



CARE

(Community Assistance, Recovery and Empowerment) Act

California Health & Human Services Agency
Person Centered. Equity Focused. Data Driven.

CARE Act Working Group Meeting

February 11, 2026

California Health & Human Services Agency

Person Centered. Equity Focused. Data Driven.



Welcome and Introductions

Agenda

1. Welcome and Opening Remarks
2. San Diego Implementation Update: Data, Outcomes, and Best Practices
3. CARE Act Communication Strategies – Presentation and Discussion
4. Lunch
5. Featured Topic: Recommended Framework from Psychiatry Subject Matter Experts on CARE Agreements/Plans
6. Looking Ahead: 2026 CARE Act Annual Report
7. Updates on CARE Subject Matter Expert Focus Groups
8. Closing Thoughts
9. Public Comment

Working Group Members

Amber Irvine

Beau Hennemann

Bill Stewart

Brenda Grealish

Dr. Brian Hurley

Clayton Chau

Harold Turner

Herb Hatanaka

Ian Kemmer

Ivan Bhardwaj

James Kwon

Jennifer Bender

Jenny Bayardo

Jerry May

Jodi Nerell

Dr. Katherine Warburton

Kent Boes

Keris Myrick

Ketra Carter

Khatera Aslami Tamplen

Lauren Rettagliata

Mark Salazar

Meagan Subers

Monical Morales

Monica Porter Gilbert

Nichole Zaragoza-Smith

Roberto Herrera

Ruben Imperial

Ruqayya Ahmad

Sarah Davis

Hon. Scott Herin

Stephanie Regular

Stephanie Welch

Susan Holt

Tim Lutz

New Member



James Kwon

LA County Department of Mental Health,
Office of the Public Guardian

Virtual Meeting Guidelines

- Meeting is being recorded
- American Sign Language interpretation in pinned video
- Live captioning link provided in chat

Working Group Members

- Mute/Unmute works for members and policy partners.
- Stay ON MUTE when not speaking and use the “raise hand feature” if you have a question or comment.
- Please turn on your camera as you are comfortable

MEMBERS OF THE PUBLIC will be invited to participate during public comment period

Working Group Overview – Operations

- The Working Group will meet quarterly during the implementation of the CARE Act through December 31, 2026.
- Working Group meetings will be a mix of in person and virtual, with in person meetings held primarily in Sacramento, but at times possibly in other locations throughout California.
- Working group members are expected to attend 75% of meetings each year, with the option of sending a delegate for the remainder.
- All meetings of the Working Group shall be open to the public and subject to Bagley-Keene Open Meeting Act requirements.

Working Group Agreements

- Be present and curious.
- Respect each other's expertise and time and participate fully.
- Encourage different opinions and be respectful of disagreements.
- Be accountable to your fellow group members and practice patience and persistence – we can't solve everything in a single conversation or meeting, but we need to remain solution focused.
- Assume Positive Intent: Trust that people are doing the best they can.

Recap of November Meeting in Los Angeles

1. Panel discussion of the role of the courts in CARE
2. Overview of California Mental Health Courts
3. Presentation from Martin Jones and Linda Boyd about CARE Act implementation in Los Angeles County
4. Presentation from Tyler Shill about recent legislative changes to CARE (Senate Bill No. 27)
5. Discussion of recent CARE activities (CARE convenings, Beyond the Bench CARE pre-conference event, oversight hearing, and most recent petition data)

The Latest CARE Data

Through December 2025:

- 3,545 petitions
- 815 CARE agreements
- 30 CARE plans
- 4,048 diversions (through Sept 2025)



In December 2025



San Diego CARE Act Implementation Update: Data, Outcomes, and Best Practices

Amber Irvine, LMFT, Assistant Medical Services Administrator, San Diego BHS

Melody Culhane, LMFT, CARE Program Coordinator, San Diego BHS

San Diego's Approach



- Cohort 1
 - Collaborative Planning
 - Internally and Externally
 - Form development and Data Integration
 - HMA Trainings and State Meetings
 - Projections and Staffing Structure
 - Amended ACT/FSP Contracts for capacity
-
- The big question...

How are we going to get people who don't want treatment and often don't believe they have a mental illness agree to treatment....

**AND get
them to
come to
court
voluntarily?**





505 Petitions
Received

In the 122 weeks since implementation, BHS has received 505 CARE petitions.



16% Internal
Petitions

82 (16%) of CARE petitions received originated from within BHS.



38% Family
Petitioners

Over one third of the petitions submitted have been from family members.



4.1 Petitions per
Week

In the 122 weeks since implementation, BHS has received 4.1 petitions per week.



173 CARE
Agreements

The BHS CARE Team has successfully coordinated treatment and CARE Agreements for 173 clients.



31 Total
Graduations

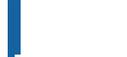
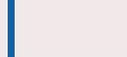
31 clients have successfully graduated from the CARE program.

Data as of 2/2/26 - Report Date 2/5/26

Petition Data

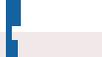
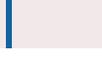
PETITIONER CATEGORY

Data as of 2/2/26

Family	192		38%
Licensed BH Professional	122		24%
BH Director	82		16%
First Responder	73		14%
Hospital Director	19		4%
Respondent	9		2%
Lives with Respondent	8		2%
Total	505		100%

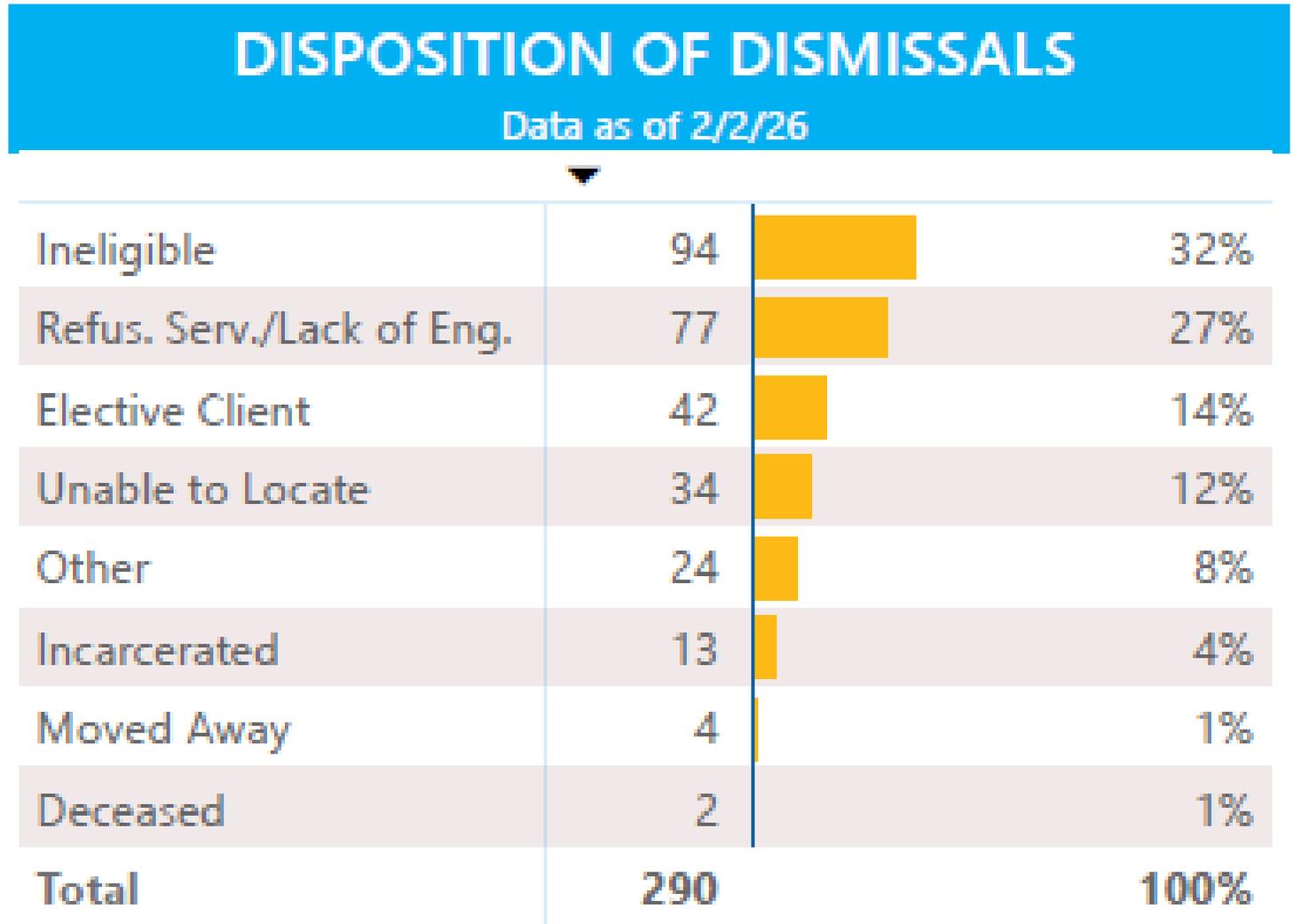
RESPONDENT LIVING SITUATION

Data as of 2/2/26

Apartment/Home	149		30%
Homeless	118		23%
Incarcerated	101		20%
Hospital	61		12%
MH Rehab Center	21		4%
Board & Care	18		4%
Unknown	10		2%
Independent Living Facility	7		1%
Hotel/Motel	6		1%
Sober Living Facility	6		1%
Recovery Residence	5		1%
Assisted Living Facility	3		1%
Total	505		100%

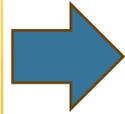
CARE Dismissal Data

- Those who refuse are referred to outreach teams to continue attempts to engage after the CARE petition is dismissed.
- “Other” category includes those who ended up on LPS conservatorship while in the investigation phase of CARE.



Data Highlights

Housing



Experiencing homelessness at time
Petitioned: **23%**
At risk: **32%**

CARE Agreements
reached for individuals
experiencing/at risk of
homelessness:
56.6% of Agreements

CARE Participants
now stably Housed:
91%

Services



CARE clients currently
disengaged from
services: **9%**

Participants on
psychotropic
medications:
**96%, of those 52%
on LAIs**

Participants with co-
occurring SUD:
**70%, of those 20%
actively engaging in
SU tx**

Reduction in
Utilization of Crisis
Services after entering
into CARE Agreement:
66%

Number of days to
engage a
Respondent:
7-154 days (57 avg.)

