



# CARE Act Implementation Update

## July 2025

### Current Status

**Since launching in October 2023, through April 2025, a total of 3,366 people have been petitioned** or otherwise engaged with county behavioral health under the CARE Act, with petitions or diversions (discussed below).<sup>i</sup>

This CARE Act implementation brief provides updated information and serves as a companion for the first [CARE Act Annual Report](#). That report highlights the progress made from October 2023 to June 2024 in providing community-based behavioral health services to eligible Californians with the most significant mental health needs during the first nine months of implementation in eight counties.

CARE offers a compassionate, community-based alternative for individuals with untreated or undertreated schizophrenia who are most at risk of hospitalization, homelessness, and incarceration. Through CARE, participants are connected to a dedicated team that works collaboratively to deliver comprehensive, wrap-around services—including housing, stabilizing medication, and behavioral health support—empowering individuals to heal at their own pace and regain control of their lives. CARE also offers a preventive alternative to conservatorship and supports individuals in stepping down from it when appropriate.

**Petitions:** As of May 31, 2025, 2,008 petitions had been filed across California since October 2023. From December 1, 2024 (when all 58 counties went live with CARE) to May 31, 2025, 1,063

### What's Being Said

"What I'm seeing in this [CARE] is, in my experience, remarkable, and a lot of it has to do with literally enveloping the person with support, with compassion, with opportunities so that they can then [engage] with the housing support, then maybe they're a little more open to the therapy group. Maybe they're a little more open to individual counseling, to the medication compliance. It's really remarkable to see."

–Hon. Matthew P. Guasco, Superior Court of California, County of Ventura

"[CARE] changes our clients' relationships with the court and with the partners that we're working with. And it changes the trajectory of their lives."

– Desirae Sanders, Supervising Deputy Public Defender, Mental Health and CARE Act Unit, San Diego

"[CARE participants] feel like they accomplished something, which they did, because they're able to combat mental health challenges and find what works for them and see that they, too, can achieve their own goals. I mean, I think that it sets the precedent, 'Hey, what else can I achieve?'"

– Aaron Sanchez, Peer Support Specialist, Riverside County

petitions were filed – more total petitions than had been filed in the previous 14 months.<sup>ii</sup>

**Diversions:** Through December 31, 2024, counties reported 1,358 total diversions– individuals connected to counties due to CARE outreach who were directly engaged in services and “diverted” from CARE.<sup>iii</sup>

**CARE Petitioner Types:** The first CARE Act Annual Report showed that of the 490 individuals that were connected to counties, the majority (68%) were petitioned by someone with a personal relationship to the respondent; 22% by a system partner (defined as a hospital director, licensed behavioral health professional treating client, public guardian, or conservator); 7% by a first responder, mobile crisis team, or outreach worker; and 3% by the respondent themselves. Recent preliminary data reported by counties to DHCS for the October–December 2024 quarter shows that system partners now comprise 52% of that quarter’s petitioners. Importantly, the CARE Act enables both families and system partners to petition a civil court for treatment and housing for individuals with untreated mental illness. Family petitions offer a vital pathway for loved ones to seek help, and the involvement of system partners is equally crucial due to their extensive experience working with this population. These partners ensure that those who can most benefit from CARE are identified, supported through the process, and connected to necessary services.

**CARE Provided:** Among individuals who entered into a CARE plan or agreement during the first nine months of implementation:

- Over three quarters (76%) accessed a specialized program for individuals with serious mental disorders (e.g., Assertive Community Treatment or Full-Service Partnership).
- Most received mental health treatment services (93%) and stabilizing medications (72%); of those who received medications, 40% received a long-acting injectable.
- Nearly two-thirds (63%) accessed the three evidence-based services and supports that provide critical foundations for recovery (i.e., stabilizing medication, comprehensive psychosocial and community-based treatment, and housing supports). Another 28% accessed two of the three services and supports.
- Overall, the proportion of CARE participants with permanent housing increased from 46% at the time of petitioning to 56% in the most current reporting month of their Active Service Period.

