CARE (Community Assistance, Recovery and Empowerment) Act

California Health & Human Services Agency

Person Centered. Equity Focused. Data Driven.

CARE Act Working Group Meeting
November 19, 2025

California Health & Human Services Agency

Person Centered. Equity Focused. Data Driven.

Welcome and Introductions

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Agenda

1. Welcome and Opening Remarks
2. The Role of the Courts in CARE – Panel Discussion
3. California Mental Health Courts Overview
4. Lunch
5. The CARE Act in Los Angeles County
6. Recent Legislative Changes to CARE: Senate Bill No. 27
7. Implementation Updates
8. Closing Thoughts
9. Public Comment

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Working Group Members

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Harold Turner

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Monica Porter Gilbert

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Ruben Imperial

Ruqayya Ahmad

Salena Chow

Sarah Davis

Hon. Scott Herin

Stephanie Regular

Stephanie Welch

Susan Holt

Tawny Macedo

Tim Lutz

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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

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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.

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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.

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Recap of August Meeting

- Annual Report Overview – Presentation and Response Panel
- Featured Topic: Role of Peers in the CARE Act
- Role of Health Plans in the CARE Act and Opportunities for Coordination
- Updates on CARE Subject Matter Expert Focus Groups

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2026 CARE Working Group Meetings

- February 11, 2026
- May 13, 2026
- August 26, 2026
- November 18, 2026

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The Role of the Courts in CARE

Judge Alicia Ekland (Glenn)

Judge Hana Balfour (El Dorado)

Judge Sandra Bean (Alameda)

Judge Scott Herin (Los Angeles)

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California Mental Health Courts Overview

Anne Hadreas, Supervising Attorney, Center for Families, Children & the Courts Judicial Council of California

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California Court Mental Health Programs

Community Assistance, Recovery and Empowerment (CARE) Act

Lanterman-Petris-Short Act (LPS)

Assisted Outpatient Treatment (AOT)

Felony Incompetent to Stand Trial (FIST)

Misdemeanor Incompetent to Stand Trial (MIST)

Mental Health Diversion

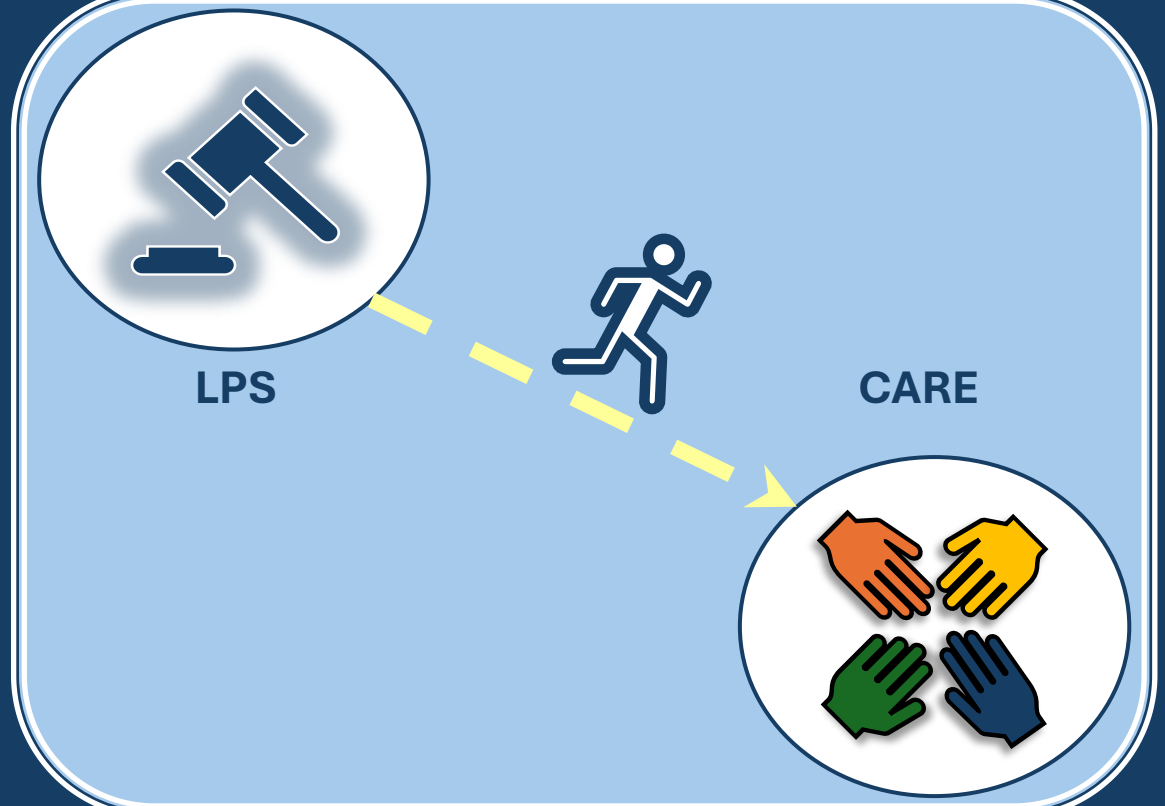
What is LPS?

