E Zayante RD Felton, CA 95018

Cc: The Honorable Susan Talamantes Eggman, California State Senate

Subject: My sister Regina

Date: Saturday, April 23, 2022 at 8:13:02 PM Pacific Daylight Time

From: Mary Hoover **To:** Danny Offer

[EXTERNAL EMAIL] DO NOT CLICK links or attachments unless you recognize the sender and know the content is safe.

I wanted to thank you for reaching out.

My sister Regina had a history of mental illness and spent years in Facilities and jail.

Regina was beautiful ballet dancer played Mozart bye hear beautifully and could crochet anything in minutes before vour eyes.

My sister went missing from a care facility she had been living in for twenty years two two weeks later she was found dead.

The facility never reported her missing and the Police tried to write it off as homeless person as if her life didn't matter.

Regina life did matter as does all mentally ill persons homeless are not.

Thank you for listening

Kind regards Maryam Sadiq

Sent from my iPhone

Subject: SB-1338 Support

Date: Thursday, April 21, 2022 at 7:43:55 AM Pacific Daylight Time

From: Nancy Rose

To: Danny Offer, jessica@namica.org

[EXTERNAL EMAIL] DO NOT CLICK links or attachments unless you recognize the sender and know the content is safe.

April 21, 2022

The Honorable Tom Umberg, Chair Senate Committee on Judiciary 1021 O Street, Room 6730 Sacramento, CA 95814

Re: SB 1338 (Umberg and Eggman) Community Assistance, Recovery, and Empowerment (CARE) Court Program – **SUPPORT**

Dear Senator Umberg:

My family and I support SB 1338 (Umberg and Eggman), which aims to deliver services to Californians with a serious mental illness who too often suffer homelessness or incarceration, or experience preventable suicide.

In 2020, our daughter with treatment refractory schizophrenia tried to commit suicide multiple times. At that time, she was covered by our private insurance HMO, and we experienced the revolving door of short-term acute psychiatric hospitalization. The insurance company refused to pay for more than 7-10 days at a time. Because her schizophrenia is treatment resistant to the anti-psychotic medications, she needed longer-term care. After the fifth or sixth hospitalization in a four month period, we finally found a hospital out-of-county that would let her stay long enough to be conserved. Fortunately I was able to get her onto Med-cal, and we no longer had to worry about paying the hospital bills. It took more than two months for the court system to grant us private conservatorship. If she was not hospitalized during that time, she probably would have been successful in committing suicide. 19 months later she is still in a locked facility, out-of county. Before her illness, our daughter graduated in the top 2% of her high school class and graduated with a degree in Biology for Cal Poly San Luis Obispo. She is considered a high-functioning individual, experiencing anosognosia, command hallucinations and delusions.

I believe that if I as a family member was able to contact a CARE Court representative to help our daughter get the care she needed without having to go through so many hoops, she may have been hospitalized earlier under a T-con. She might not have jumped, resulting in multiple fractures to her ankles and legs, and a three week hospital stay on the medical surgery floor.

People with severe mental illness need the community, health care and legislature's help. If a person had cancer, s/he wouldn't be expected to wait 6 months for a bed in a hospital specializing in cancer care. My daughter waited 6 months in an acute psychiatric hospital for a bed at a TRC, a more appropriate level of care. Although SB 1338 does not begin to solve all the problems experienced by those living with severe mental illness, it is a start in the right direction.

Thank you for reading this letter and for addressing the needs of the mentally ill.

Sincerely,

Nancy Rose

Subject: Support SB 1338

Date: Wednesday, April 20, 2022 at 5:40:41 PM Pacific Daylight Time

From: Pat Evans **To:** Danny Offer

[EXTERNAL EMAIL] DO NOT CLICK links or attachments unless you recognize the sender and know the content is

April 20, 2022

The Honorable Tom Umberg, Chair Senate Committee on Judiciary 1021 O Street, Room 6730 Sacramento, CA 95814

The Honorable Richard Pan, Chair Senate Committee on Health 1021 O Street, Room 7320 Sacramento, CA 95814

Re: SB 1338 (Umberg and Eggman) Community Assistance, Recovery, and Empowerment (CARE) Court Program – **SUPPORT**

Dear Senator Umberg and Senator Pan:

I am writing to express my support for SB 1338 (Umberg and Eggman), which aims to deliver services to Californians with a serious mental illness or substance use disorder who too often languish – suffering in homelessness or incarceration – without the treatment they desperately need.

All people should have the right to make their own decisions about medical treatment. However, I am aware that there are individuals with serious mental illnesses such as schizophrenia and other psychotic disorders who, at times, due to their illness, lack insight or good judgment about their need for medical treatment. In cases like this, a higher level of care may be necessary, but must be the last resort. The National Alliance on Mental Illness (NAMI-CA) members have been calling for reform for our loved ones for years.

I personally have schizophrenia, but was fortunate that my onset was during a summer college break while I was living at home with my family. Because of their support I got help in a timely manner and became employable and worked 40 years in the computer industry. Such a fortunate outcome is rare.

For someone with a mental health condition, the basic necessity of a stable home can be hard to come by. The lack of safe and affordable housing is one of the most powerful barriers to recovery. When this basic need isn't met, people cycle in and out of homelessness, jails, shelters and hospitals. Having a safe, appropriate place to live can provide stability to allow our loved ones to achieve their goals. Housing is critical to recovery and must be available in the CARE Court process.

Individuals living with serious mental illnesses need a wide array of options for permanent, decent, and affordable housing, based on their individual needs and choices.

SB 1338 provides a tool for our loved ones who have historically suffered tremendously on the streets or during avoidable incarceration so that they can be successfully stabilized and supported in the community. For these reasons, I support SB 1338.

Sincerely,

Patricia Evans 447 20th Avenue San Francisco, CA 94121

Cc: The Honorable Susan Talamantes Eggman, California State Senate

Subject: CARE Court Initiative

Date: Friday, April 22, 2022 at 5:04:59 PM Pacific Daylight Time

From: Patricia Pierce **To:** Danny Offer

[EXTERNAL EMAIL] DO NOT CLICK links or attachments unless you recognize the sender and know the content is safe.

The Honorable Tom Umberg, Chair Senate Committee on Judiciary 1021 O Street, Room 6730 Sacramento, CA 95814

The Honorable Richard Pan, Chair Senate Committee on Health 1021 O Street, Room 7320 Sacramento, CA 95814

Re: SB 1338 (Umberg and Eggman) Community Assistance, Recovery, and Empowerment (CARE) Court Program – **SUPPORT**

Dear Senator Umberg and Senator Pan:

I am writing to express my support for SB 1338 (Umberg and Eggman), which aims to deliver services to Californians with a serious mental illness or substance use disorder who too often languish – suffering in homelessness or incarceration – without the treatment they desperately need.

All people should have the right to make their own decisions about medical treatment. However, I am aware that there are individuals with serious mental illnesses such as schizophrenia and other psychotic disorders who, at times, due to their illness, lack insight or good judgment about their need for medical treatment. In cases like this, a higher level of care may be necessary, but must be the last resort. The National Alliance on Mental Illness (NAMI-CA) members have been calling for reform for our loved ones for years.

For someone with a mental health condition, the basic necessity of a stable home can be hard to come by. The lack of safe and affordable housing is one of the most powerful barriers to recovery. When this basic need isn't met, people cycle in and out of homelessness, jails, shelters and hospitals. Having a safe, appropriate place to live can provide stability to allow our loved ones to achieve their goals. Housing is critical to recovery and must be available in the CARE Court process.

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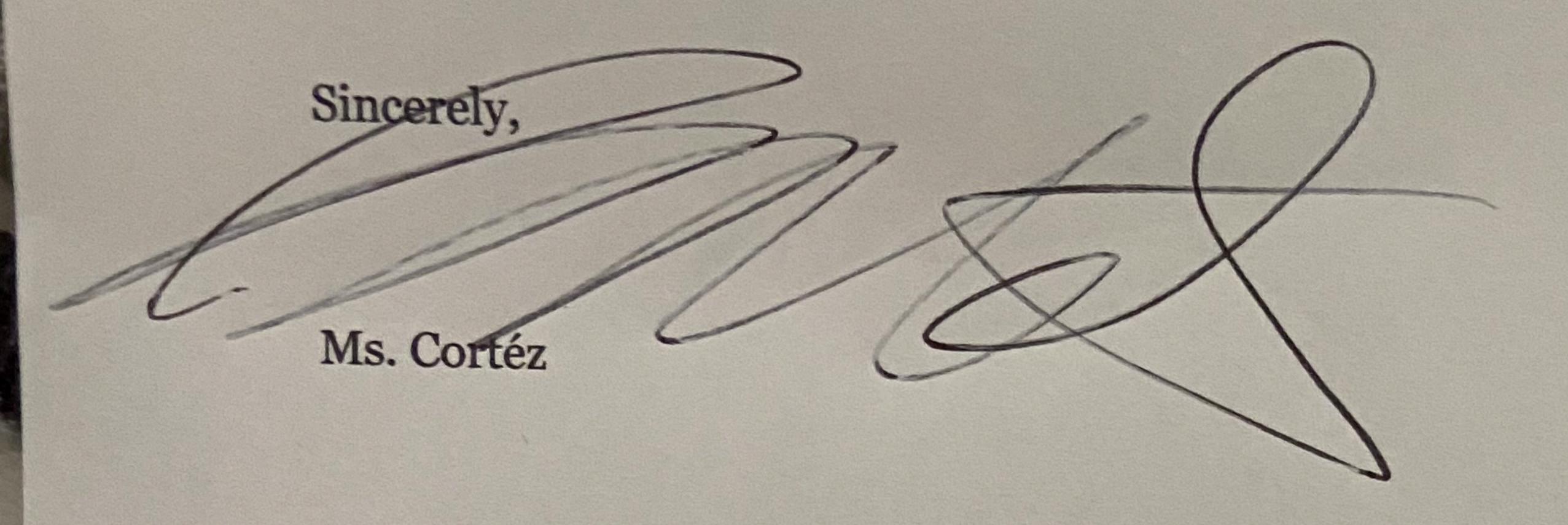
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Mental illness has affected our family in many ways. My son nearly lost his life after being shot by a Deputy Sherriff in Merced County, mistaking his mental illness by stereotyping him. I thank God my son survived after being shot a total of seventeen times. His life as well that of mine and our family has changed forever due to this tragic and horrific event compounding his underlying and existing mental illness.