Best Practice: Outreach and Engagement



- **“Relentless” Outreach and Engagement: 1-154 Days (Average 57)**
 - Balance between not giving up and honoring preferences
- **Warm, person-centered approach**
- **Engage with food and other needs/resources**
- **Avoid overwhelming with legal or clinical jargon**
 - PD waits to engage to allow clinicians to build rapport
- **Acknowledge potential previous negative experiences with behavioral health treatment and/or judicial system**
- **Contracted Outreach team**
 - Utilized both during Investigation and Agreement stages, as well as post-dismissal
- **Engaging other supports and family, whenever appropriate**

Best Practice: CARE Agreements



Warm introduction to Public Defender

Developed in collaboration with CARE Clinician, Respondent, Public Defender and Supporter and/or Peer Support

Strength-Based, Recovery Oriented, Honors Participants preferences

Present as a Menu of Services

Motivational Interviewing for Pre-Contemplative/Contemplative Stages

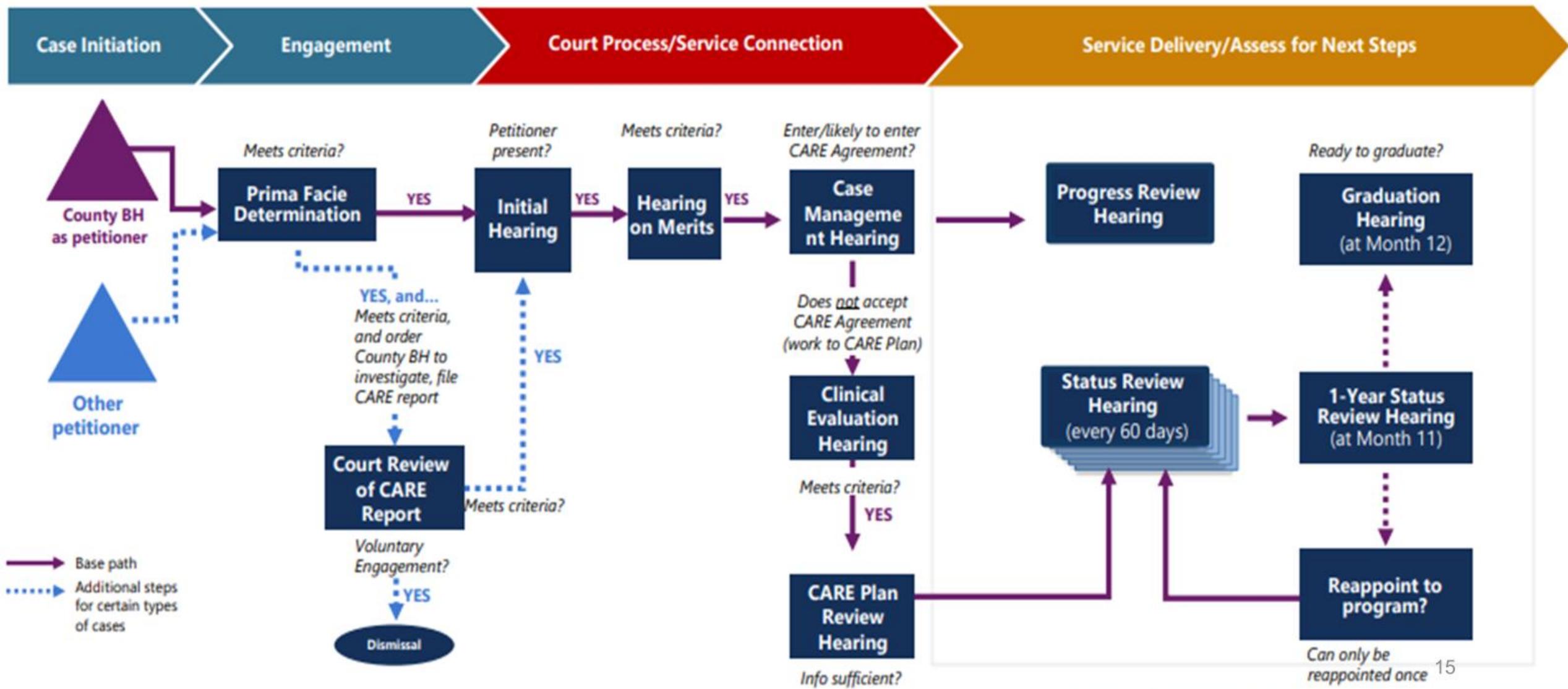
Used as the Roadmap to their treatment under the CARE Act

Court Environment/ Welcoming and Empowering

Best Practice: Court Hearings

- Offer in-person, virtual, or waived appearance
 - Including transportation or virtual attendance assistance
- Weekly PD/BHS/CoCo Roundtable
- Pre-Hearing Check-In
- Petitioner Appearances
- Treatment Provider also attends
- Supporter with a “s” versus “S”
- Culturally Competent
- Trauma- Informed
- Clinical, Case Management, and Peer Support available in person
- Triage as needed
- Consolidate when possible

CARE Process Map



Best Practice: Housing

- Housing first model is an essential
- Many Respondents are currently unhoused or at Risk
- Bridge Housing
- Coordinated releases
- Motivational Interviewing approach
 - Respect autonomy, but provide support
- Master Lease Independent Living
 - Social Connectedness
 - Therapy Groups and support on sight frequently



Best Practice: Peer Support



- Provides valuable insight to staff to assist with engagement
- Peer Support meet every Respondent within first 2 contacts
- Develops rapport that promotes better treatment outcomes
- Available throughout the CARE process
- Assists Hospital Liaison with initial contact and screening with referrals
- Complete PAD's
- Able to support with linkage to needed resources
 - housing, clothing, SUD treatment, emergency medications, etc.

Best Practice: Graduation Planning



- Vast majority opt to continue for 2nd year
- Occurs throughout the course of treatment under CARE
- Can be anxiety provoking
 - Open conversations about what will happen and the timelines
- Continuity of care post CARE
- Goal is to have PAD completed by time of Graduation, but as soon as indicated
- Promote recovery through acknowledgement of progress
- Option to participate in group or individual ceremony
- Celebration!
 - Balloons, decorations, music, and cupcakes!
 - Provided a Graduate Certificate, Gift Card, and personalized gifts.
 - Opportunity for Graduates and their loved ones to reflect on accomplishments

CARE Graduates

On 9/18/2025 San Diego held our first Quarterly Graduation Ceremony

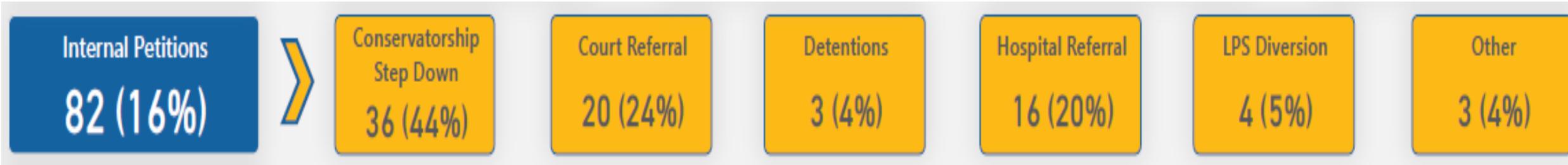
A Total of 31 Participants have successfully Graduated

Of those Graduates:

- Many have successfully stepped down from conservatorship
- Several transitioned from hospitalization to avoid conservatorship
- Successfully completed parole
- Successfully completed probation
- Had a felony conviction reduced to misdemeanor
- Several had criminal history expunged (because of being in CARE)
- Multiple state prison sentences avoided
- Several are now employed
- One is managing the ILF where he was housed by CARE
- Participation in CARE supported Mental Health Diversion
- One is now running SUD Recovery Groups
- Multiple successful reunifications with family
- One has become an incredible inspiration to her community and has inspired others to pursue recovery



Alternative Pathways to CARE



- Step-downs from Conservatorship
- Court Referrals (IST)
- Hospital Referrals
- Detention Referrals
- Outreach Team

CARE Hospital Liaison



- To address the increasing demand for mental health services under CARE Act, Senate Bill 42, and impacts of SB43
- Streamlines referrals, internal petitions, and service delivery
- To act as a bridge between the CARE Program and hospitals, ensuring seamless referrals and service integration
- To be responsive to Court-Ordered evaluations for involuntary treatment holds and CARE eligibility
- Offers an alternative to Hospitals when considering LPS referrals
- **52%** of Hospital Referrals are filed as Internal Petitions



CARE REFERRAL

PATIENT REFERRAL INFORMATION TO BE COMPLETED BY A LICENSED BEHAVIORAL HEALTH PROFESSIONAL EMPLOYEE OR CONTRACTED BY A FACILITY WHO HAS KNOWLEDGE OF THE INDIVIDUAL’S CASE AND HAS BEEN INVOLVED IN THEIR TREATMENT DURING THE HOLD OR THEIR DESIGNEE.