- Welfare and Institutions Code §§ 5000-5550
- Civil commitment framework that ranges from short-term hospitalization to conservatorship
- Most restrictive entirely civil mental health program
- Not willing or able to accept voluntary services
- Allows for inpatient hospitalization and forcible medication

What is LPS?

- Standard is danger to self or others, or grave disability
- Only certain individuals can start the process, which often begin with a “5150”
- Due process protections throughout
- Conservatorships can be reestablished annually, indefinitely

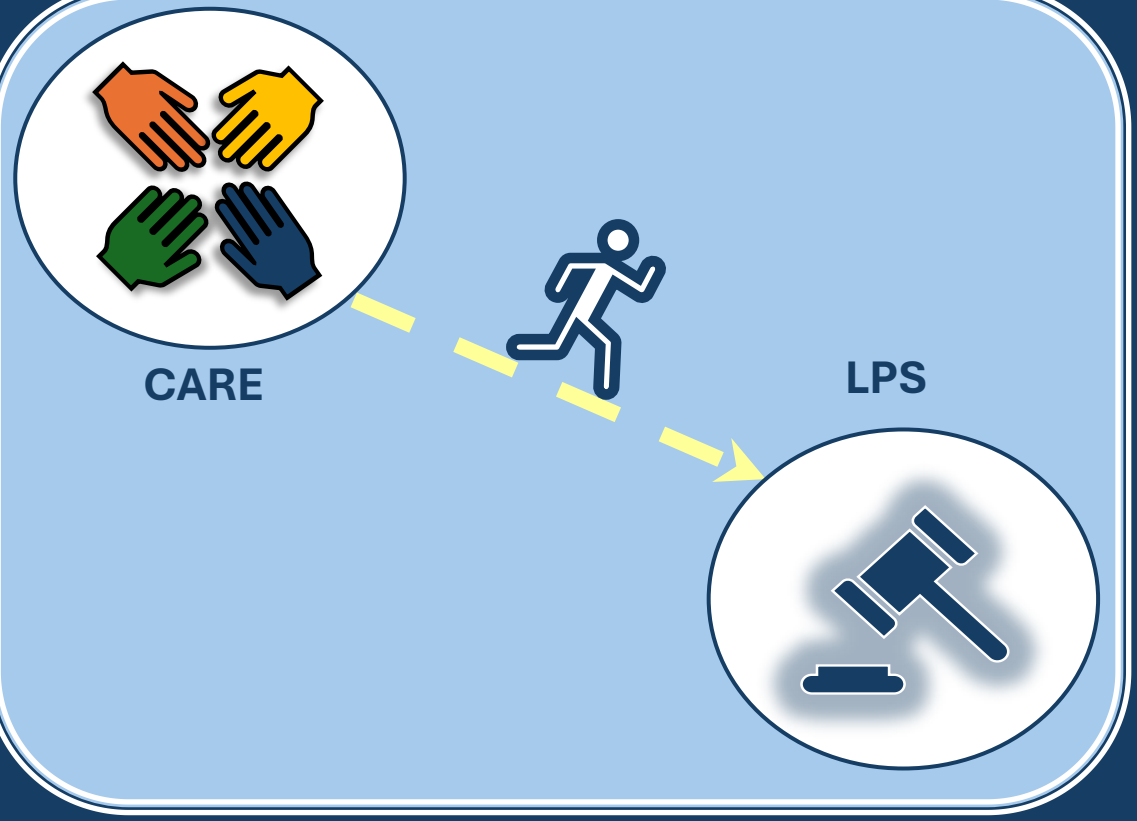
How do people go from LPS to CARE?