## Collaborative Actions

State and county partners are actively responding to early implementation learnings by working together to:

- 1) Support best practices in outreach and engagement through targeted training and technical assistance to courts, counties, and system partners.
- 2) Promote evidence-based best practices for delivering services and supports to CARE-eligible populations through training and technical assistance.

- 3) Foster intentional information-sharing and partnerships across the courts, county behavioral health, providers, and system partners to more effectively and efficiently meet the needs of CARE respondents.
- 4) Increase awareness of initiatives and programs that prioritize CARE participants for permanent rental subsidies, housing services, and supports, and models such as those supported through the Behavioral Health Community-Based Organized Networks of Equitable Care and Treatment ([BH-CONNECT](#)) and the Behavioral Health Services Act (BHSA).

## About CARE: A Pathway to Recovery and Stability

At the heart of CARE is trust and collaboration. The process builds meaningful relationships between individuals in need and those working to help them—outreach and behavioral health professionals, hospitals, first responders, public defenders, and a civil court focused on care over punishment.

CARE Court is unlike any other. It is a supportive space where participants are seen, heard, and supported by their CARE team. CARE agreements and plans are built through mutual collaboration between clients, behavioral health providers, public defenders, and CARE judges, all working together to celebrate and support progress toward recovery.

CARE also funds counties to conduct the sustained outreach and engagement needed to earn the trust of individuals who may initially resist help. By equipping counties with the tools to coordinate across systems and persist in their efforts, CARE helps break the cycle of crisis and delivers a more hopeful path forward.

## How CARE Teams Create Change

[New videos](#) demonstrate how CARE is making a difference in Californians' lives by providing wrap-around services—focusing on the dignity and personal goals of the people we serve.

[The CARE Act at Work:](#) Go behind the scenes of California's CARE Act to see how this collaborative approach is helping people with untreated or undertreated schizophrenia who are most vulnerable to hospitalization, homelessness, and incarceration.

[San Diego County:](#) The CARE Act is making a difference in San Diego County for people with untreated and undertreated schizophrenia. In collaboration with those who want and need care and their families, the courts, first responders, and mental health providers are helping pave the way to recovery.

[Riverside County:](#) In Riverside County, CARE Act teams are showing what it means to lead with compassion. Watch as courts, first responders, behavior health specialists, and others come



together to create pathways to care for people with severe mental illness—building trust and supporting recovery through coordinated, person-centered services.

Fresno County: Fresno is putting the CARE Act into action with a hands-on collaborative approach. Hear how this approach is serving people in our community with untreated and undertreated schizophrenia and their loved ones, offering structured care and dignity through California’s innovative new model for behavioral health intervention.

## Additional Information

Mental Health for All is California’s plan to build a **stronger and more equitable behavioral health system**. The goal is to make sure every Californian—especially those who have struggled to get help—can access high-quality mental health and substance use disorder treatment when and where they need it.

This work is supported by major investments, new policies, and partnerships with local governments, health plans, care providers, people with lived experience, and community organizations. The state is increasing access to care, adding more housing and treatment services, growing and diversifying the workforce, and making care more culturally and linguistically responsive.

By focusing on prevention, early support, care that matches individual needs, and long term recovery, California is making it easier for people to get the right care at the right time—leading to better health and stronger communities across the state.

For additional information about related activities, please visit DHCS’ [Behavioral Health Transformation site](#), and sign up for updates by emailing [BHTinfo@dhcs.ca.gov](mailto:BHTinfo@dhcs.ca.gov). To learn more about the CARE Act, [please visit this site](#) or sign up for updates by emailing [CAREAct@chhs.ca.gov](mailto:CAREAct@chhs.ca.gov) to join the CARE distribution list.

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<sup>i</sup> Petition total is based on preliminary and unvalidated data provided by the Judicial Council of California. Diversion data has been reported by counties to CalHHS and DHCS.

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