



Community Assistance, Recovery, and Empowerment (CARE) Act

The CARE Act ensures mental health and substance use disorder services are provided to the most severely impaired Californians who too often languish – suffering in homelessness or incarceration – without the treatment they desperately need.

CARE IS A NEW APPROACH AND A PARADIGM SHIFT

CARE is an upstream diversion that prevents more restrictive conservatorships or incarceration for people with schizophrenia spectrum or other psychotic disorders, and is based on evidence which demonstrates that many people can stabilize, begin healing, and exit homelessness in less restrictive, community-based care settings. With advances in treatment models, new longer acting antipsychotic treatments, and the right clinical team and housing supports, CARE works to help individuals who are experiencing a mental health crisis before they get arrested and committed to a State Hospital or placed in a Lanterman–Petris–Short (LPS) Mental Health Conservatorship.

CARE PROCESS

The CARE process begins with a petition to the Court from family members, behavioral health

providers, or other parties specified in the CARE Act that have a relationship to the individual with untreated schizophrenia spectrum or other psychotic disorders. The Court reviews this petition and appoints a legal counsel to the individual, as well as a voluntary supporter chosen by the individual, if desired, to help the participant understand, consider, and communicate decisions throughout the CARE process.

If the individual is determined by the Court to meet the CARE criteria (as specified in Section 5972) and refuses to voluntarily engage in services, the Court orders development of a CARE plan. The CARE plan is developed by the county behavioral health agency together with the participant and their legal counsel and voluntary supporter, and focuses on the specific needs of the individual by ensuring access to a coordinated set of clinically appropriate, community-based services and supports that are culturally and linguistically

competent. CARE plans may include provision of short-term stabilization medication, wellness and recovery supports, and connection to social services such as housing that are often not provided to this vulnerable population. The Court reviews and adopts the CARE plan with both the participant and county behavioral health as party to the Court order for up to 12 months.

Once the CARE plan is adopted, the county behavioral health agency and other providers begin treatment to support the recovery and stability of the participant. Progress on these treatments is regularly monitored by the Court, and the CARE plan may be revised or extended by up to 12 months.

Once an individual completes the requirements of the CARE plan, they remain eligible for ongoing treatment, supportive services, and housing in the community to support a successful transition and long-term recovery. The individual may also elect to execute a Psychiatric Advance Directive at this time, allowing them to document their preferences for treatment in advance of potential future mental health crisis.

ACCOUNTABILITY IN CARE GOES BOTH WAYS

If a participant cannot successfully complete a CARE plan, the Court may utilize existing authority under the LPS Act to ensure the participants safety.

However, the CARE Act also holds local governments accountable for using the variety of robust funding streams available to counties today to provide

care to the people who need it. These funding sources include nearly \$10 billion annually for behavioral health care and over \$14 billion in state funding that has been made available over the last two years to address homelessness. Participants must also be prioritized for any appropriate bridge housing funded by the Behavioral Health Bridge Housing program, which provides \$1.5 billion in funding for transition housing and housing support services. If local governments do not meet their specified responsibilities under the Court-ordered CARE plans, the Court will have the ability to order sanctions and, in extreme cases, appoint an agent to ensure services are provided.

CARE REQUIRES COMMUNITY ENGAGEMENT AND INPUT

Successful implementation of the CARE Act requires deep engagement with the community to ensure that it is built with Californians and not for them. In the coming months, we will engage a broad set of stakeholders to help shape implementation and ensure that CARE delivers meaningful results for some of our most vulnerable neighbors.

We call on organizations and individuals alike to engage with us by providing written feedback that can be sent to us at **CARECourt@chhs.ca.gov.**