- Stepdown from conservatorship
- Redirection from conservatorship petition
- Referrals from designated facilities

How do people go from CARE to LPS?

- No direct route, but the county behavioral health agency is involved
- 5200 et seq. petitions
- LPS presumption: If a respondent fails to complete a CARE plan after timely provision of all services in it, that fact and the reasons for it will be considered if the person has a LPS hearing in the following 6 months



What is AOT?

- Welfare and Institutions Code §§ 5345-5349.1
- Court-ordered outpatient program for 6 months
- Meant to be a less restrictive alternate to LPS
- Requests can be made from a list long of individuals, but only county behavioral health may file a petition
- Allows for short-term hospitalization in specific circumstances
- Not available in all counties

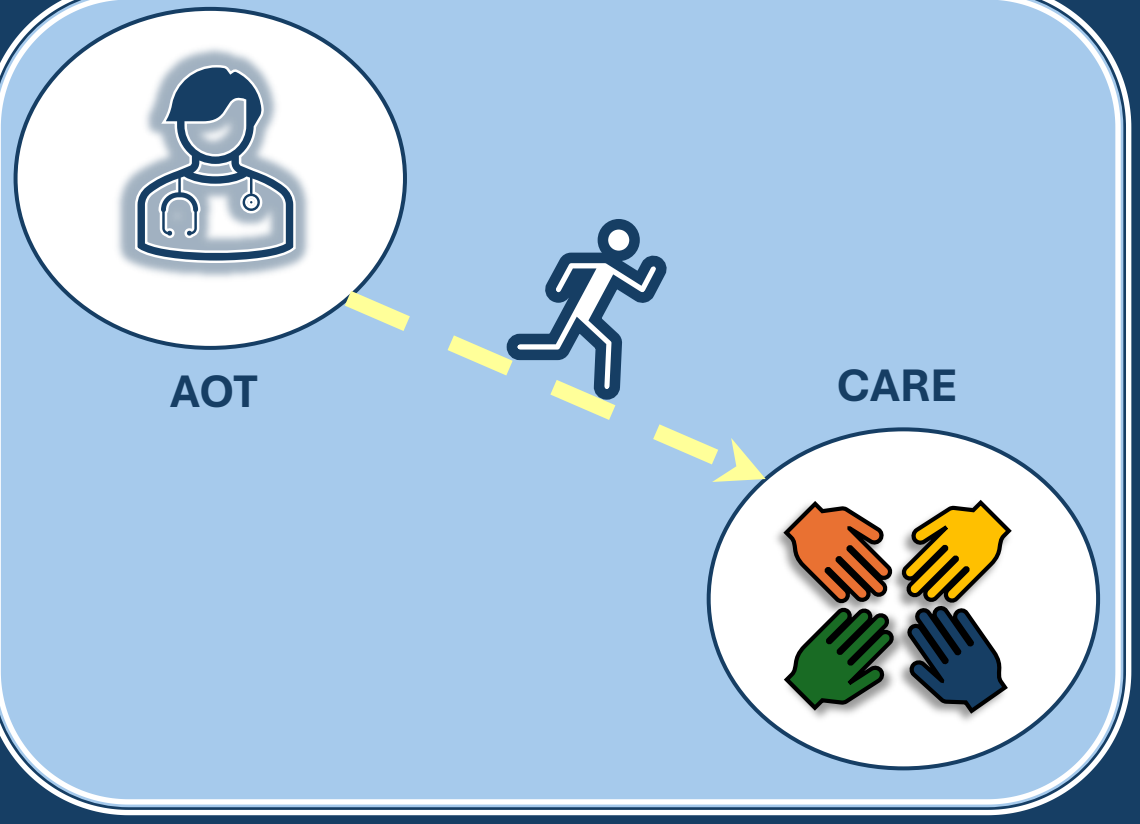
What is AOT?