The referring person will complete and submit the referral form via email to BHSCAREteam.HHSA@sdcounty.ca.gov

Required documentation: (please attach to email)

- Release of information (ROI)
- Facility demographic form
- Facility psychiatric assessment
- Any relevant documentation

Hold dates:

- 1st day of 72-hour hold _____
- 1st day of 14-day hold _____
- 1st day of 30-day hold _____

Anticipated discharge date: _____

End date of involuntary hold: _____

LICENSED BEHAVIORAL HEALTH PROFESSIONAL INFORMATION:

Provider Name: _____ Today’s Date: _____
 Provider Email: _____ Provider Phone: _____
 Facility Name: _____ Facility Fax: _____
 Facility Address: _____

PATIENT INFORMATION:

Last Name: _____ First Name: _____ Middle Name: _____
 Address: _____ City: _____ Zip Code: _____

If address is unknown, please provide the last known location and any additional information to locate the individual:

Phone: _____

Medi-Cal Client Index Number: _____ Social Security Number (if available): _____

Emergency Contact: _____ Emergency Contact Phone: _____

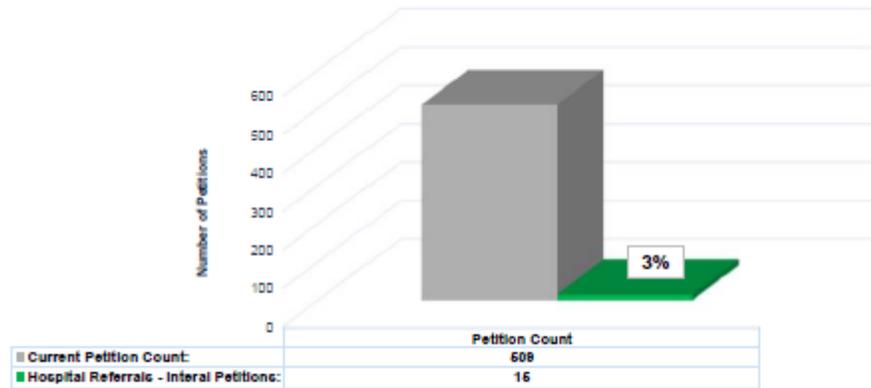
1. Patient (check all that apply):

- Is a resident of San Diego County
- Is currently located in San Diego County

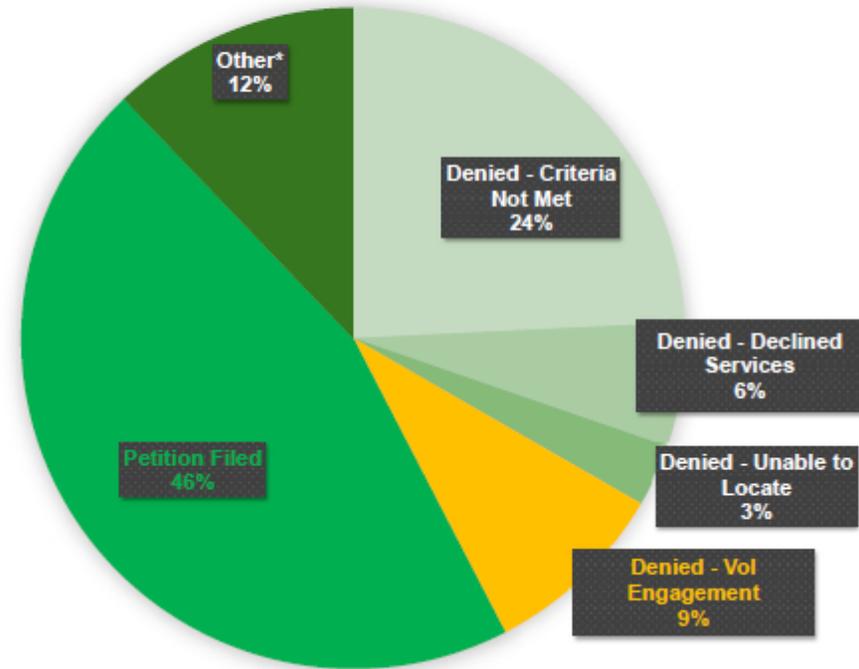
Hospital CARE Referrals Data

Total Hospital CARE Referrals Received: 33

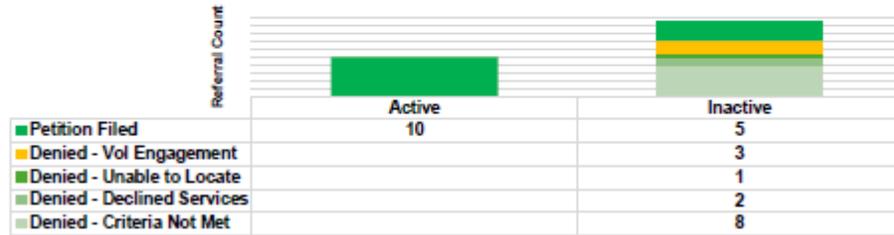
Total CARE Petitions - Total Court Referred Internal Petitions



Hospital CARE Referrals Outcome %



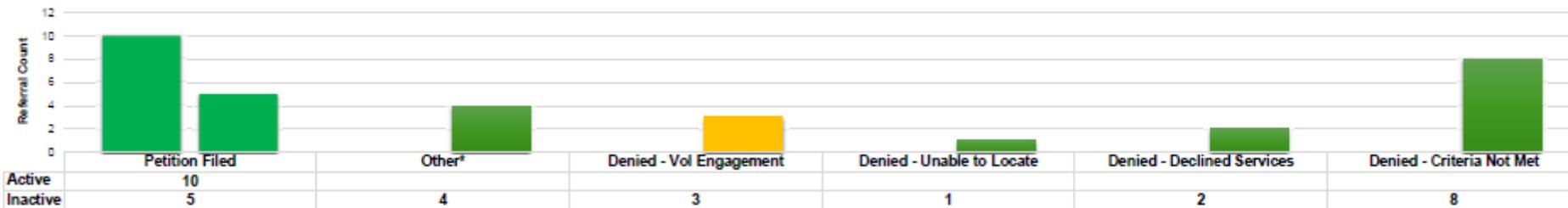
Hospital CARE Referrals - Active vs. Inactive



*Other - Retracted by Referring Party

*Other - Retracted by Referring Party

Hospital CARE Referrals - Current CARE Status



*Other - Retracted by Referring Party

CARE Jail Liaison

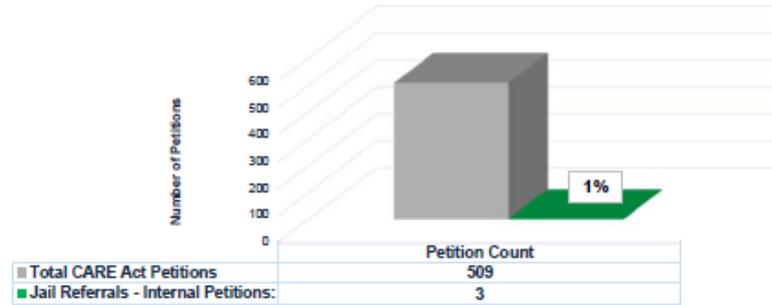


- At least 74% Participants had history of criminal justice involvement
- MOU with local Detention Facilities
- Accept referrals and file internal petitions
- Timely identification and connection of eligible individuals to CARE services.
- Reduced gaps in service delivery through effective interagency collaboration.
- Enhanced awareness and application of CARE program goals

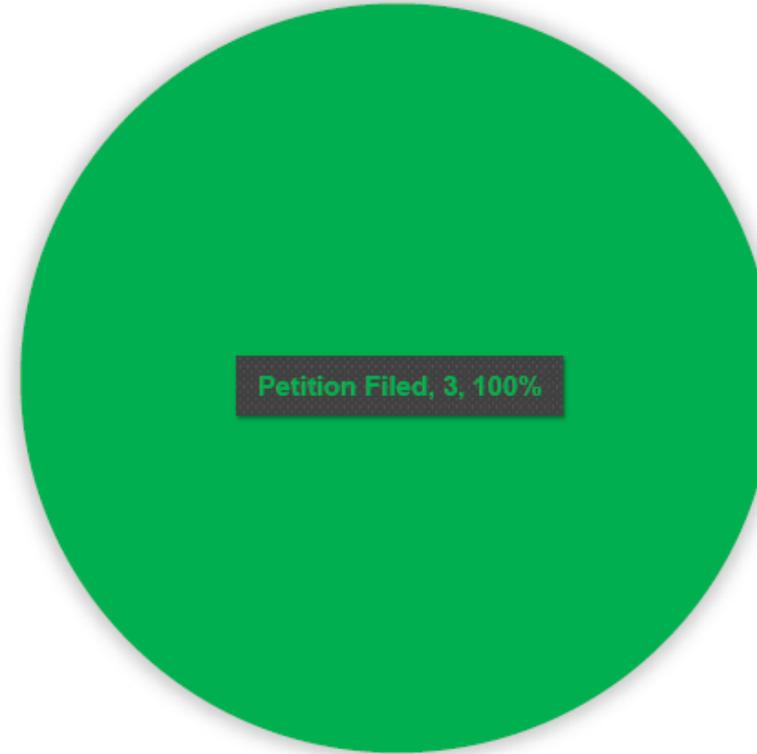
Jails CARE Referrals Data

Total Court CARE Referrals Received: 3

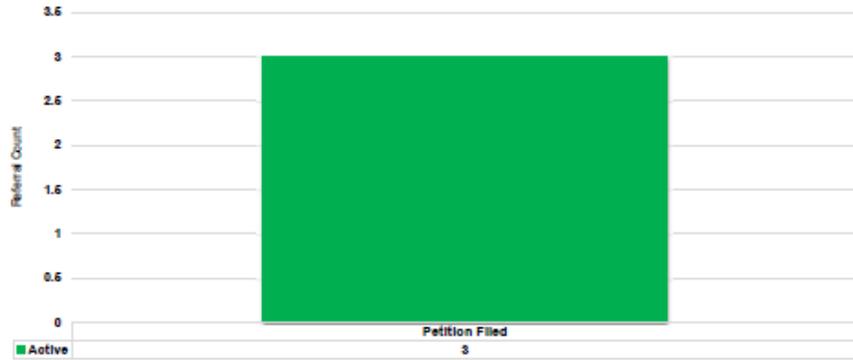
Total CARE Petitions - Total Jails Referred Internal Petitions