For someone with a mental health condition, the basic necessity of a stable home can be hard to come by. The lack of safe and affordable housing is one of the most powerful barriers to recovery. When this basic need isn't met, people cycle in and out of homelessness, jails, shelters and hospitals. Having a safe, appropriate place to live can provide stability to allow our loved ones to achieve their goals. Housing is critical to recovery and must be available in the CARE Court process.

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Subject: Yes on SB1338

Date: Sunday, April 24, 2022 at 4:46:21 PM Pacific Daylight Time

From: Rosa Fuller

To: Rosa Fuller, Danny Offer

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April 20, 2022

The Honorable Tom Umberg, Chair Senate Committee on Judiciary 1021 O Street, Room 6730 Sacramento, CA 95814

The Honorable Richard Pan, Chair Senate Committee on Health 1021 O Street, Room 7320 Sacramento, CA 95814

Re: SB 1338 (Umberg and Eggman) Community Assistance, Recovery, and Empowerment (CARE) Court Program – **SUPPORT**

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My son has a mental health disorder and an addiction. He was incarcerated for many months and it was painful to see him suffer psychologically. We persuaded the court to grant a one-year diversion and this helped him stabilize tremendously. It's been a long road, but he is currently clean, working, going to school and taking psych meds.

For someone with a mental health condition, the basic necessity of a stable home can be hard to come by. The lack of safe and affordable housing is one of the most powerful barriers to recovery. When this basic need isn't met, people cycle in and out of homelessness, jails, sheltersand hospitals. Having a safe, appropriate place to live can provide stability to allow our loved ones to achieve theirgoals. Housing is critical to recovery and must be available in the CARE Court process.

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Sincerely,

Rosa B Fuller

Subject: Support SB1338

Date: Friday, April 22, 2022 at 2:11:55 PM Pacific Daylight Time

From: Sharon Chapman
To: Danny Offer

Attachments: Outlook-wl2qz5s0, Outlook-r0i5oedn

[EXTERNAL EMAIL] DO NOT CLICK links or attachments unless you recognize the sender and know the content is safe.

April 22, 2022

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The Honorable Richard Pan, Chair Senate Committee on Health 1021 O Street, Room 7320 Sacramento, CA 95814

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Sincerely,

Cc: The Honorable Susan Talamantes Eggman, California State Senate

All the best, Sharon Chapman, Ph.D. (she/her) Supervising Psychologist Quality, Outcomes and Training Division 510 S. Vermont, 17th Floor Los Angeles, CA 90020

Phone: 213-943-8190 Cell: 213-800-1651

schapman@dmh.lacounty.gov

County of Los Angeles - Department of Mental Health

IMPORTANT WARNING: This email (and any attachments) is only intended for the use of the person or entity to which it is addressed, and may contain information that is privileged and confidential. You, the recipient, are obligated to maintain it in a safe, secure and confidential manner. Unauthorized redisclosure or failure to maintain confidentiality may subject you to federal and state penalties. If you are not the intended recipient, please immediately notify us by return email, and delete this message from your computer.

ZONE
I am a Ally
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LGBTQIA2-S Safe Zone

Subject: AB 2830 & SB1338

Date: Sunday, April 24, 2022 at 3:54:02 PM Pacific Daylight Time

From: Silvana Garetz
To: Danny Offer

[EXTERNAL EMAIL] DO NOT CLICK links or attachments unless you recognize the sender and know the content is

As a parent of a 30 year old daughter diagnosed at 15 with schizoaffective disorder who has been in an out of hospitals without getting the support and treatment necessary and comprehensive enough to ensure a long term recovery, I fully support AB2830 and SB1338.

The present system is not only ineffective but it also cruel as it provides the minimum support and treatment (lack of psychotherapy individual and group, psychosocial treatment and education and support, or community support) needed for an individual suffering from this devastating mental health condition to achieve long term recovery.

It is much more expensive to use jails and hospitals to "warehouse" these individuals. To isolate them, load them with high doses of psychotropic meds (hit and miss approach) and then release them without the proper and necessary support. This creates a cycle of in and out of hospitals stays that are traumatic, useless, and costly.

Respectfully,

Silvana M. Garetz, M.A. 650.892.6490

April 20, 2022

TO: California Senate Judiciary Committee Members

REGARDING: Senate Bill 1338

As mother of a daughter with a diagnosis of schizoaffective disorder, a mental health advocate, NAMI Santa Barbara County Public Policy Chair, and President of California Advocates for Treatment, I strongly support Senate Bill 1338, advancing the CARE Court.

In my role with NAMI, I personally support family members whose loved ones have the most serious mental illness, and go for years, or even decades, without the treatment necessary for recovery, because their illness prevents them from recognizing their need for care. Too often, they wind up in our jail as a consequence of behavior related to their illness. Too often they languish on the streets at risk. Too often they suffer the permanent damage to the brain we now know is a consequence of repeated severe psychotic breaks.

My own daughter was homeless by choice, decompensating with frequent, brief involuntary hospitalizations (I stopped counting at 18) for a decade before she at last secured the LPS outpatient conservatorship that saved her life when she no longer knew she needed to eat. It should not have taken a decade for her to get the treatment she so badly needed, and rejected once she turned 18.

Recently, three homeless women with lengthy mental health histories died within three weeks in Santa Barbara. See Dying in Plain Sight on the Streets of Santa Barbara - The Santa Barbara
Independent. They might have been poster children for the CARE Court, along with the man charged with one of their murders, who suffered from untreated mental illness for 20 years.

I firmly believe we should always prefer voluntary treatment to involuntary. However, there are a limited number of cases whereby a person needs initial mandated care in order to then be able to self-direct his/her recovery. We see these cases every day on our streets, and among our NAMI families.

Please join California families by standing in strong support of the CARE Court bill.

Thank you,

Lynne Gibbs (gibbslyn2@gmail.com; 805-708-0856)

Christina Vera 1132 Baughman Drive Claremont, CA 91711 909.455.5075

April 21, 2022

The Honorable Tom Umberg, Chair Senate Committee on Judiciary 1021 O Street, Room 6730 Sacramento, CA 95814 The Honorable Richard Pan, Chair Senate Committee on Health 1021 O Street, Room 7320 Sacramento, CA 95814

Re: SB 1338 (Umberg and Eggman) Community Assistance, Recovery, and Empowerment (CARE) Court Program – **SUPPORT**

Dear Senator Umberg and Senator Pan:

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All people should have the right to make their own decisions about medical treatment. However, I am aware that there are individuals with serious mental illnesses such as schizophrenia and other psychotic disorders who, at times, due to their illness, lack insight or good judgment about their need for medical treatment. In cases like this, a higher level of care may be necessary, but must be the last resort. The National Alliance on Mental Illness (NAMI-CA) members have been calling for reform for our loved ones for years.

My husband and I raised 4 sons and one day our youngest started to show signs of something, didn't know what but he insisted that voices were talking to him. Diagnosed with schizophrenia half a year later, he is now conserved and lives a safe and secure life because of this. Without a doubt, he would be on the streets, most likely dead, if he were not protected by the conservatorship. He is unable to take care of himself.

For someone with a mental health condition, the basic necessity of a stable home can be hard to come by. The lack of safe and affordable housing is one of the most powerful barriers to recovery. When this basic need isn't met, people cycle in and out of homelessness, jails, shelters and hospitals. Having a safe, appropriate place to live can provide stability to allow our loved ones to achieve their goals. Housing is critical to recovery and must be available in the CARE Court process.

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SB 1338 provides a tool for our loved ones who have historically suffered tremendously on the streets or during avoidable incarceration so that they can be successfully stabilized and supported in the community. For these reasons, I support SB 1338.