Eligibility criteria:

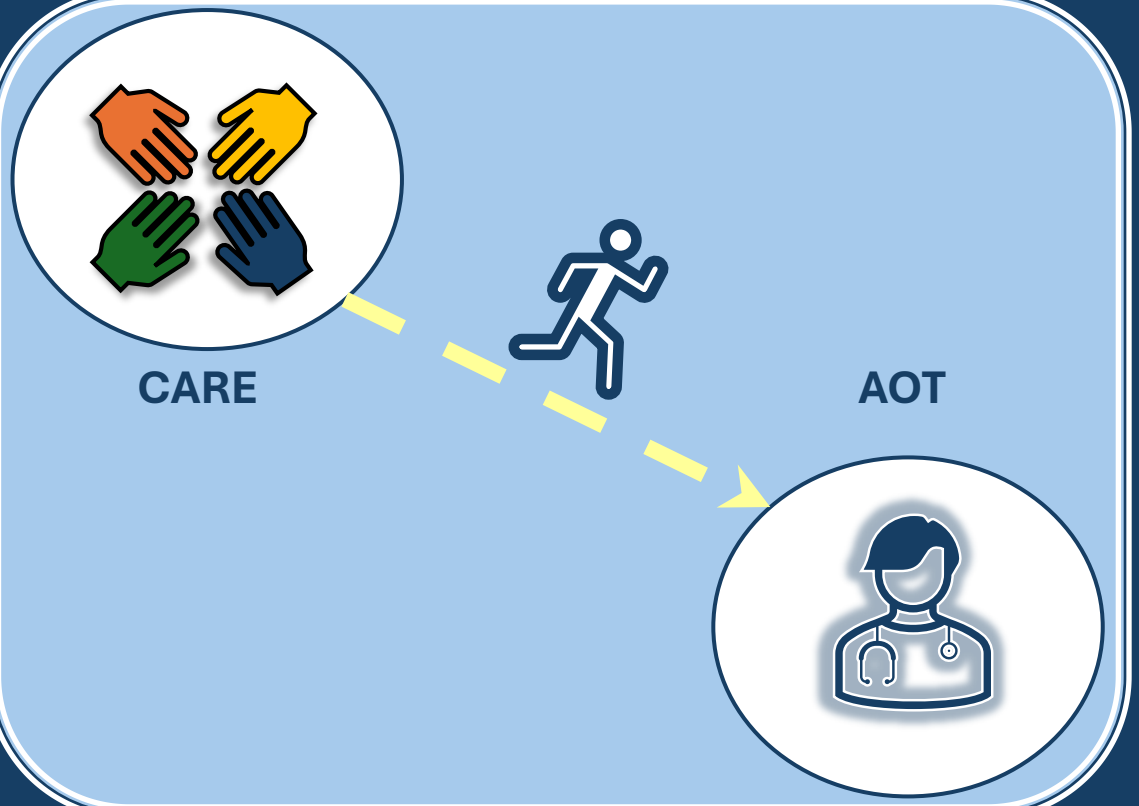
- Adult with “serious mental disorder”
- Unlikely to survive safely in the community without supervision and whose condition is substantially deteriorating or needs AOT to prevent relapse or deterioration likely to result in a 5150
- History of lack of compliance with mental health treatment resulting in either: 2 or more psychiatric hospitalizations in last 36 months; or 1 or more acts of serious and violent behavior in the last 48 months
- Offered opportunity to participate in a treatment plan with all of the AOT services
- Least restrictive placement
- Likely to benefit

How do people go from AOT to CARE?

- AOT court may refer to CARE Act court
- County behavioral health as petitioner



How do people go from CARE to AOT?