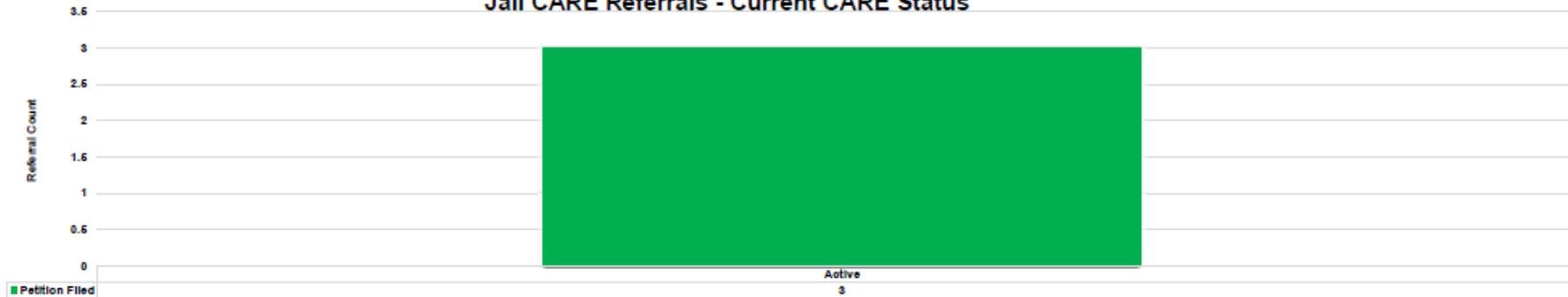
Jails CARE Referral Outcomes %



Jail CARE Referrals - Active vs. Inactive



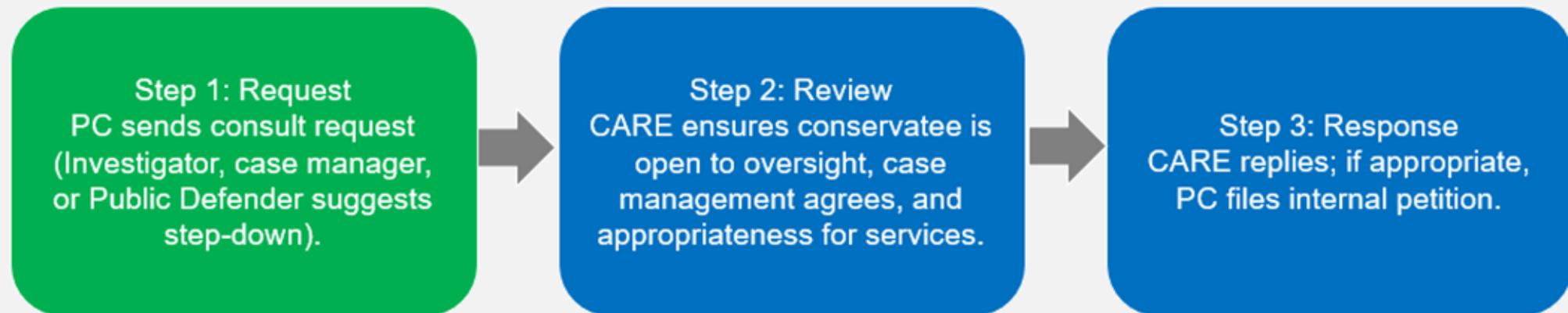
Jail CARE Referrals - Current CARE Status



Public Conservatorship Office Step-downs



Current Step-Down Process



Conservatorship Stepdown Referrals



Collaborative Process including CARE, PCO, PD, case management



Clinical Review Committee



Streamlined Court Hearings (same day)



Prevention of cyclical nature of conservatorships, provides safety net

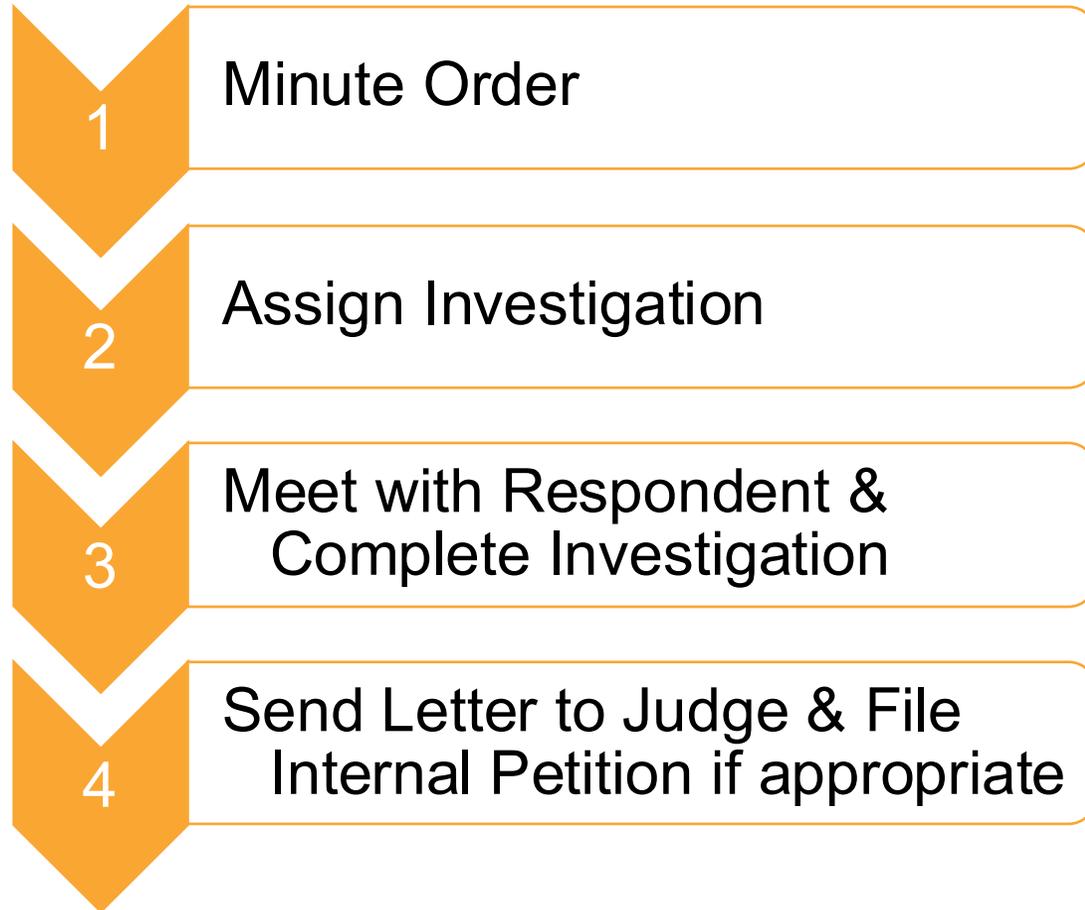


Supported reintegration into the community (e.g., case management needs)



* While difficult to quantify, external petitions likely help prevent many Respondents from requiring conservatorship

IST Referrals/ SB27



Barriers:

Minimal to no information about Respondent

Inappropriate referrals

Difficulty meeting Respondents

Who completes Referral

Solutions:

Screening Tool (DTU)

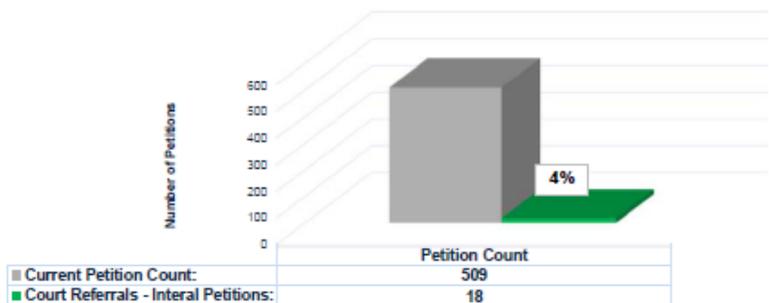
Video Conferences

Collaboration with SDSO, Superior Court, PDs

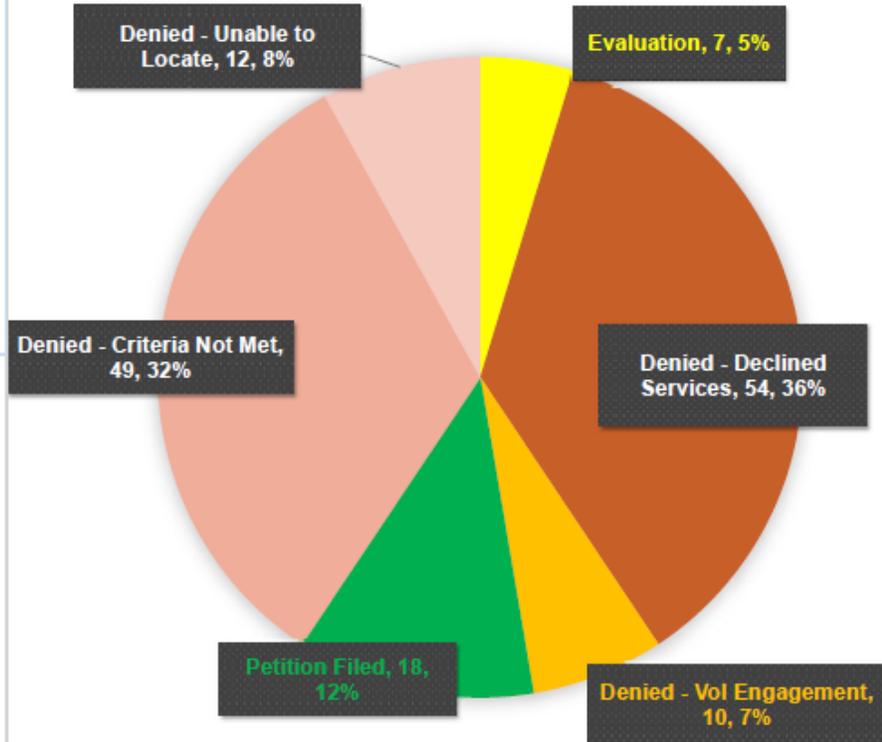
Court CARE Referrals Data

Total Court CARE Referrals Received: 147

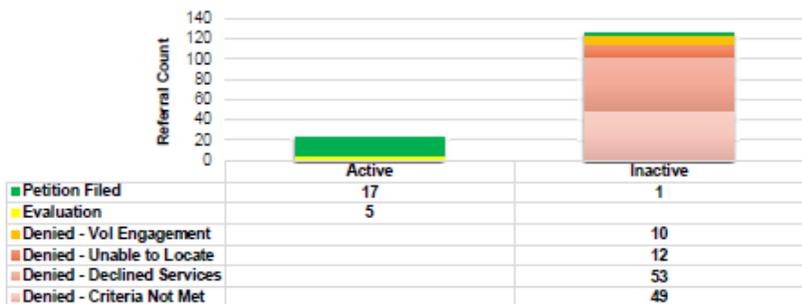
Total CARE Petitions - Total Court Referred Internal Petitions