Sincerely

Christina Vera

NAMI Greater Los Angeles

Subject: SB 1338 (Umberg and Eggman) Community Assistance, Recovery, and Empowerment (CARE) Court

Program - SUPPORT

Date: Thursday, April 21, 2022 at 6:22:19 PM Pacific Daylight Time

From: SUSAN HIGGINS
To: Danny Offer

[EXTERNAL EMAIL] DO NOT CLICK links or attachments unless you recognize the sender and know the content is safe.

April 21, 2022

The Honorable Tom Umberg, Chair Senate Committee on Judiciary 1021 O Street, Room 6730 Sacramento, CA 95814

The Honorable Richard Pan, Chair Senate Committee on Health 1021 O Street, Room 7320 Sacramento, CA 95814

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From my personal experience of knowing the son of my dear friend who suffers from schizophrenia and who has been living on the streets for 4 years, I've seen the pain and anguish my friend and her family are going through and their inability to get their son the help he so desperately needs. As he is an adult, the current laws allow him to decline medical treatment (which he always does) and he once again returns to the streets and homelessness. SB 1338 could change this and deliver services to him and hopefully end the cycle.

For someone with a mental health condition, the basic necessity of a stable home can be hard to come by. The lack of safe and affordable housing is one of the most powerful barriers to recovery. When this basic need isn't met, people cycle in and out of homelessness, jails, shelters and hospitals. Having a safe, appropriate place to live can provide stability to allow our loved ones to achieve their goals. Housing is critical to recovery and must be available in the CARE Court process.

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Sincerely,

Susan Higgins Redondo Beach, CA 90278

Subject: Governor Newsom's CARE Court initiative

Date: Friday, April 22, 2022 at 10:52:52 AM Pacific Daylight Time

From: Tamara White **To:** Danny Offer

[EXTERNAL EMAIL] DO NOT CLICK links or attachments unless you recognize the sender and know the content is safe

Hello -

I would like to express my sincerest support for the CARE Court initiative.

Without going into too much specific detail, I am all to familiar with the need for those experiencing mental health concerns, requiring the need, and the right for adequate mental health care.

I support this initiative and would like to see it pass into action and move forward with an urgency.

Mental Health today is an epidemic of mass proportions, needing a multitude of avenues with solution oriented outcomes, sooner than later.

Your attention and positive response to this epidemic is most important to our community of anyone with mental health concerns, as well as their families and surrounding population / community.

Sincerely,

Tamara K. White

Subject: SB1338 and AB2830

Date: Sunday, April 24, 2022 at 3:10:19 PM Pacific Daylight Time

To: Tanya Nolan Danny Offer

[EXTERNAL EMAIL] DO NOT CLICK links or attachments unless you recognize the sender and know the content is safe.

To whom it may concern,

My son and our family have been directly impacted by the lack of long-term housing and care for the severely mentally ill. My son Connor Cox was diagnosed with schizophrenia at age 19. He has been in and out of hospitals and jails too numerous of times to recall. I have witnessed the lack of care he has been given in jail where the needs of his complex illness have not adequately been addressed. Well-meaning inmates came to his rescue keeping him from drinking toilet water and chewing forks while they pleaded with authority to have a doctor assess him. If this wasn't bad enough, the care and lack of discharge planning in institutions geared to care for the mentally ill has been even more negligent. He has been discharged to the streets of San Diego with a bag of medication and no means to follow-up in an outpatient setting. As a worried mother trying to locate my son to get adequate care, I was featured on Channel 8 news. My son was found days later lying in the middle of a busy street in downtown San Diego. At age 27, we have been unable to have him hospitalized long enough to truly make a difference. In July of last year, a medical professional in Riverside decided they would give him "one more chance" and allow him to try a board and care facility near Desert Springs. I knew Connor would leave this facility since it was not a lock-down facility. Ten days later he disappeared into the desert, and we have been unable to locate him since.

My mother's heart pleads with lawmakers to help us put the safety net into place that will help those that are too sick to help themselves. Conservatorship is a long and broken system that relies on one county having "record" of the many hospitalizations the individual has had. For the mentally ill that are often transients, they cross back and forth between counties never establishing the pattern that would qualify them for conservatorship. Without conservatorship, I have been unable to have my son in a facility that would keep him safe, treat his illness, and given him a quality of life he so deserves. In a country that has so many strengths, we have completely neglected those that need our care the most. Please say yes to SB1338 and AB2830 and renew the hope that we are not alone in caring for these precious individuals that so desperately need our help.

With sincere thanks!

Tanya Nolan
On behalf of my beloved son Connor James Cox

Subject: Sean's Story...

Date: Sunday, April 24, 2022 at 3:42:12 PM Pacific Daylight Time

From: Thalia Doherty **To:** Danny Offer

CC: kellyseandoherty@gmail.com, Kendall Doherty, morgan.perricone1@gmail.com, Cailin Doherty

[EXTERNAL EMAIL] DO NOT CLICK links or attachments unless you recognize the sender and know the content is safe.

Our son, Sean was a happy kid, lived a great life - going to school, playing sports, and graduating from a four year University with a Communications degree. Unfortunately, he went to college in Colorado which had just legalized marijuana - which everyone says is "no big deal"...except for those that may have a propensity towards mental illness.

After graduation, he came back to Los Angeles, started working and that is when we started to realize that he was having difficulties at work with some of the most basic things like, showing up on time, keeping track of things, he also started having major thought disorders and paranoia.

This was six years ago, Sean "does not believe that he has a mental illness", yet he is unable to hold a job or be productive due to his delusions and current mental state.

He refuses to see a Doctor, because "he is not sick", and according to him, as soon as he "gets through this" he will be able to work and have a normal life. Fortunately he no longer drinks, smokes or takes any drugs.

Sean does not have a diagnosis, however, given our conversations with several Psychiatrists and a Neurosurgeon that Sean trusts - we strongly suspect he has Schizophrenia with Anosognosia (lack of Insight).

The Care Court Proposal would provide a way to help Sean get the help he so desperately needs. The other methods like PMRT have not been successful and a 5150/5250 would be devastating for Sean.

Please support SB1338 and AB2830 to enable the people that need it the most to be able to have meaningful, productive and successful lives.

Thank you,

Thalia

Subject: Support for SB 1338 and AB 2830

Date: Thursday, April 21, 2022 at 6:43:37 AM Pacific Daylight Time

From: Theresa Scharlemann

To: Danny Offer

[EXTERNAL EMAIL] DO NOT CLICK links or attachments unless you recognize the sender and know the content is safe.

I urgently support SB 1338 and AB 2830. This is a long neglected and extremely important effort to address part if our community's need to bring justice and safety to all citizens.

Sincerely, Theresa S. Kusske 1060 Xavier Way Livermore, Ca. 94550 Subject: SB 1338

Date: Thursday, April 21, 2022 at 8:55:09 AM Pacific Daylight Time

From: Timary Bonaccorso

To: Danny Offer

[EXTERNAL EMAIL] DO NOT CLICK links or attachments unless you recognize the sender and know the content is

April 21, 2022

The Honorable Tom Umberg, Chair Senate Committee on Judiciary 1021 O Street, Room 6730 Sacramento, CA 95814

The Honorable Richard Pan, Chair Senate Committee on Health 1021 O Street, Room 7320 Sacramento, CA 95814

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Our sweet daughter, Emily, is 24 years old. She lives a block away from LA's Skid Row. She is hopelessly addicted to crystal meth. She suffers from schizophrenia (which may have been brought on by her crystal meth misuse), and since a very young child has suffered with ADHD, generalized anxiety,

depression and has Non-Verbal Learning Disorder. Over 60% of drug addicts also suffer from a devastating mental illness; they completely lack insight and will not comply with taking psych meds; they will most likely never be healed, and will continue to be an increasing burden on society. We have tried everything for our daughter, but our hands are tied. She always rejects the help saying she doesn't need it. If we could recommend medical treatment for her against her will, our daughter may very well be able to quit the drugs, take her psych meds, and eventually not be a burden on society. This bill and AB2830 are the only hope we currently have for a better future for Emily.

For someone with a mental health condition, the basic necessity of a stable home can be hard to come by. The lack of safe and affordable housing is one of the most powerful barriers to recovery. When this basic need isn't met, people cycle in and out of homelessness, jails, shelters and hospitals. Having a safe, appropriate place to live can provide stability to allow our loved ones to achieve their goals. Housing is critical to recovery and must be available in the CARE Court process.

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Sincerely,

Timary A Bonaccorso La Canada Flintridge, CA 91011

The Honorable Richard Pan, Chair Senate Committee on Health 1021 O Street, Room 7320 Sacramento, CA 95814

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I am particularly concerned because my adult son has been struggling with mental illness for nearly 20 years. He has had problems finding affordable housing and a stable living environment. Over many years, our family has been working to help him become independent so that he can care for himself and become a productive member of society.

For someone with a mental health condition, the basic necessity of a stable home can be hard to come by. The lack of safe and affordable housing is one of the most powerful barriers to recovery. When this basic need isn't met, people cycle in and out of homelessness, jails, shelters and hospitals. Having a safe, appropriate place to live can provide stability to allow our loved ones to achieve their goals. Housing is critical to recovery and must be available in the CARE Court process.