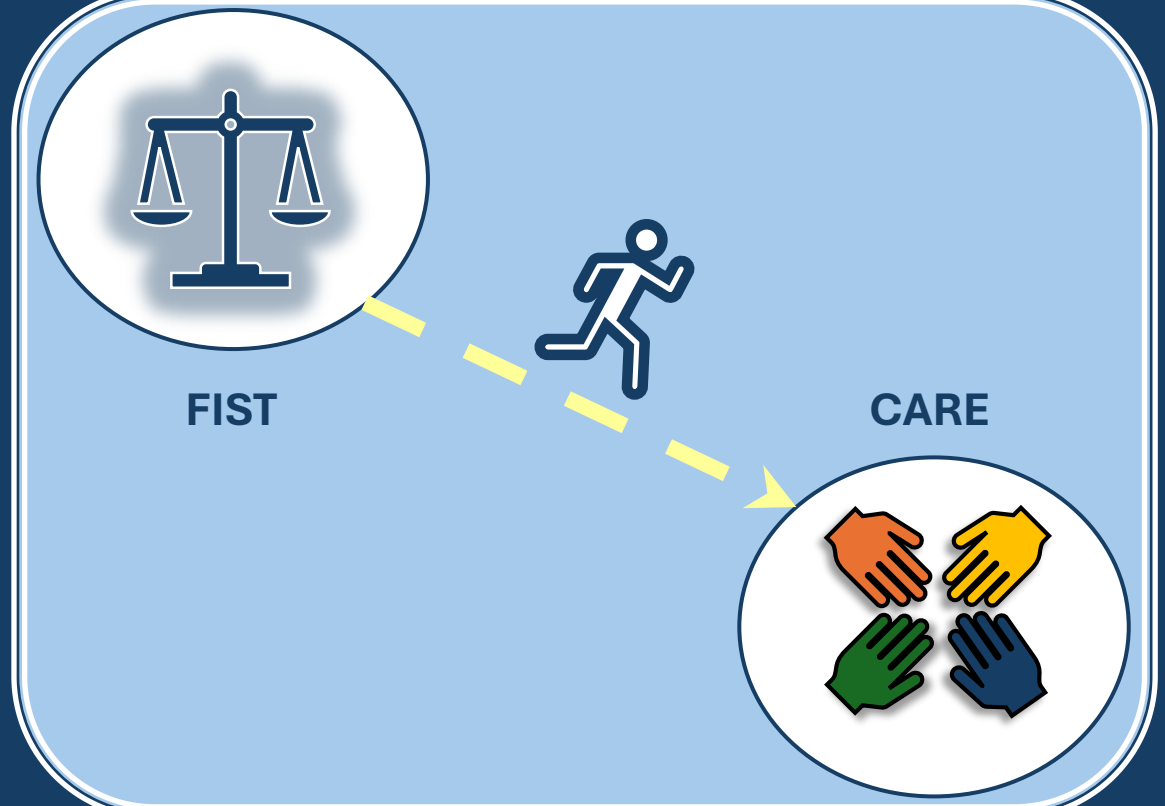


- No direct referral in statute
- County or court may determine that AOT is more appropriate

What is FIST?

- Penal Code §§1367-1376
- Definition of incompetency: unable to understand the proceeding or to assist in their own defense, because of a mental disorder or a developmental disability
- Courts first consider the crime charged and whether restoration is in the interest of justice
- May be sent to the Department of State Hospitals or another facility or outpatient program for restoration or placed on mental health diversion
- Procedures for involuntary medication orders

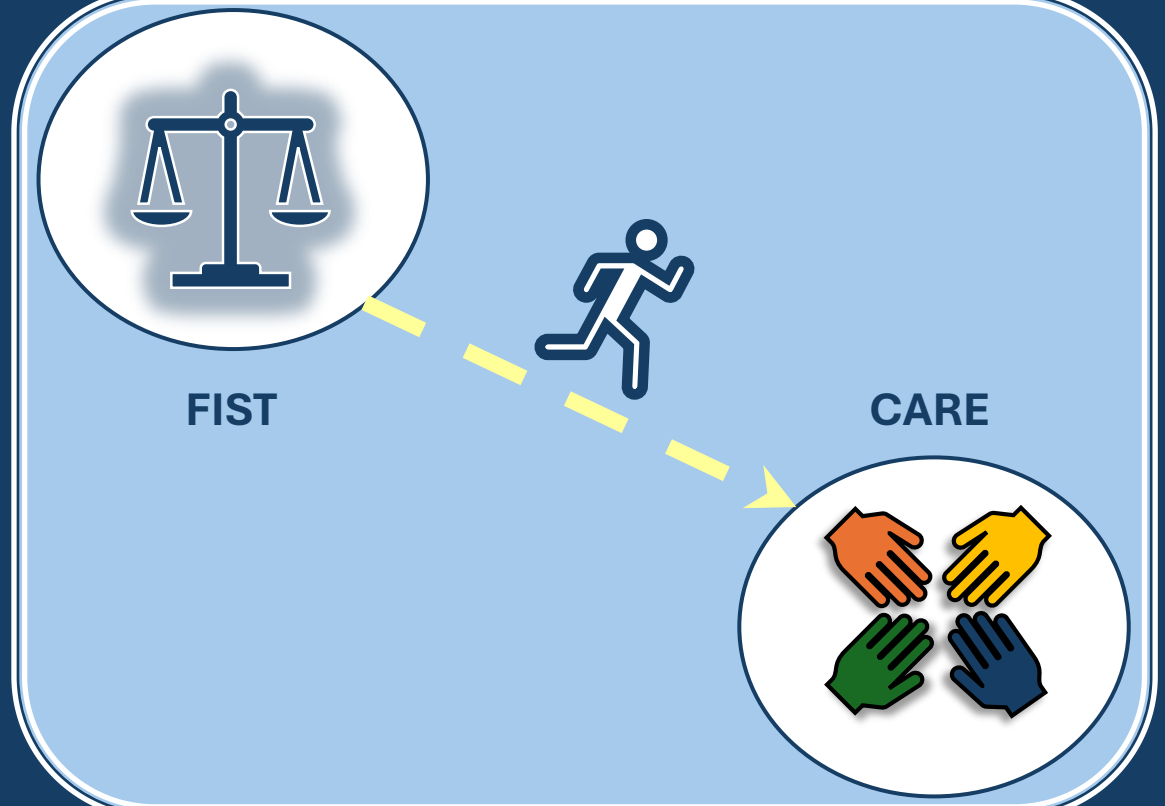
How do people go from FIST to CARE?