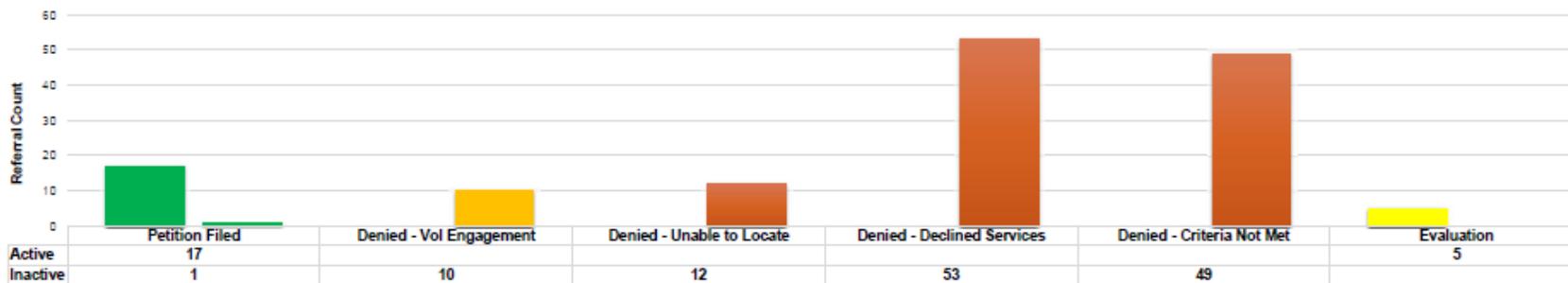
Court CARE Referrals Outcome %



Court CARE Referrals - Active vs. Inactive



Court CARE Referral - Current CARE Status



Department of State Hospital Petitions

DSH communication and documentation aids in the process, however, there remains issues:

Logistics with incarceration

Criminal PD concerns with CARE investigations

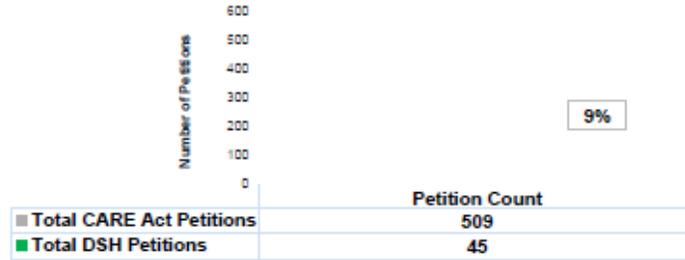
Suitability for CARE/Ability to meaningfully engage

Release dates sudden/Lack of communication

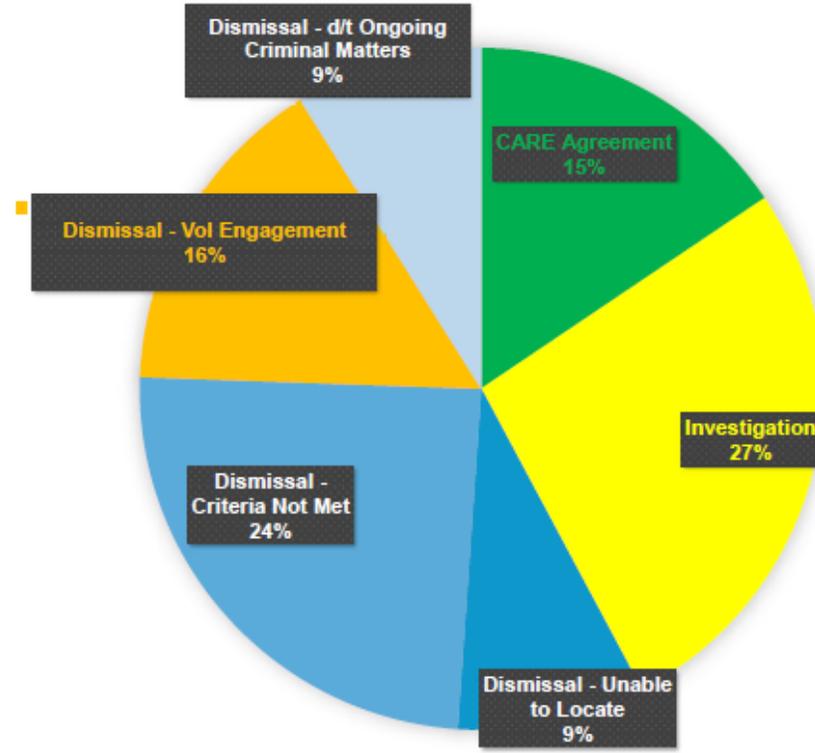
DSH CARE Petitions Data

Total DSH CARE Petitions Received: 45

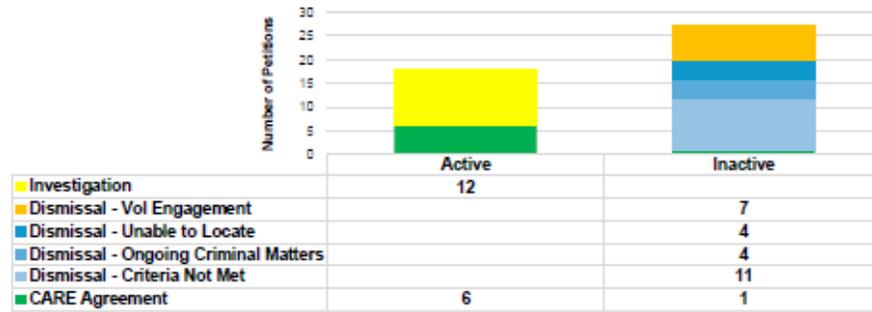
Total CARE Petitions - Total DSH CARE Petitions



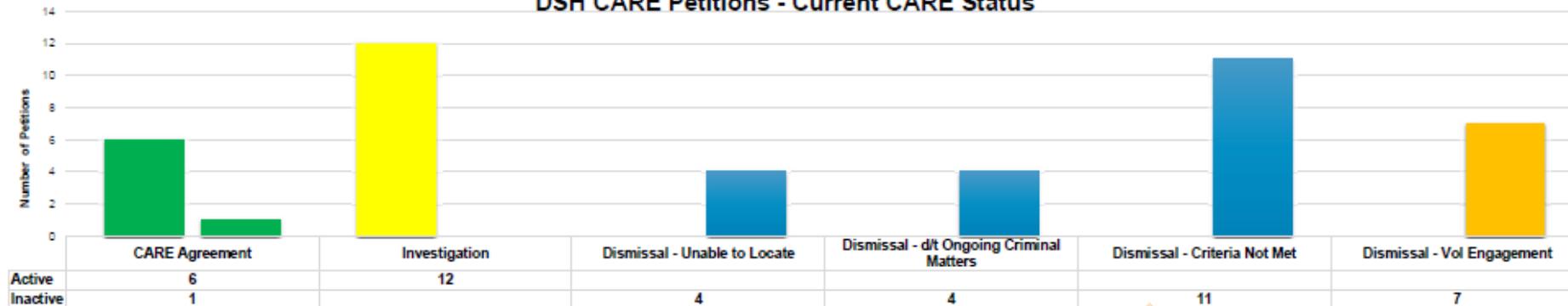
DSH CARE Petitions Outcome %



DSH CARE Petitions - Active vs. Inactive



DSH CARE Petitions - Current CARE Status



Media Portrayal



Critiques of CARE Court – Real-World Perspectives

TRADEOFFS

“Families say little has changed... California's big fix hasn't helped.”

false hope

CaMatters

“CARE Court data shows **limited** improvement in housing and treatment outcomes.”

Voice of San Diego

MAR 2025

“CARE Court is serving those formerly in conservatorships—
—but **questions** remain about **effectiveness**”

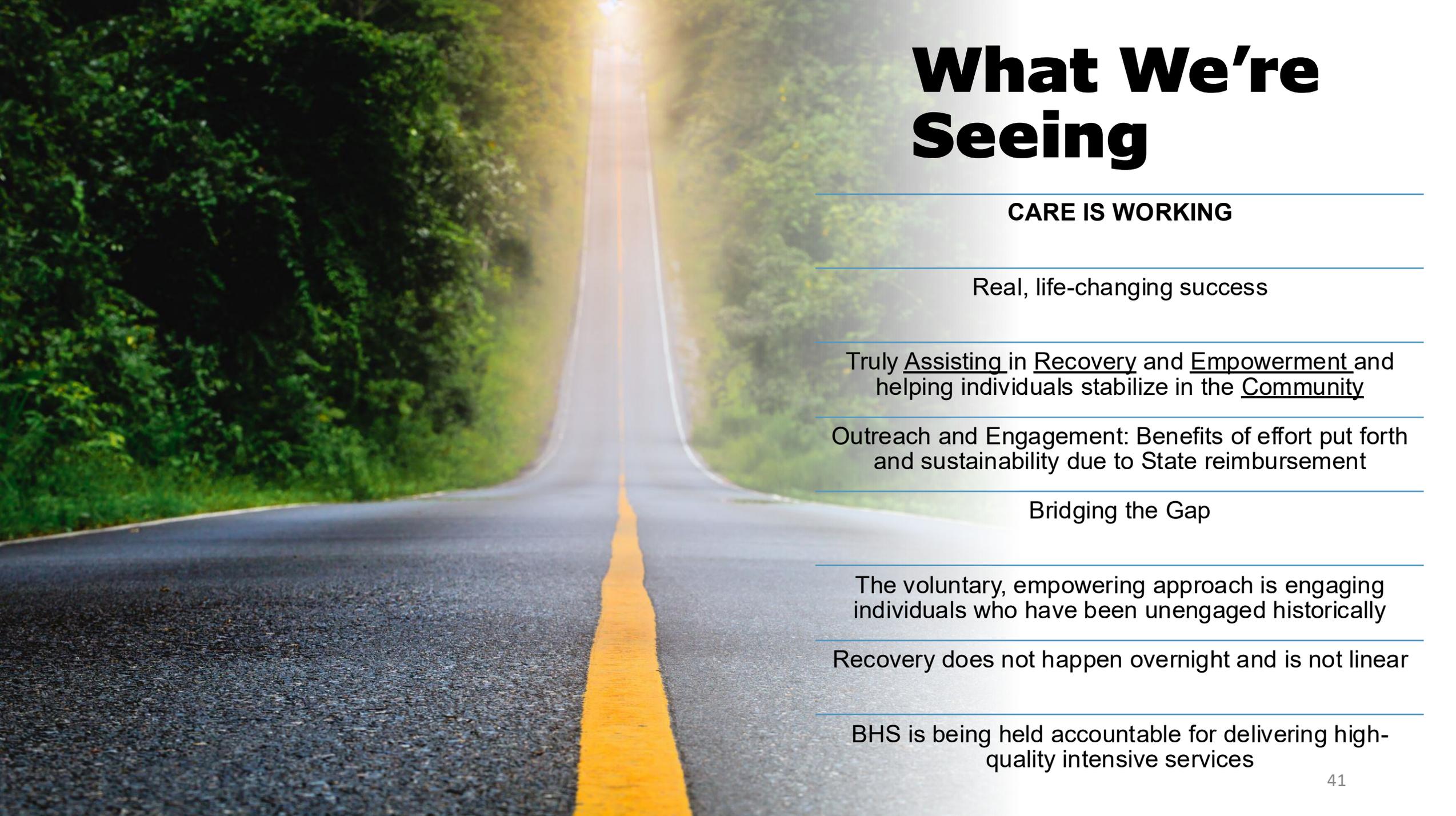
Voice of San Diego

FEB 2025

“CARE Court **isn't forcing treatment**—raising concerns about reach and impact.”