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Sincerely,

Terry Alexander Berkeley, CA resident

The Honorable Richard Pan, Chair Senate Committee on Health 1021 O Street, Room 7320 Sacramento, CA 95814

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I have worked with the homeless and Mentally Ill population for years, there is a serious need for more support for these individuals stabilized and housed so they are healthy and safe.

For someone with a mental health condition, the basic necessity of a stable home can be hard to come by. The lack of safe and affordable housing is one of the most powerful barriers to recovery. When this basic need isn't met, people cycle in and out of homelessness, jails, shelters and hospitals. Having a safe, appropriate place to live can provide stability to allow our loved ones to achieve their goals. Housing is critical to recovery and must be available in the CARE Court process.

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Sincerely,

Stephanie Spaniak

The Honorable Richard Pan, Chair Senate Committee on Health 1021 O Street, Room 7320 Sacramento, CA 95814

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Dear Senator Umberg and Senator Pan:

I am writing to express my support for SB 1338 (Umberg and Eggman), which aims to deliver services to Californians with a serious mental illness or substance use disorder who too often languish – suffering in homelessness or incarceration – without the treatment they desperately need.

All people should have the right to make their own decisions about medical treatment. However, I am aware that there are individuals with serious mental illnesses such as schizophrenia and other psychotic disorders who, at times, due to their illness, lack insight or good judgment about their need for medical treatment. In cases like this, a higher level of care may be necessary, but must be the last resort. The National Alliance on Mental Illness (NAMI-CA) members have been calling for reform for our loved ones for years.

During the past 4 years, I have volunteered for NAMI as a support group facilitator, helping families who are, often for the first time, trying to deal with the mental illness of a loved one. From the perspective of those families, the programs are out there to assist people with mental illness are overburdened, difficult to access and have preconditions to availability that make them inaccessible to most, particularly in a time of crisis. Not infrequently, our loved ones do not qualify for programs until they are homeless, hospitalized or arrested, putting otherwise supportive families in an unimaginable quandary.

For someone with a mental health condition, the basic necessity of a stable home can be hard to come by. The lack of safe and affordable housing is one of the most powerful barriers to recovery. When this basic need isn't met, people cycle in and out of homelessness, jails, shelters and hospitals. Having a safe, appropriate place to live can provide stability to allow our loved ones to achieve their goals. Housing is critical to recovery and must be available in the CARE Court process.

Individuals living with serious mental illnesses need a wide array of options for permanent, decent, and affordable housing, based on their individual needs and choices.

SB 1338 provides a tool for our loved ones who have historically suffered tremendously on the streets or during avoidable incarceration so that they can be successfully stabilized and supported in the community. For these reasons, I support SB 1338.

Sincerely,

Margaret Africa

The Honorable Richard Pan, Chair Senate Committee on Health 1021 O Street, Room 7320 Sacramento, CA 95814

Re: SB 1338 (Umberg and Eggman) Community Assistance, Recovery, and Empowerment (CARE) Court Program – **SUPPORT**

Dear Senator Umberg and Senator Pan:

I am writing to express my support for SB 1338 (Umberg and Eggman), which aims to deliver services to Californians with a serious mental illness or substance use disorder who too often languish – suffering in homelessness or incarceration – without the treatment they desperately need.

All people should have the right to make their own decisions about medical treatment. However, I am aware that there are individuals with serious mental illnesses such as schizophrenia and other psychotic disorders who, at times, due to their illness, lack insight or good judgment about their need for medical treatment. In cases like this, a higher level of care may be necessary, but must be the last resort. The National Alliance on Mental Illness (NAMI-CA) members have been calling for reform for our loved ones for years.

As a family support group facilitator for NAMI San Gabriel Valley these past four years, I have heard far too many stories of the horrible circumstances which our mentally ill loved ones face, as well as the wrenching helplessness that family members and friends so often face in their efforts to help their loved ones get the care they need, too often spiraling into a cycle of worsening conditions. For far too many, this is simply no way to live, and this is no way for us as a society to provide them care that they need.

For someone with a mental health condition, the basic necessity of a stable home can be hard to come by. The lack of safe and affordable housing is one of the most powerful barriers to recovery. When this basic need isn't met, people cycle in and out of homelessness, jails, shelters and hospitals. Having a safe, appropriate place to live can provide stability to allow our loved ones to achieve their goals. Housing is critical to recovery and must be available in the CARE Court process.

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on the streets or during avoidable incarceration so that they can be successfully stabilized and supported in the community. For these reasons, I support SB 1338.

Sincerely,

Richard Tom

Rt1813@yahoo.com

The Honorable Richard Pan, Chair Senate Committee on Health 1021 O Street, Room 7320 Sacramento, CA 95814

Re: SB 1338 (Umberg and Eggman) Community Assistance, Recovery, and Empowerment (CARE) Court Program – **SUPPORT**

Dear Senator Umberg and Senator Pan:

I am writing to express my support for SB 1338 (Umberg and Eggman), which aims to deliver services to Californians with a serious mental illness or substance use disorder who too often languish – suffering in homelessness or incarceration – without the treatment they desperately need.

All people should have the right to make their own decisions about medical treatment. However, I am aware that there are individuals with serious mental illnesses such as schizophrenia and other psychotic disorders who, at times, due to their illness, lack insight or good judgment about their need for medical treatment. In cases like this, a higher level of care may be necessary, but must be the last resort. The National Alliance on Mental Illness (NAMI-CA) members have been calling for reform for our loved ones for years.

This request is personal for our family. Our son has been diagnosed with Bipolar 1 and during a manic episode sat in the middle of the street. It was clear he lacked judgment and the clarity of mind to cooperate for needed treatment. Were it not for his injuring himself inside the police vehicle and the hospital staff that determined his need for compulsory treatment he would either be incarcerated or would not be alive today. Today, he takes medication, is aware of his illness and cares for himself. Families must have an option to be able to provide safety and care for our adult children during times of mental crises. A place for recovery would have been very helpful in his treatment as the only option was to return home (a difficult decision), homelessness or conservatorship.

For someone with a mental health condition, the basic necessity of a stable home can be hard to come by. The lack of safe and affordable housing is one of the most powerful barriers to recovery. When this basic need isn't met, people cycle in and out of homelessness, jails, shelters and hospitals. Having a safe, appropriate place to live can provide stability to allow our loved ones to achieve their goals. Housing is critical to recovery and must be available in the CARE Court process.

Individuals living with serious mental illnesses need a wide array of options for permanent, decent, and affordable housing, based on their individual needs and choices.

SB 1338 provides a tool for our loved ones who have historically suffered tremendously on the streets or during avoidable incarceration so that they can be successfully stabilized and supported in the community. For these reasons, I support SB 1338.

Sincerely,

Sylvia Havel-Rodriguez

Subject: SB 1338, SB2830

Date: Sunday, April 24, 2022 at 4:50:32 PM Pacific Daylight Time

From: Margaret L. Netherby

To: Danny Offer

[EXTERNAL EMAIL] DO NOT CLICK links or attachments unless you recognize the sender and know the content is safe.

To whom it may concern:

My daughter experienced multiple instances of 5150 restraint. Being there was constant torture. Sitting many hours on a plastic bench, sleeping on the floor, little food, and release into a nightmare environment each time. She has recently turned against the Contra Costa mental health system.

So then came Kaiser and a change of diagnosis. Bipolar flopped to PTSD. Aha! Now my daughter can blame her family for all of her problems. She does not have to take responsibility for achieving wellness from within. She blames her family (especially Mother) for bad parenting. Nothing the family does earns forgiveness or effort to heal. The family did not and/or does not fix her, she says.

I strongly support SB1338 and SB2830, which offer proposed improvements to mental health care in Contra Costa County.

Sincerely Margaret L Netherby

Margaret L. Netherby

Margaret L. Netherby (925) 370-7282 mlnetherby@yahoo.com 2241 LaSalle Street Martinez, CA 94553 Subject: AB 2830 (Bloom), Community Assistance, Recovery, and Empowerment (CARE) Court Program –

SUPPORT

Date: Sunday, April 24, 2022 at 4:49:39 PM Pacific Daylight Time

From: Tom Bruno **To:** Danny Offer

[EXTERNAL EMAIL] DO NOT CLICK links or attachments unless you recognize the sender and know the content is safe.

April 20, 2022

The Honorable Tom Umberg, Chair Senate Committee on Judiciary 1021 O Street, Room 6730 Sacramento, CA 95814

The Honorable Richard Pan, Chair Senate Committee on Health 1021 O Street, Room 7320 Sacramento, CA 95814

Re: AB 2830 (Bloom), Community Assistance, Recovery, and Empowerment (CARE) Court Program – SUPPORT

Dear Senator Umberg and Senator Pan:

I am writing to express my support for AB 2830 (Bloom), which aims to deliver services to Californians with a serious mental illness or substance use disorder who too often languish – suffering in homelessness or incarceration – without the treatment they desperately need.