limited reach





What We're Seeing

CARE IS WORKING

Real, life-changing success

Truly Assisting in Recovery and Empowerment and helping individuals stabilize in the Community

Outreach and Engagement: Benefits of effort put forth and sustainability due to State reimbursement

Bridging the Gap

The voluntary, empowering approach is engaging individuals who have been unengaged historically

Recovery does not happen overnight and is not linear

BHS is being held accountable for delivering high-quality intensive services

What We Know



- The Therapeutic Relationship plays a key role in recovery outcomes
- Forced treatment does not yield positive outcomes
- Intensive Outreach and Engagement is working for many (27% refused)
- Stimulant use disorder is the most common SUD amongst individuals struggling with psychosis and...
- Contingency Management is an evidence-based practice for treating Stimulant use disorder
- Assertive Community Treatment and Wellness Recovery Action Plans work
- Social Drivers of Health:
 - Mental Health Support, Food Security, Transportation, Physical Environment, Economic Stability, Social Connectedness
- Collaboration is essential and requires effort and understanding
- The process to be placed on a LPS Conservatorship is extensive and the need must justify taking away a person's civil liberties

What we can do



- Let the “Secret Sauce” simmer
- Gain more input from Counties before legislative changes
- Explore Contingency Management as part of ACT/FSP
- Education on the purpose of and process for Conservatorships
 - It should not be easy to remove a person’s rights
- Increase supports for families impacted by psychosis/SMI
- Continue to enhance system referrals
 - Family Petitions have been consistently #1
- Address need for increased resources and staffing
 - Housing needs, staff turnover and burnout
- Continue community education about CARE
 - Randomized sample of San Diegans- 53% not at all familiar
- Increase funding for community-based crisis response (PERT/MCRT)
- Explore current LPS law for areas of amendment/improvement rather than CARE



Q & A



For More Information



Call the Access & Crisis Line for behavioral health services, referrals, or linkage to Legal Aid Society for CARE Act assistance: **888-724-7240**



Call Legal Aid Society directly for CARE Act information and assistance: **877-734-3258**
(Option 6)



Visit the BHS CARE Act webpage to learn more:
SanDiegoCounty.gov/CAREAct



CARE Act Communication Strategies – Presentation and Discussion

Sarah Hutchinson, Neimand Collaborative

CaIHHS/CARE Communications Strategy

February 11, 2026

Your Guidance Shapes CARE's Story

Agenda

- Building the Foundation in 2025
- 2026: What's to Come
- Getting Involved

Building the Foundation in 2025

What You Helped Make Possible

In 2025, communications focused on people by:

- Simplifying web content to make it easy to understand and help people know what to do
 - Over 5,000 web users across 6,600 sessions since updates were made in October 2025
- Showing CARE in action through video
 - Video interviews of 40 people across Riverside, Alameda, Sacramento, Fresno, Long Beach and San Deigo counties

These efforts helped build confidence where uncertainty can slow action.



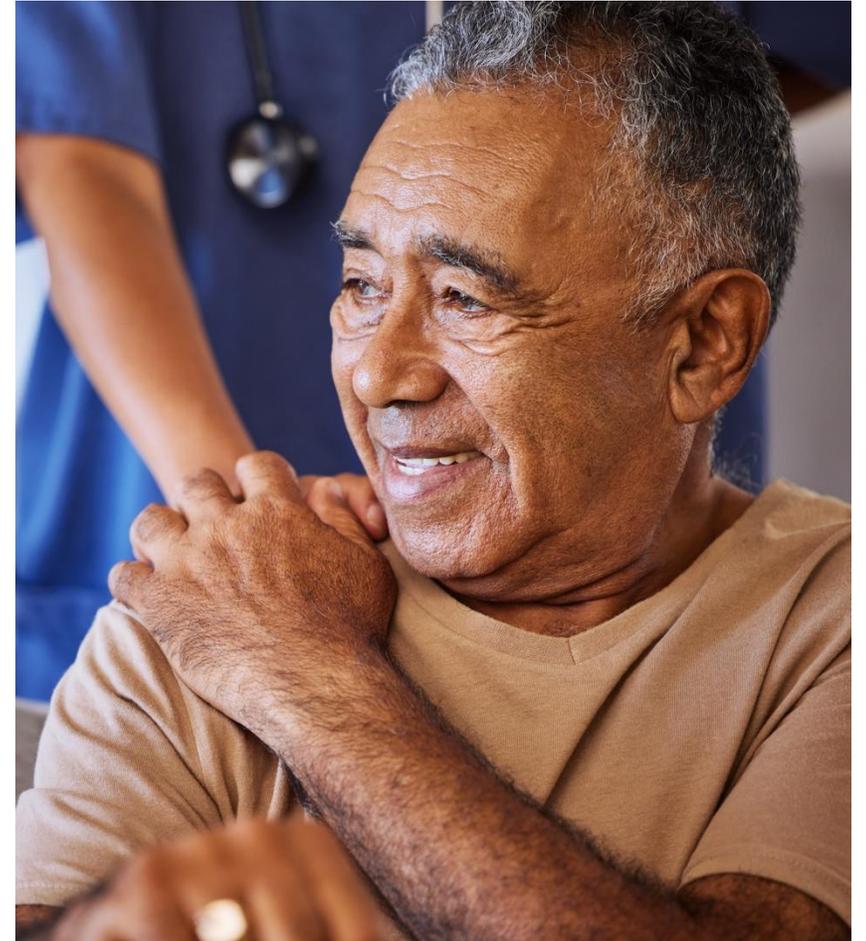
Conversations That Are Shaping CARE

Communications focused on people who:

- Make referrals (petitioners, family members, first responders)
- Support petitioners (judges, law enforcement, legal advocates, etc.)
- Influence how CARE is perceived locally (local decisionmakers, county behavioral health)

These stories help:

- Normalize CARE court as a care pathway
- Contextualize CARE within the systems that support it
- Demystify the non-linear progress that many CARE petitions experience



Stories, Spotlights, and Voices from the Field:

CARE Person-
Centered
Approach



Stories, Spotlights and Voices from the Field:

CARE Giving
Someone
a Chance



Turning Complexity into Action

Stories can reduce confusion and resistance by:

- Translating policy into lived experience
- Replacing misinformation with peer experience
- Helping Californians see themselves reflected in the CARE process
- Motivating peer counties to build on progress

In 2026, stories will be both a tool for awareness and to expand implementation.

2026: What's to Come

Building on Momentum

Share stories of progress

Continue to demonstrate to others that the work is possible and beneficial. Provide the emotional connection needed to build support.

Provide resources that help people tell their story

Knowing work will be recognized is validating and another avenue to motivate systems partners, hospitals, LPS facilities, crisis response entities and county leadership to file more petitions.

Proactively push positive narrative

Paid and proactive earned media will help get stories of progress into the hands of our target audiences—driving awareness, changing perception, offsetting negative coverage and encouraging increased petitions.

Storytelling and Engagement

Objective:

Amplify the real-world impact of the CARE Act, position it in behavioral health continuum, champion voices of those involved in the system and drive positive media attention.

Communications Strategies:

- Develop and implement earned media strategy (proactively pitching stories!)
- Support quarterly roundtables showcasing bright spots and high-visibility events
- Collect and develop 10-15 stories of progress
- Recruit and train 10-15 CARE Champions
- Produce social cuts of videos and posts

Digital Media Strategy

Objective:

Launch a paid digital media campaign targeted towards state legislators, county and city decisionmakers, first responders, behavioral health leaders and potential petitioners with direct calls to action.

Communications Strategies:

- Focus campaign on eight targeted counties: Fresno, Kern, Los Angeles, Orange, Riverside, San Bernardino, San Francisco, Santa Clara
- Employ digital outreach tactics including Meta, programmatic display (including Axios), LinkedIn, YouTube, Google search and OTT/CTV (streaming platforms like Roku)

n/collaborative

Getting Involved

Three Ways to Get Involved



1. Become or nominate a CARE Champion



2. Share CARE stories of progress



3. Author an op-ed

What's a CARE Champion?

CARE Champions are critical to telling the on-the-ground story of CARE in communities across California. Champions also help educate the public, other elected officials and the media about how CARE works, who it serves and how professionals, individuals and families can access CARE resources.

What a CARE Champion is:

- Someone who'll participate in media interviews and attend CARE events
- Someone who's trusted within their community or profession
- Someone who brings firsthand experience interacting with CARE
- Someone who spends a little time each month helping with outreach about CARE to the media or decisionmakers

How You Can Get Involved

Time commitment includes participating in one to two local interviews or events per month. Once the group is established there may also be additional opportunities for quarterly feedback and discussions.

Support provided:

- Toolkit of resources (talking points, storytelling template, presentations, etc.)
- Media training
- Ongoing support for engagement opportunities

We want your help—will you join our CARE Champions?

Help Us Find the Right Stories

What makes a strong CARE story:

- Ones that reflect progress, including non-linear or imperfect progress
- Ones that clarify the impact of CARE on petitioners and families
- Ones that show the coordinated services activated through CARE

Types of voices and experiences needed:

- People with lived experience, including petitioners, and their families
- Behavioral health system staff
- Local leaders and decisionmakers

To submit a story, indicate it on the sign-up sheet, or reach out to Neimand Collaborative at any time (now or in the future) at sarah@ncollaborative.com.

What Will Make This Work

Discussion Questions:

- Where do you see the greatest opportunity for success this year?
- What would help CARE Champions be effective?
- Where do you anticipate resistance or confusion?

Let's Keep Moving Forward

Interested in supporting CARE by being a Champion? Have a story nomination to share?

Please utilize the sign-up sheet circulating around the room to record your contact info.

Thank you for your time.

For questions or to learn more, please contact Sarah Hutchinson at sarah@ncollaborative.com.



Thank you

Lunch!

Volunteer Supporter Video & Discussion Guide

- » **Purpose:** Introduce and deepen understanding of the volunteer supporter role within CARE.
- » **Volunteer Supporter Video:** A short, peer-led video explaining the role, including supported decisionmaking, avoiding bias, cultural humility, and confidentiality.
- » **Discussion Guide:** A facilitation tool with prompts for CARE participants and potential supporters to reflect on preferences, responsibilities, boundaries, and self-care.
- » **Use Cases:** Orientation tool; readiness reflection for supporters; supplemental resource for county onboarding processes.



CARE Act
Community Assistance,
Recovery, and Empowerment Act

Understanding the Volunteer Supporter Role in the CARE Act Process: Discussion Guide

This discussion guide is designed to accompany the short video, [Understanding the Volunteer Supporter Role in the CARE Act Process](#), and help county behavioral health staff facilitate meaningful conversations with both CARE participants and potential volunteer supporters. The guide provides tailored prompts and reflection questions to deepen understanding of the volunteer supporter role, clarify expectations, and address any questions or concerns.

For more information on the volunteer supports—including expectations of the role, trainings, and resources—see the [Volunteer Supporter Toolkit](#).

Discussion Guide for CARE Participants

This section is intended to facilitate a conversation between county behavioral health staff and CARE participants who are considering whether to select a volunteer supporter. It includes prompts regarding an overview of the volunteer supporter role, highlights the potential benefits of having a supporter, and offers prompts to help participants reflect on their preferences, questions, and any concerns. The aim is to support informed decision-making and ensure that participants feel comfortable and empowered in choosing someone to assist them through the CARE process.

1. Opening Conversation

- What did you notice or learn from the video?
- Was there anything that surprised you about the volunteer supporter role?

2. Understanding the Role

- In your own words, what does a volunteer supporter do?
- How do you think a volunteer supporter could help you during the CARE process?
- How might a volunteer supporter help you with making decisions related to CARE?



Featured Topic: Clinical Framework/ CARE Agreements and Plans

Psychiatry Subject Matter Expert Focus Group

Dr. Kate Warburton, Special Advisor, California Health and Human Services Agency; State Medical Director, DSH



**Wrap-Around
Behavioral
Health Services**

Housing

**Stabilization
Medication**

Purpose & Belonging

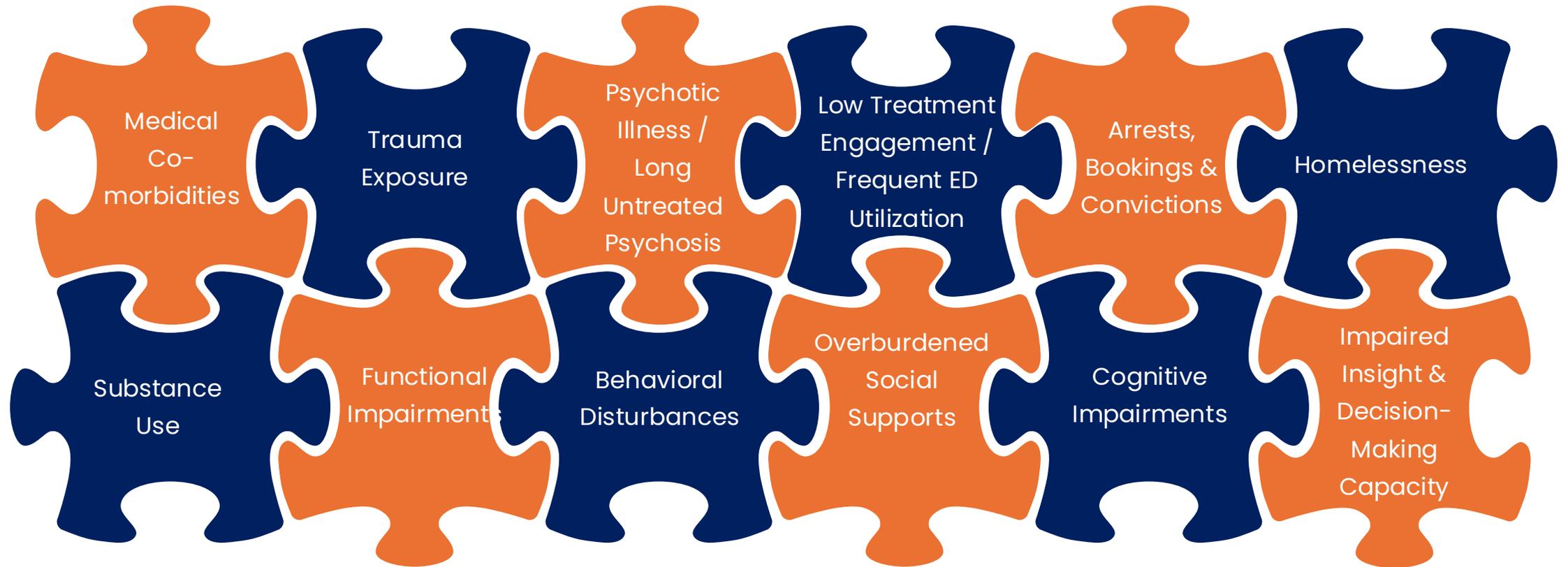
CARE is only for a small subset of the population



CARE Act Population of Focus

- CARE Act ensures service to individuals experiencing persistent delusions and hallucinations who experience impairments in illness-related insight and in awareness of basic needs and safety
- CARE Act population of focus overlaps with populations appropriate for LPS conservatorship, AOT referral, and BHSA-funded evidence-based interventions like Assertive Community Treatment
- Population of focus experiences what we call here ***treatment-refractory psychotic spectrum disorders***
 - Sometimes called stage 4 psychosis, complex psychosis, or psychiatric- or mental health-related disabilities
- Population usually displays an interrelated constellation of challenges that are core to and/or consequent of the treatment refractory psychotic spectrum disorder

Interrelated Manifestations of Treatment-Refractory Psychotic Spectrum Disorders



Components of an Evidence-Driven Treatment Plan for Treatment-Refractory Psychotic Spectrum Disorders

High-Fidelity Assertive Community Treatment (ACT) Team

Socialization & Support for Functioning

Array of Accessible Housing Supports

Physical Health Supports

Decisional Support

Evidence-based Substance Use Treatment

Psychopharmacology for Psychosis

Looking Ahead: 2026 CARE Act Annual Report

Health Management Associates

TELLING THE CARE ACT STORY THROUGH DATA: PREVIEW OF THE 2026 CARE ACT ANNUAL REPORT

February 11, 2025

Objectives of the Annual Report

Overall objective of the Annual Report is to:

- ✓ Provide an update of the CARE Act implementation.
- ✓ Identify opportunities for program enhancement.



Volume of CARE inquiries to counties.

Volume of system referrals from courts.

Volume of CARE petitions through civil courts.

Flow of CARE respondents sent to county BH agencies.

Characteristics of CARE participants.

Services and supports accessed among CARE participants.

County BH agencies' capacity to meet CARE participants' needs.

Telling the Story of CARE



Ensure county's efforts are represented in statewide reports.

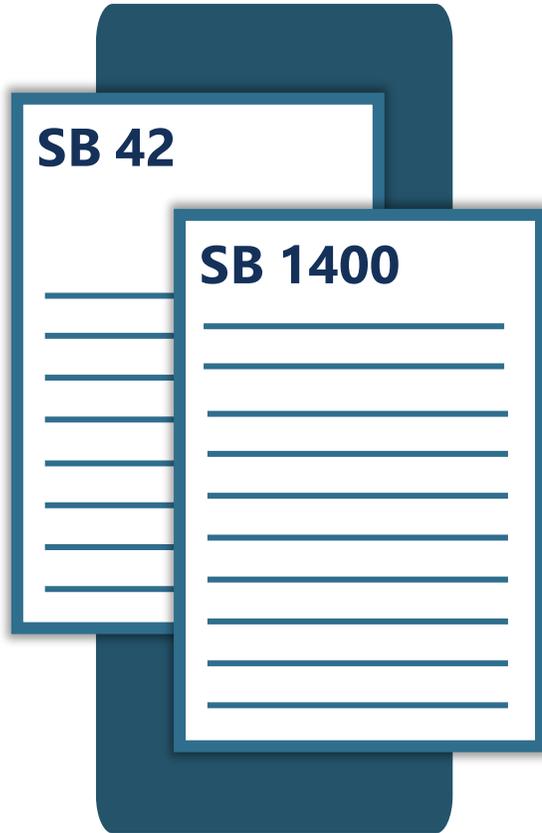


Illuminate service gaps, participant needs, and county variations, where feasible.



Variations across counties highlight the need to ensure equitable access to foundational services and supports that may be locally scarce.

2025 Legislative Impacts on Annual Report



- » [SB1400](#) and [SB42](#) expanded reporting requirements for counties, starting January 1, 2025.
- » DHCS is required to include additional data elements in its annual CARE Act report, beginning in 2026. These include:
 - **System referrals** from specific courts and facilities.
 - **CARE Inquires** made to County BH agencies.
 - **Outreach and engagement** efforts to petitioned and referred individuals.
 - For Petitioned Individuals:
 - County recommendations and court actions.
 - Services provided during early stages of the CARE process.
 - Tracking those receiving county services regardless of CARE eligibility.
- » **2026 CARE Annual Report** will include six months of this new data.

2026 CARE Act Annual Report Data

Report will cover the first 21 months of CARE Act Implementation, with staggered implementation by counties.