All people should have the right to make their own decisions about medical treatment. However, I am aware that there are individuals with serious mental illnesses such as schizophrenia and other psychotic disorders who, at times, due to their illness, lack insight or good judgment about their need for medical treatment. In cases like this, a higher level of care may be necessary, but must be the last resort. The National Alliance on Mental Illness (NAMI-CA) members have been calling for reform for our loved ones for years.

Since moving to California (Costa Mesa, Orange County) eight years ago, my son's dual diagnosis of Bipolar I disorder and Cannabis addiction have resulted in extended periods of homelessness, 5150s, dangerous manic behavior with need for police and medical intervention for the majority of that time. He continues to suffer tremendously and puts himself and others at risk due to his inability to stabilize his confused thinking when not compliant with medication.

For someone with a mental health condition, the basic necessity of a stable home can be hard to come by. The lack of safe and affordable housing is one of the most powerful barriers to recovery. When this basic need isn't met, people cycle in and out of homelessness, jails, shelters and hospitals. Having a safe, appropriate place to live can provide stability to allow our loved ones to achieve their goals. Housing is critical to recovery and must be available in the CARE Court process.

Individuals living with serious mental illnesses need a wide array of options for permanent, decent, and affordable housing, based on their individual needs and choices.

AB 2830 provides a tool for our loved ones who have historically suffered tremendously on the streets or during avoidable incarceration so that they can be successfully stabilized and supported in the community. For these reasons, I support AB 2830.

Sincerely,

Tom Bruno 309 Shadow Bay Drive Costa Mesa, CA 92627

The Honorable Richard Pan, Chair Senate Committee on Health 1021 O Street, Room 7320 Sacramento, CA 95814

Re: SB 1338 (Umberg and Eggman) Community Assistance, Recovery, and Empowerment (CARE) Court Program – **SUPPORT**

Dear Senator Umberg and Senator Pan:

I am writing to express my support for SB 1338 (Umberg and Eggman), which aims to deliver services to Californians with a serious mental illness or substance use disorder who too often languish – suffering in homelessness or incarceration – without the treatment they desperately need.

All people should have the right to make their own decisions about medical treatment. However, I am aware that there are individuals with serious mental illnesses such as schizophrenia and other psychotic disorders who, at times, due to their illness, lack insight or good judgment about their need for medical treatment. In cases like this, a higher level of care may be necessary, but must be the last resort. The National Alliance on Mental Illness (NAMI-CA) members have been calling for reform for our loved ones for years.

My 44 year old son has co-occurring serious mental illness and intellectual disabilities and is gravely disabled and extremely vulnerable, as he is unable to work or to take care of his personal needs including medication. He has had to go through the trauma of moving to several residential arrangements in the County as no permanent supportive housing exists for him. Only through the bird dogging and advocacy of his parents, has he been housed in temporary safe residential care facilities. But for the care of his aging parents, he could easily slip into homelessness.

For someone with a mental health condition, the basic necessity of a stable home can be hard to come by. The lack of safe and affordable housing is one of the most powerful barriers to recovery. When this basic need isn't met, people cycle in and out of homelessness, jails, shelters and hospitals. Having a safe, appropriate place to live can provide stability to allow our loved ones to achieve their goals. Housing is critical to recovery and must be available in the CARE Court process.

Individuals living with serious mental illnesses need a wide array of options for permanent, decent, and affordable housing, based on their individual needs and choices.

SB 1338 provides a tool for our loved ones who have historically suffered tremendously on the streets or during avoidable incarceration so that they can be successfully stabilized and supported in the community. For these reasons, I support SB 1338.

Sincerely,

Uday Kapoor

The Honorable Richard Pan, Chair Senate Committee on Health 1021 O Street, Room 7320 Sacramento, CA 95814

Re: SB 1338 (Umberg and Eggman) Community Assistance, Recovery, and Empowerment (CARE) Court Program – **SUPPORT**

Dear Senator Umberg and Senator Pan:

I am writing to express my support for SB 1338 (Umberg and Eggman), which aims to deliver services to Californians with a serious mental illness or substance use disorder who too often languish – suffering in homelessness or incarceration – without the treatment they desperately need.

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Sincerely,

Lisa Breton

The Honorable Richard Pan, Chair Senate Committee on Health 1021 O Street, Room 7320 Sacramento, CA 95814

Re: SB 1338 (Umberg and Eggman) Community Assistance, Recovery, and Empowerment (CARE) Court Program – **SUPPORT**

Dear Senator Umberg and Senator Pan:

I am writing in support of SB 1338 (Umberg and Eggman), which aims to deliver services to Californians with a serious mental illness or substance use disorder who too often languish – suffering in homelessness or incarceration – without the treatment they desperately need.

All people should have the right to make their own decisions about medical treatment. However, individuals with serious mental illnesses, such as schizophrenia and other psychotic disorders, sometimes lack insight or good judgment about their need for medical treatment. In cases like this, a higher level of care may be necessary as the last resort. The National Alliance on Mental Illness (NAMI-CA) members have been calling for reform for our loved ones for years.

When my son was in college, he became paranoid with disordered thinking and hallucinations. He was in and out of the psychiatric ward of many hospitals. Unwilling to stay on anti-psychotic medications with its unpleasant side effects, he would disappear and be found living on the streets. I learned he had schizophrenia. None of his medications stopped completely the voices in his head that told him how terrible he was and how he can't trust others. We were lucky that our son didn't have voices that told him that his parents shouldn't be trusted. We were able to help him navigate the system that would help him find a boarding place for mentally ill individuals. But the wait lists for affordable housing for the mentally ill are long, and my son lived in a garage while waiting for his turn.

For someone with a mental health condition, the basic necessity of a stable home can be hard to come by. The lack of safe and affordable housing is one of the most powerful barriers to recovery. When this basic need isn't met, people cycle in and out of homelessness, jails, shelters and hospitals. Having a safe, appropriate place to live can provide stability to allow our loved ones to achieve their goals. Housing is critical to recovery and must be available in the CARE Court process.

SB 1338 provides a tool for our loved ones who have historically suffered tremendously on the streets or during avoidable incarceration so that they can be successfully stabilized and supported in the community. For these reasons, **I support SB 1338**.

Sincerely,

Barbara Vella

The Honorable Richard Pan, Chair Senate Committee on Health 1021 O Street, Room 7320 Sacramento, CA 95814

Re: SB 1338 (Umberg and Eggman) Community Assistance, Recovery, and Empowerment (CARE) Court Program – **SUPPORT**

Dear Senator Umberg and Senator Pan:

I am writing to express my support for SB 1338 (Umberg and Eggman), which aims to deliver services to Californians with a serious mental illness or substance use disorder who too often languish – suffering in homelessness or incarceration – without the treatment they desperately need.

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My daughter has struggled with mental illness and homelessness for over twenty years. For much of this time she has not had the capacity to seek help to get off the streets and into a safe environment. Being on the streets is a terrifying and extremely dangerous experience for anyone, but especially so for a young female. As a society we must do much more to provide alternatives to incarceration for those struggling with mental illness, to include adequate housing, medical care and psychiatric care for our citizens both young and old.

For someone with a mental health condition, the basic necessity of a stable home can be hard to come by. The lack of safe and affordable housing is one of the most powerful barriers to recovery. When this basic need isn't met, people cycle in and out of homelessness, jails, shelters and hospitals. Having a safe, appropriate place to live can provide stability to allow our loved ones to achieve their goals. Housing is critical to recovery and must be available in the CARE Court process.

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SB 1338 provides a tool for our loved ones who have historically suffered tremendously on the streets or during avoidable incarceration so that they can be successfully stabilized and supported in the community. For these reasons, I support SB 1338.

Sincerely,

Wayne Meseberg President, NAMI San Gabriel Valley

April 24, 2022

Care Court

Following is NAMI Santa Cruz's thoughts on the legislation being developed addressing the challenge of individuals with serious mental health issues who are not receiving treatment.

First, we agree with the need to provide a path to treatment for all individuals faced with both mental health and substance abuse disorders. This is particularly challenging for those individuals who do not recognize they are impacted by these disorders and those with added challenges of housing, insurance coverage, food security and other essential elements which form the foundation of a stable life.

The values and principles we stand for in reflecting on the current draft of the legislation follows:

- Every individual regardless of social situation, race or immigration status deserves dignity, health and wellness as basic human rights
- Mental health and substance abuse disorders are medical conditions and should be addressed as such and not subject to the justice system consequences
- For treatment to be effective it must be based on the desire and decision by the individual to actively participate in their recovery
- Proposed solution approaches should be linked to the availability of treatment capacity and capacity of associated services

With these values as a foundation, following are concerns with the draft legislation as we understand it:

- 1. Voluntary treatment and the evidence-based practices around it are more effective than involuntary treatment
- 2. Draft criteria on qualifying conditions are not specific
- 3. How will individuals who do not recognize their condition and those lacking medical decision-making capacity participate in creating and graduating from a Care Plan?
- 4. There is currently no additional housing capacity to direct these individuals to
- 5. Additional funding to provide engagement and expanded treatment options is lacking, while penalties to the Counties is proposed
- 6. Serving court documents to individuals with serious disorders including the unhoused will be challenging with the possibility of negative interactions with the police and criminal consequences
- 7. The draft legislation is silent on the consequence of not meeting the terms of the Care Contract. Criminal consequences would be unjust in our view.

Thoughts on an adjusted path forward:

Legislative Alternative:

1. Utilize the existing law on Assisted Outpatient Treatment as the vehicle, with one expansion, to address the objectives of the Care Court. This addition would be for the County Mental Health Director to have the authority to request a petition if he/she felt it was warranted without meeting the criteria in the two of the nine current conditions:

Have a history of non-compliance with treatment that has either:

a) Been a significant factor in his or her being in a hospital, prison or jail at least twice within the last thirty-six months: or

b) Resulted in one or more acts, attempts or threats of serious violent behavior towards self or others within the last forty-eight months

Be, in view of their treatment history and current behavior, in need of assisted outpatient treatment in order to prevent a relapse or deterioration (this portion should be part of the County Behavioral Health Directors criteria). The Director would not be obligated with the remaining language in considering a petition, that would likely result in the person meeting California's inpatient commitment standard, which is being:

- a) A serious risk of harm to themselves or others; or
- b) Gravely disabled (in immediate physical danger because unable to meet basic needs for food, clothing, or shelter)
- 2. The benefit of this approach follows:
 - Utilizes existing legislation with a simple modification
 - It currently includes petition request rights from key parties including families
 - It is voluntary in nature with existing civil court oversight and legal protections
 - Does not involve criminal consequences
 - Relies on available treatment capacity to the degree it is present
 - With the increased flexibility given to the County Behavioral Health Director opens up the scope to many of the individuals addressed by the Care Court initiative

Funding and Resourcing:

- 1. Provide each County additional funding on an ongoing basis to address this 'Wellness Connection'. Trust that each County will know best how to use these funds to help this vulnerable community. Consider renaming the initiative to "Wellness" focuses on the value of and to the individual vs. 'Care' which someone is doing for or to them.
- 2. Address statewide capacity shortages in the range of treatment options including outpatient and residential treatment ranging from acute to board and care facilities. Incorporate forward budgeting to address this shortfall systematically over time.
- 3. Achieve or accelerate current plans for expansion in subsidized and affordable housing which is essential in prevention and recovery of these disorders.

Additional study:

Ask the County Behavioral Health Directors within the next twelve month to recommend an approach for an involuntary treatment framework which is medically sound, appropriately considers the individual's rights, and has been demonstrated to be effective. Their charter would include the option that no additional form of involuntary treatment be recommended.

We fully support the desire to expand treatment and recovery for the population the Care Court initiative is focused on and applaud the attention this has from our State's leadership.

Thank you for considering the points and alternatives we offer in finalizing legislation which reach the best possible outcome.

NAMI Santa Cruz Board of Directors

The Honorable Richard Pan, Chair Senate Committee on Health 1021 O Street, Room 7320 Sacramento, CA 95814

Re: SB1338 (Umberg and Eggman), Community Assistance, Recovery, and Empowerment (CARE) Court Program - SUPPORT

Dear Senator Umberg and Senator Pan:

I am writing to express my support for SB1338), which aims to deliver services to Californians with a serious mental illness or substance use disorder who too often languish, suffering in homelessness of incarceration, without the treatment they desperately need.

All people should have the right to make their own decisions about medical treatment. However, I am aware that there are individuals with serious mental illnesses such as schizophrenia and other psychotic disorders who, at times, due to their illness, lack insight or good judgment about their need for medical treatment. In cases like this, a higher level of care may be necessary, but must be the last resort. The National Alliance on Mental Illness (NAMI-CA) members have been calling for reform for our loved one for years.

Our 27-year-old granddaughter has been on the street for over 3 years. She has Bipolar I with schizoid affect and is also a meth addict. She suffers from extreme anxiety and uses the meth to calm herself, but the side effects are very disturbing. She has many psych ward holds and a rap sheet from the LA Sheriffs Department with 50 entries on it, mostly misdemeanors and several felonies and the majority are from trying to sleep somewhere in a parking lot or church. Often she is not clothed and screaming through the streets in the middle of the night. Police and paramedics are often called, but usually she is only "cited" in the street and left. We have sought treatment, rehab, you name it, but she has the right to refuse any of it. We are so concerned for her safety and well-being, but have not found ANYONE who can truly help us. We are elderly and cannot manage this on our own.

For someone with a mental health condition, the basic necessity of a stable home can be hard to come by. The lack of safe and affordable housing is one of the most powerful barriers to recovery. When this basic need isn't met, people cycle in and out of homelessness, jails, shelters and hospitals. Having a safe, appropriate place to live can provide stability to allow our loves ones to achieve their goals. Housing is critical to recovery and must be available in the CARE Court process.

Individuals living with serious mental illnesses need a wide array of options for permanent, decent and affordable housing, based on their individual needs and choices.

SB 1338 provides a tool for our loved ones who have historically suffered tremendously on the streets or during avoidable incarceration so that they can be successful, stabilized and supported in the community. I support SB 1338.

Sincerely,

Karen Thompson
drkethompson@att.net
1528 Casa Grande Street,
Pasadena, CA 91104

Subject: Mental Health

Date: Sunday, April 24, 2022 at 4:51:22 PM Pacific Daylight Time

From: Michael and Michele

To: Danny Offer

[EXTERNAL EMAIL] DO NOT CLICK links or attachments unless you recognize the sender and know the content is safe.

Dear Legislators,

May I ask, in the most personal way, that you pass this legislation to increase care for the mentally ill? Mental illness can strike anyone, anytime. My son Max, a UC Santa Cruz grad, at age 27, suffered a severe mental breakdown, a psychotic episode; he believed he was God. Thankfully, the Burbank Police drove him to a psych ward, not jail. The bad news is, three days later, he was released onto the street, shoeless, and clueless. Fortunately, our family had the where-with-all to find him, and find and pay for expensive private mental-health care. Most Californians cannot. It was an epic struggle for us, finding insurance to pay for a fraction of my son's care; our 401-k took a mega-hit. A bill like SB 1338 and AB 2830 might help shell-shocked families, like ours.

Thank you!!!

Michael Jann & Michele Jourdan Citronella Stories, LLC

The Honorable Tom Umberg, Chair Senate Committee on Judiciary 1021 O Street, Room 6730 Sacramento, CA 95814 The Honorable Richard Pan, Chair Senate Committee on Health 1021 O Street, Room 7320 Sacramento, CA 95814

Re: SB 1338 (Umberg and Eggman) Community Assistance, Recovery, and Empowerment (CARE) Court Program – **SUPPORT**

Dear Senator Umberg and Senator Pan:

I am writing to express my support for SB 1338 (Umberg and Eggman), which aims to deliver services to Californians with a serious mental illness or substance use disorder who too often languish – suffering in homelessness or incarceration – without the treatment they desperately need.

All people should have the right to make their own decisions about medical treatment. However, I am aware that there are individuals with serious mental illnesses such as schizophrenia and other psychotic disorders who, at times, due to their illness, lack insight or good judgment about their need for medical treatment. In cases like this, a higher level of care may be necessary, but must be the last resort. The National Alliance on Mental Illness (NAMI-CA) members have been calling for reform for our loved ones for years.

In our case, our sweet, gentle, intelligent daughter suffered her first episode four years ago, during her sophomore college year. She thought she was dying. It got so bad that after 3 trips to the emergency room, we had to physically restrain her from running out our front door into the middle of the street, shoeless, because she thought her heart stopped and no one believed her. The next couple of years, she had more severe episodes that resulted in prolonged in-patient hospital stays. It took a great deal of convincing/cajoling to get her to go to each time. She would not have sought mental help services on her own then. Her symptoms were such that she was convinced everyone was trying to hurt her. Fortunately, we have a very close relationship, so she relented each time and allowed us to be involved in her care. We were able to get the resources she needed but it was easily the most difficult time of all our lives. It was a 24/7 job, primarily because mental health services are so backlogged. She is doing very well now, thanks to early medical intervention, great doctors and parental support. But where would she be now without the higher level of care we were able to get for her?

For someone with a mental health condition, the basic necessity of a stable home can be hard to come by. The lack of safe and affordable housing is one of the most powerful barriers to recovery. When this basic need isn't met, people cycle in and out of homelessness, jails, shelters and hospitals. Having a safe, appropriate place to live can provide stability to allow our loved ones to achieve their goals. Housing is critical to recovery and must be available in the CARE Court process.

Individuals living with serious mental illnesses need a wide array of options for permanent, decent, and affordable housing, based on their individual needs and choices.

SB 1338 provides a tool for our loved ones who have historically suffered tremendously on the streets or during avoidable incarceration so that they can be successfully stabilized and supported in the community. For these reasons, I support SB 1338.