Timeframe

- CARE implementation between **October 1, 2023 – June 30, 2025.**
 - DD 1.0 used for October 1, 2023- December 31, 2024.
 - DD 2.0 used for January 1, 2025- June 30, 2025.

Population

- **Cohort 1** counties*: implemented starting October 1, 2023.
 - Los Angeles County implemented starting December 1, 2023.
- **Cohort 2** counties: implemented by December 1, 2024.

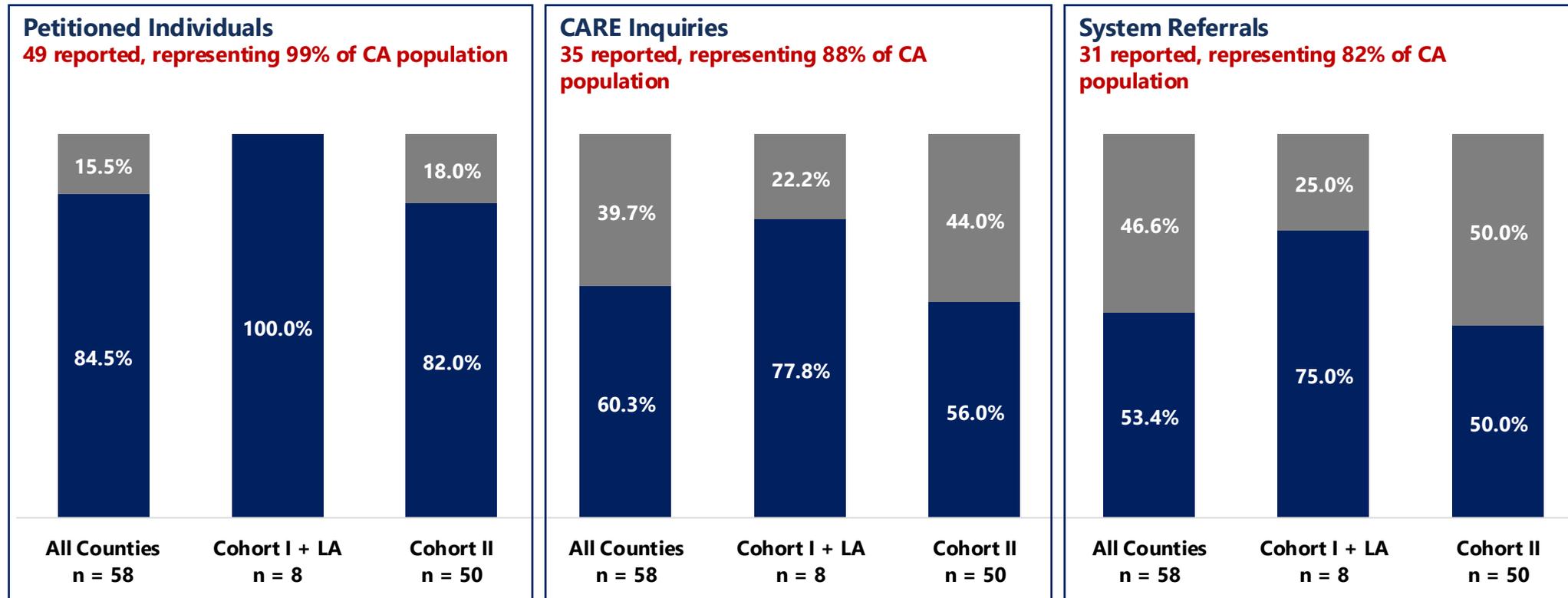
Data Sources

- **Judicial Council** (JC) aggregated data from county CARE courts.
- **County BH agency** aggregated data on actions related to CARE Inquiries; individual-level data on CARE respondents served by counties.

Cohort I counties: Glenn, Orange, Riverside, San Diego, Stanislaus, and Tuolumne counties, and the City and County of San Francisco. Los Angeles County, though technically a Cohort II county, elected to implement early, on December 1, 2023.

County Reporting Status for 2026 Report

49 of 58 counties, representing 99 percent of the California population, reported CARE petitions. Counties, especially Cohort II, struggled to report CARE inquiries and statutory system referrals.



■ Counties with reported data ■ No data, late, incomplete, or unanalyzable data

Data Limitations



Late release of expanded CARE Act Data Dictionary 2.0 impacted data quality.



Missing and unknown data not randomly distributed.

- High variability across data points.
- More missing data among individuals served outside CARE court jurisdiction.



Data lags present barriers to interpretation.

Findings may not represent ongoing implementation and improvement efforts.

CARE Inquiries and Statutory System Referrals

CARE Inquiries:

Include but not limited to, inquiries received by phone, warmlines, voicemail messages, emails, and in-person conversations or consultations.

System referrals:

Documented requests on behalf of an individual that meets or is likely to meet CARE Act criteria submitted to county behavioral health agencies from MIST, FIST, AOT, or a facility.

CARE Inquiries

- Volume of Inquiries and county actions (aggregated data).

Statutory System Referrals

- Source of CARE petitions.
- Outcomes of individual referrals, including CARE petitioning or diversion to county services/supports.
- Reasons for not petitioning.

Petitioned Individuals: CARE Initiation

Flow of CARE Petitions to County BH

- Petition resolution: CARE Agreement, CARE Plan, Dismissed (with or without county services)
- Graduations and/or Re-appointments to CARE.
- Early Exit from CARE Plan or CARE Agreement and reasons.

Socio-demographics of Petitioned Individuals

- Original Petitioners: loved ones, system partners, first responders, self-petitioned.
- Age, Sex, Race and other key characteristics: examine disparities.
- Living Situation, health care coverage status, employment status.

Services and Supports while Awaiting CARE Disposition

- Outreach and engagement efforts.
- Services and Supports Received while awaiting disposition assignment.
- County Recommendations for dismissal and rationale for determining CARE ineligibility.

Petitioned Individuals with a CARE Plan or CARE Agreement

Services and Supports Accessed

- **Trends in access to key county supports and services.**
- **Receipt of critical services to support recovery:**
 - Stabilizing medications,
 - Comprehensive psychosocial and community-based treatments,
 - Housing supports.

Person-Centered Care

- **Prevalence of Psychiatric Advance Directives.**
- **Prevalence of volunteer supporters.**

County Capacity to Meet CARE Participant Needs

- **Proportion with incidents that may signal unmet needs not addressed within community-based settings:**
 - Criminal justice involvement.
 - Law enforcement encounters.
 - Emergency department visits.
 - Hospitalizations.
 - LPS Conservatorships.
 - LPS holds.
- **Housing outcomes:** gaining or maintaining housing.

Opportunities to Leverage Findings



Highlight key insights on CARE Act implementation, including county efforts to implement CARE.



Illuminate service gaps and participant needs across the state.



Highlight variations across counties where feasible.



Discuss opportunities to inform evolving efforts to ensure equitable access to foundational services and supports.

SB 27 & TRAINING AND TECHNICAL ASSISTANCE UPDATES

February 11, 2025

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The composite image features a video frame of a man with glasses and a beard, a QR code, and a discussion guide document. The video frame shows a man in a room with a bed and a whiteboard. The QR code is located in the bottom left corner of the video frame. The discussion guide document is titled "CARE Act Community Assistance, Recovery, and Empowerment Act" and "Understanding the Volunteer Supporter Role in the CARE Act Process: Discussion Guide". It includes a QR code, a small image of people, and text describing the guide's purpose and content. The text includes: "This discussion guide is designed to accompany the short video, Understanding the Volunteer Supporter Role in the CARE Act Process, and help county behavioral health staff facilitate meaningful conversations with both CARE participants and potential volunteer supporters. The guide provides tailored prompts and reflection questions to deepen understanding of the volunteer supporter role, clarify expectations, and address any questions or concerns." It also includes a section for "Discussion Guide for CARE Participants" with two numbered sections: "1. Opening Conversation" and "2. Understanding the Role".

Supported Decision-making Training
CARE-Act.org/training-material/supported-decisionmaking-for-volunteer-supporters

CARE Act
Community Assistance, Recovery, and Empowerment Act

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TTA Materials Aligned with SB 27 Updates

All of our TTA materials have been updated to reflect SB 27.

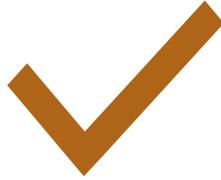


Upcoming TTA Activities



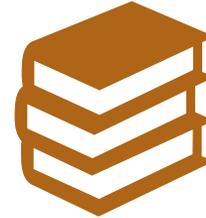
Office Hours

- Overview of the Communications Toolkit
- “Whole Person” Health
- County Staffing
- Working with Justice System Partners
- CDCR Petitions
- Data Collection & Reporting



Trainings

- Live session on eligibility
- Live session on PADs
- Live session on hospitals and EDs as petitioners
- Data Collection & Reporting: Revised DD
- Open Forum on CARE in Practice Series



Resources

- Integration of Peers into CARE
- PADs video
- CARE Graduation Planning Brief & Checklist
- Housing Strategies & BHSA Opportunities Brief



Ongoing TA

- Stakeholder communications
- Ad hoc and scheduled TA activities

Connect with Us!



- [Listserv](#)
- Visit **[CARE-Act.org](https://www.care-act.org)**
- [TA request form](#)
- [Data TA request form](#)
- [Stakeholder feedback form](#)
- Email: [info@CARE-Act.org](mailto:info@care-act.org)

Updates on Judicial Subject Matter Expert Focus Group

Dr. Karen Linkins, Desert Vista Consulting

Court Priorities for Action

1. Services, Access, and Workforce Continuity
2. Screening, Referrals, and Misalignment of Pathways (CARE, AOT, LPS, Diversion)
3. Conservatorship Step-Downs and Transitions Between Levels of Care

Closing Thoughts

Stephanie Welch, MSW, Deputy Secretary of Behavioral Health, CalHHS

Next Working Group Meetings:

May 13, 2026

August 12, 2026

November 18, 2026

Public Comment

Public Comment will be taken on any item on the agenda

There are 3 ways to make comments:

1. In person, please come to designated location
2. Raise hand on zoom to speak. If joining by call-in, press *9 on the phone.
3. We encourage email comment to CAREAct@chhs.ca.gov

NOTE: members of the public who use translating technology will be given **additional time**.

Thank You!

California Health & Human Services Agency
Person Centered. Equity Focused. Data Driven.