Sincerely,

Rosemary Generali
3428 Machado Avenue
Santa Clara CA 95051
(408) 406-0548

The Honorable Tom Umberg, Chair Senate Committee on Judiciary 1021 O Street, Room 6730 Sacramento, CA 95814 The Honorable Richard Pan, Chair Senate Committee on Health 1021 O Street, Room 7320 Sacramento, CA 95814

Re: SB 1338 (Umberg and Eggman) Community Assistance, Recovery, and Empowerment (CARE) Court Program – **SUPPORT**

Dear Senator Umberg and Senator Pan:

I am writing to express my support for SB 1338 (Umberg and Eggman), which aims to deliver services to Californians with a serious mental illness or substance use disorder who too often languish – suffering in homelessness or incarceration – without the treatment they desperately need.

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My 29 year old son is suffering from schizophrenia. Before the onset of his illness he was a bright, kind, smart young man with a very promising future. He graduated from UCSB with a degree in Physics and was working in the tech field. He was independent, living a fulfilling life. He is currently homeless due to his illness. It is heartbreaking that we do not have enough safe, appropriate housing for our loved ones. We need to do better for for people suffering from serious mental health issues.

For someone with a mental health condition, the basic necessity of a stable home can be hard to come by. The lack of safe and affordable housing is one of the most powerful barriers to recovery. When this basic need isn't met, people cycle in and out of homelessness, jails, shelters and hospitals. Having a safe, appropriate place to live can provide stability to allow our loved ones to achieve their goals. Housing is critical to recovery and must be available in the CARE Court process.

Individuals living with serious mental illnesses need a wide array of options for permanent, decent, and affordable housing, based on their individual needs and choices.

SB 1338 provides a tool for our loved ones who have historically suffered tremendously on the streets or during avoidable incarceration so that they can be successfully stabilized and supported in the community. For these reasons, I support SB 1338.

Sincerely, Barbara Kennedy

Subject: CARE Court

Date: Sunday, April 24, 2022 at 5:25:44 PM Pacific Daylight Time

From: Geoff McLennan
To: Danny Offer

[EXTERNAL EMAIL] DO NOT CLICK links or attachments unless you recognize the sender and know the content is safe.

Dear Advocate,

I've been witness to many persons displaced from a quality life for the lack of a integrated system of mental health care. Most end up in prison or jail unaware of why or how their ill behavior resulted in the captivity.

It is abundantly clear that change needs to occur and soon. The CARE Court is a step forward for everyone: those with a mental illness, family, friends, local law enforcement and many other stakeholders. I support SB 1338 and AB 2830.

Please express my strong support for a better quality of life via a purposed system of court and treatment practices via these legislative measures.

--

Thanks, Geoff McLennan

Subject: I strongly support SB1338 and AB2380 and the development of CARE Courts

Date: Sunday, April 24, 2022 at 5:29:04 PM Pacific Daylight Time

From: Katy Blue **To:** Danny Offer

[EXTERNAL EMAIL] DO NOT CLICK links or attachments unless you recognize the sender and know the content is safe.

Hello,

my name is Katy Wilson and I am a psychiatrist in Northern California. I have worked in public sector psychiatry (county MH clinics, jails, prisons) for 25 years and also do Court ordered PC1368 competency to stand trial and other MH evaluations in multiple counties in CA. I am a strong advocate for humane modern adequate psychiatric treatment for patients with SMI, comorbid substance use disorders and anosognosia.

If any of the law makers would like to hear more of my opinions, please feel free to reach out to me. I actually have written Governor Newsom twice, Xavier Becerra and Kamala Harris (when they were the Attorneys General), Senator Harris (when she became a senator) and several state regulatory/oversight agencies to report how neglected these patients are regarding medical care (primary care, psychiatric care), housing, income, case management, staffed residences where medications are monitored and patients are well cared for etc. etc.

I will be happy to share my perspectives!

-Katy Wilson MD

Subject: Our story

Date: Sunday, April 24, 2022 at 6:05:10 PM Pacific Daylight Time

From: Kilty Highfill
To: Danny Offer

[EXTERNAL EMAIL] DO NOT CLICK links or attachments unless you recognize the sender and know the content is safe.

Our son has suffered from from mental illness for 25 years! During repeated hospitalizations, some lasting months, he has yet to receive any consistent help and supervision to insure his safety and well-being.

Sent from my iPhone

Subject: CARE Court

Date: Sunday, April 24, 2022 at 6:21:08 PM Pacific Daylight Time

From: Megin Wedlow
To: Danny Offer

[EXTERNAL EMAIL] DO NOT CLICK links or attachments unless you recognize the sender and know the content is safe

April 24, 2022

The Honorable Tom Umberg, Chair Senate Committee on Judiciary 1021 O Street, Room 6730 Sacramento, CA 95814

The Honorable Richard Pan, Chair Senate Committee on Health 1021 O Street, Room 7320 Sacramento, CA 95814

Re: SB 1338 (Umberg and Eggman) Community Assistance, Recovery, and Empowerment (CARE) Court Program – **SUPPORT**

Dear Senator Umberg and Senator Pan:

I am writing to express my support for SB 1338 (Umberg and Eggman), which aims to deliver services to Californians with a serious mental illness or substance use disorder who too often languish – suffering in homelessness or incarceration – without the treatment they desperately need.

All people should have the right to make their own decisions about medical treatment. However, I am aware that there are individuals with serious mental illnesses such as schizophrenia and other psychotic disorders who, at times, due to their illness, lack insight or good judgment about their need for medical treatment. In cases like this, a higher level of care may be necessary, but must be the last resort. The National Alliance on Mental Illness (NAMI-CA) members have been

calling for reform for our loved ones for years.

In mid 2017 my 24yr old daughter had her 1st psychotic break. Our family had never seen this before. We were afraid and did not know where to begin with getting her the help she needed. There were many opinions being thrown at us, with no certainties. On many occasions, the professionals we trust to help us, did the bare minimum, or nothing at all, despite any pleading we made when sharing what stabilized her previously. Their lack of concern caused delay in her getting care and stabilizing her life as it is now. Please consider this and help improve the care of those with serious mental illnesses, sooner than later.

For someone with a mental health condition, the basic necessity of a stable home can be hard to come by. The lack of safe and affordable housing is one of the most powerful barriers to recovery. When this basic need isn't met, people cycle in and out of homelessness, jails, sheltersand hospitals. Having a safe, appropriate place to live can provide stability to allow our loved ones to achieve theirgoals. Housing is critical to recovery and must be available in the CARE Court process.

Individuals living with serious mental illnesses need a wide array of options for permanent, decent, and affordable housing, based on their individual needs and choices.

SB 1338 provides a tool for our loved ones who have historically suffered tremendously on the streets or during avoidable incarceration so that they can be successfully stabilized and supported in the community. For these reasons, I support SB 1338.

Sincerely,

Subject: (none)

Date: Sunday, April 24, 2022 at 5:00:32 PM Pacific Daylight Time

From: Paula Farve **To:** Danny Offer

[EXTERNAL EMAIL] DO NOT CLICK links or attachments unless you recognize the sender and know the content is safe.

To whom it may concern: My name is Paula Farve. I am here today to tell and give my support of the care court proposal. Back in 1995 I went into a Catalonia state where I was living at the time with my11/2 yr old son. I was taken to the hospital and then taken to a psychiatric hospital known at the time is Oakcrest. After being there for a weak I was put on meds. It was said I just went catatonic. I was released and dropped out of college due to having a nervous break down. Time went by I moved again and had my son living with me. Then one day the sheriffes were at my door doing welfare check. I ended up being 51/50d. They said I was acting out and could possibly hurt my son. I was then taken back to Oakcreast and observed. My mom was called to take my son for the time I was away. I was released I was not prescribed meds to take after being released. After that my mom applied for guardianship of my son. After that my son was no longer allowed back home with me. I had another nervous breakdown. I was denied by social services, for getting aid. So therefore, I did not have a job. The bills kept coming in for the month. I did't have any money for food, could't pay for electricity, not did I have money to pay the rent. Like I said I had another nervous breakdown and that's when I started getting really sick and showing signs of decline in my health and acting out. I was being loud, disturbing the peace, playing loud music at odd hours of the night. Going for long, long walks at night a lot and during the day. Because of that I was sexually assaulted dew to the state of mind I had become. I never spoke about that to anyone for a long, long time. Then I decided to get a job and hopefully better my situation. To do that I called my Mom at the time and ask her if she could give me a ride to Labor Ready company where the work was at. Well the day came she picked me up. I think maybe she hit a poll while backing out of the parking space of my apartments. I told her I was sorry. I thought she was going straight to Labor Ready. She toke a side trip to my doctors office. Why, I don't know. Then we left and by that time I was jumping out my skin sort of speaking. I was really nervous and weak inside do to not being able to get food for myself. I think I was that way for some time. It never occurred to me to ask my Mom for help or any one else. Needless to say I went with out food for sometime. Anyhow, back to the day of trying to apply for a job. After we, my Mom and I left the Doctors office my Mom started to go in a different direction. I got scared and jumped out of the car and proceeded to go to Labor Ready. As I was walking I looked up and here comes the fire department in there truck and two Santa Rosa Police officers and my Mom. I was told to stop where I was at. So I did. Then I tied my hair up in a bun and took off both of my shoes. I got into a argument with the officer about my shoes being off. At this time I was heck nervous shocked and upset and hungry and shaking. The officer tried to ask me questions about what was going on I got mad got more nervous and elbowed the officer in the grown. Then that was it. I was told to get on the ground and put my hands behind my back and cross my legs. I declined and then I was tackled to the ground by the officers. Tide hog style had mace sprayed in my face a few times. Then I was taken to the police car. At that time I was having a hard time breathing and my eyes where heck burning. Then I went to jail for two months for assaulting a Police officer and resisting a aressest. During the two months I was sent to the psychiatric hospital for a week or so to be evaluated. They said I had anxiety and depression and acute schizophrenia. After that trip I was prescribed medications for my diagnoses. The charges were dropped and I was put on probation prescribed meds and was hooked up with the County Mental Health services. So I received help and got medical insurance, got help with food and shelter. I also was sent to a day treatment center for rehabilitation services. I went to a lot and I mean a lot of classes and groups for rehab for my mental health. I also applied for dissability. Was med compliment. That was back in 1996-1997. So it's been quite sometime since then. There was also before my 1996-1997 break down that I was or went to Oaklahoma to see my father and I was 51/50d there also and had to take meds. Now I am older I still take meds maybe more than before. I have housing I buy my own food and see my Doctors often. I wish I did't get sick like that and go to jail and have my child taken away from me. But it happened and I support these new bills to have better choices and to get the help people need in times of sickness and despair. Thank you for your time. Paula Farve.

Subject: CARE Court legislation

Date: Sunday, April 24, 2022 at 6:57:50 PM Pacific Daylight Time

From: Elizabeth Dalzell
To: Danny Offer

[EXTERNAL EMAIL] DO NOT CLICK links or attachments unless you recognize the sender and know the content is safe.

Dear Governor and Legislators:

Please pass SB 1338 and AB 2830 establishing the CARE Court in California. As the mom of a homeless, mentally ill son, these people need more care.

Imagine seeing your kids, dirty, on the street with nothing! He can't even keep track of a backpack! This type of person needs treatment. He is already costing the taxpayers many dollars in hospitalizations and jail time. As the governor said, stepping over these people on the street is not being compassionate nor helping to solve their problems

Since January 2022, my 32 year old son has spent 3 months in Sonoma County jail and has then been hospitalized twice since he was released at the end of March! He was diagnosed with Bipolar Disorder at age 12. Drug addiction followed as a way to self medicate. He needs long term treatment in a mental facility. He was not required to take medication in jail and the psych hospitals only keep him a few days and then release him to the street. Please consider that we treat our stray animals better than these people.

The ACLU may claim that it is taking freedom away but I would much rather see him in a mental treatment facility than jail or in and out of different psych hospitals. He continues to choose the street as there really is no one making him do otherwise.

I know homelessness is a complex problem but this part of that population would best be served by CARE Court. Let's try it!! Can it get worse than it is???

Thank you, Elizabeth Dalzell Subject: Yes on AB2830

Date: Sunday, April 24, 2022 at 7:11:08 PM Pacific Daylight Time

From: Diana Burdick
To: Danny Offer

[EXTERNAL EMAIL] DO NOT CLICK links or attachments unless you recognize the sender and know the content is safe.

Please accept my sport of AB2830

As a daughter of a mother (88 yrs) with bipolar diagnosis since she was 17 I am well aware of the impact mental illness can have on a family. My mothers saving grace is she understands she needs help and accepts it. My son (48 yrs) who is schizoaffective does not understand he is ill and does not accept assistance. This is the person you see on your sidewalks yelling at cars, screaming at the sky and then wonder why are they homeless? Please help me help my son and our community.

With respect,

Diana Burdick 916/509-0082 The South Bay's Voice on Mental Illness

April 24, 2022

The Honorable Tom Umberg, Chair Senate Committee on Judiciary 1021 O Street, Room 6730 Sacramento, CA 95814

The Honorable Richard Pan, Chair Senate Committee on Health 1021 O Street, Room 7320 Sacramento, CA 95814

Re: SB 1338 (Umberg and Eggman) Community Assistance, Recovery, and

Empowerment (CARE) Court Program – **SUPPORT**

Dear Senator Umberg and Senator Pan:

I am writing to express my support for SB 1338 (Umberg and Eggman), which aims to deliver services to Californians with a serious mental illness or substance use disorder who too often languish – suffering in homelessness or incarceration – without the treatment they desperately need.

All people should have the right to make their own decisions about medical treatment. However, I am aware that there are individuals with serious mental illnesses such as schizophrenia and other psychotic disorders who, at times, due to their illness, lack insight or good judgment about their need for medical treatment. In cases like this, a higher level of care may be necessary, but must be the last resort. The National Alliance on Mental Illness (NAMI-CA) members have been calling for reform for our loved ones for years.

In my family our son who has a mental illness and substance abuse disorder. He was homeless and exhibiting psychotic behaviors on the street. We had desperately tried to get him treatment but he refused. At one point we had to get a restraining order because of his behavior. At the beginning of the pandemic were distraught as he continued to refuse treatment. Fortunately, for him and us after refusing treatment offered by an Assisted Outpatient Program he was picked up by law enforcement and hospitalized. We were able to provide information on his frequent hospitalizations and incarcerations and he was conserved and got treatment. We do not know what would have happened especially during the pandemic if he hadn't got conserved and treated.

As President of NAMI South Bay Los Angeles County I often get calls from family members with similar stories. Unfortunately, our family is the exception as there seemingly is not standard of care for someone who does not have capability to from ements to keep them from harm.

For someone with a mental health condition, the basic necessity of a stable home can be hard to come by. The lack of safe and affordable housing is one of the most powerful barriers to recovery. When this basic need isn't met, people cycle in and out of homelessness, jails, shelters and hospitals. Having a safe, appropriate place to live can provide stability to allow our loved ones to achieve their goals. Housing is critical to recovery and must be available in the CARE Court process.

Individuals living with serious mental illnesses need a wide array of options for permanent, decent, and affordable housing, based on their individual needs and choices.

SB 1338 provides a tool for our loved ones who have historically suffered tremendously on the streets or during avoidable incarceration so that they can be successfully stabilized and supported in the community. For these reasons, I support SB 1338.

Sincerely,

Paul Stansbury, Ed.D, President

NAMI South Bay

Subject: SB 1338 SUPPORT

Date: Sunday, April 24, 2022 at 7:16:13 PM Pacific Daylight Time

From: Valencia Youkhanna

To: Danny Offer

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April 20, 2022

The Honorable Tom Umberg, Chair Senate Committee on Judiciary 1021 O Street, Room 6730 Sacramento, CA 95814

The Honorable Richard Pan, Chair Senate Committee on Health 1021 O Street, Room 7320 Sacramento, CA 95814

Re: SB 1338 (Umberg and Eggman) Community Assistance, Recovery, and Empowerment (CARE) Court Program – **SUPPORT**

Dear Senator Umberg and Senator Pan:

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calling for reform for our loved ones for years.

One of my immediate family members has schizophrenia, and he is entirely dependent on government services. Because of the psychotic nature of the disorder, people with schizophrenia do not think they are sick, and do not seek out treatment. My brother refused medically treatment for more than 8 years, and fought many legal battles in that time. At his worst, he had rampaged my parents home and essentially held them hostage due to his unmedicated delusions. My sister and I could not safely provide him with the care he needed while also keeping my parents safe. The only place that kept him and my parents safe was jail, and that was not a decision my parents would ever make. Ultimately, he was arrested and was able to turn his life around. Again, he is currently entirely dependent on the government housing provided to him by San Diego agencies because of his serious mental illness.

For someone with a mental health condition, the basic necessity of a stable home can be hard to come by. The lack of safe and affordable housing is one of the most powerful barriers to recovery. When this basic need isn't met, people cycle in and out of homelessness, jails, sheltersand hospitals. Having a safe, appropriate place to live can provide stability to allow our loved ones to achieve theirgoals. Housing is critical to recovery and must be available in the CARE Court process.

Individuals living with serious mental illnesses need a wide array of options for permanent, decent, and affordable housing, based on their individual needs and choices.

SB 1338 provides a tool for our loved ones who have historically suffered tremendously on the streets or during avoidable incarceration so that they can be successfully stabilized and supported in the community. For these reasons, I support SB 1338.

Sincerely,

Valencia Youkhanna, PHD School Psychologist Subject: Care Court Proposal: Yes on SB 1338/AB 2830

Date: Sunday, April 24, 2022 at 7:56:40 PM Pacific Daylight Time

From: Amber Williams **To:** Danny Offer

[EXTERNAL EMAIL] DO NOT CLICK links or attachments unless you recognize the sender and know the content is safe.

Hello,

My name is Amber Williams and I am suicide attempt survivor. I have been living with schizoaffective disorder since 2016. The Department of Mental Health services and programs have helped me overcome homelessness and regain a stable life. Without access to these services I would have died years ago. I believe the care court is a great initiative that will save the lives of many other citizens just like me. I should not be lucky to have received services because it should be the standard. I urge you to support these bills and get those who need help the services they need.

Be Blessed,

Amber Williams

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