If restoration is not in the interest of justice and the defendant is ineligible for mental health diversion or diversion terminated unsuccessfully, the court may hold a hearing to do any of the following:

- Order modification of the treatment plan
- Refer to AOT
- Refer to LPS conservatorship
- Refer to CARE
- Reinstate competency proceedings

How do people go from FIST to CARE?

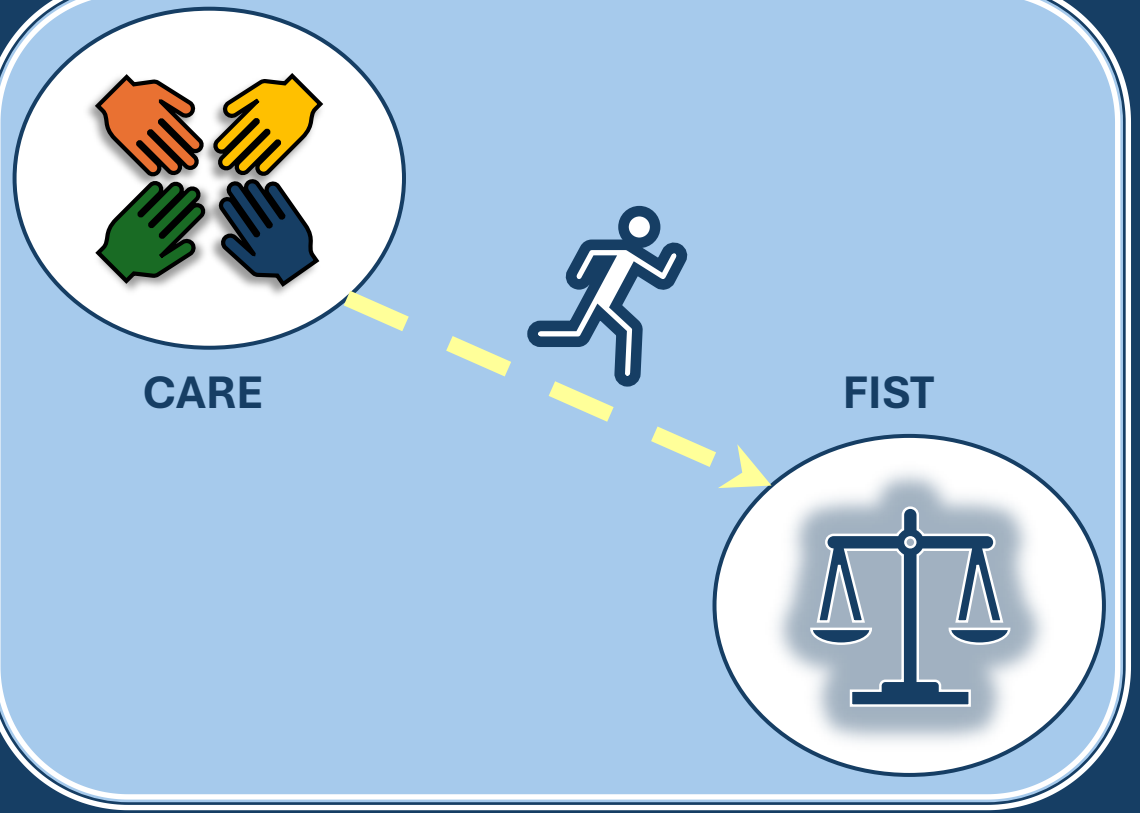


If court refers to CARE:

- Must be hearing on CARE eligibility within 14 court days from the petition for the referral or defendant released from jail
- If accepted in CARE, charges dismissed in the interest of justice

How do people go from CARE to FIST?

- No direct pathway because charges dismissed
- Petitions for individuals leaving FIST
- Respondent could have concurrent charges



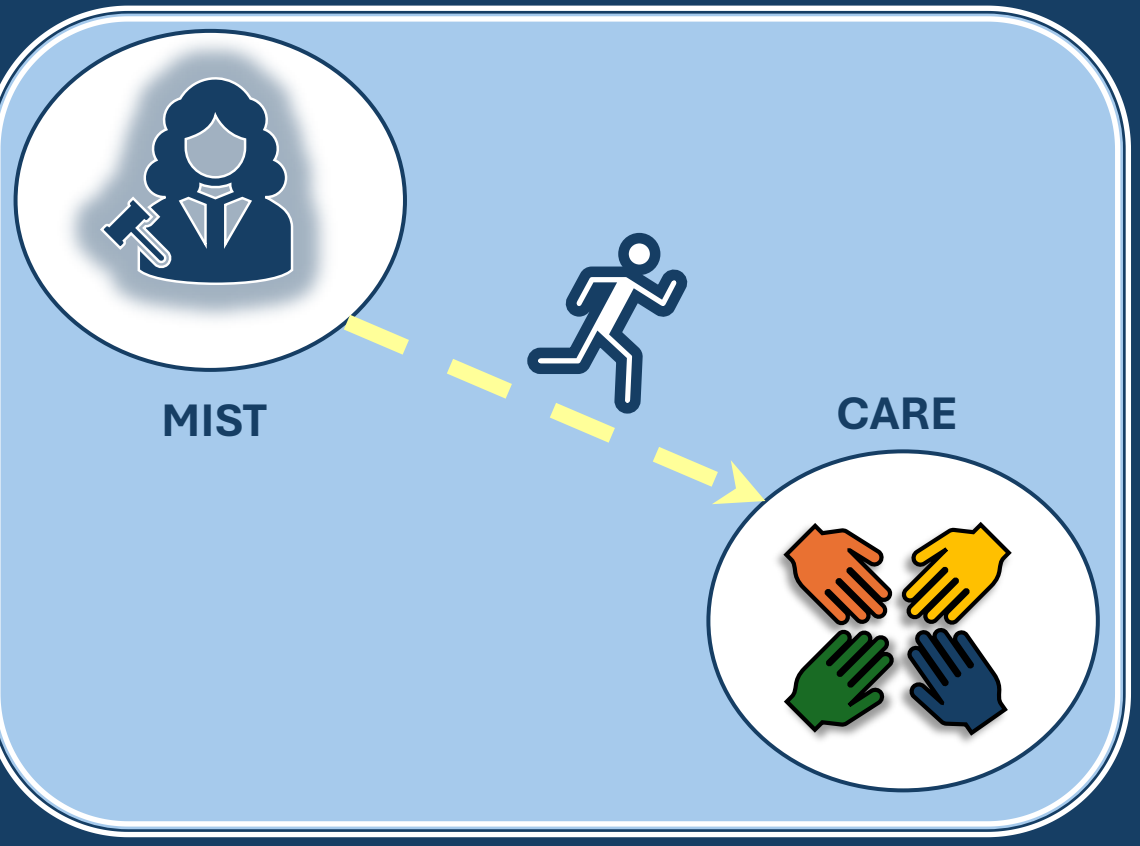
What is MIST?

- Penal Code § 1370.01
- Definition of incompetency: unable to understand the proceeding or to assist in their own defense, because of a mental disorder or a developmental disability
- Restoration to competency is not pursued

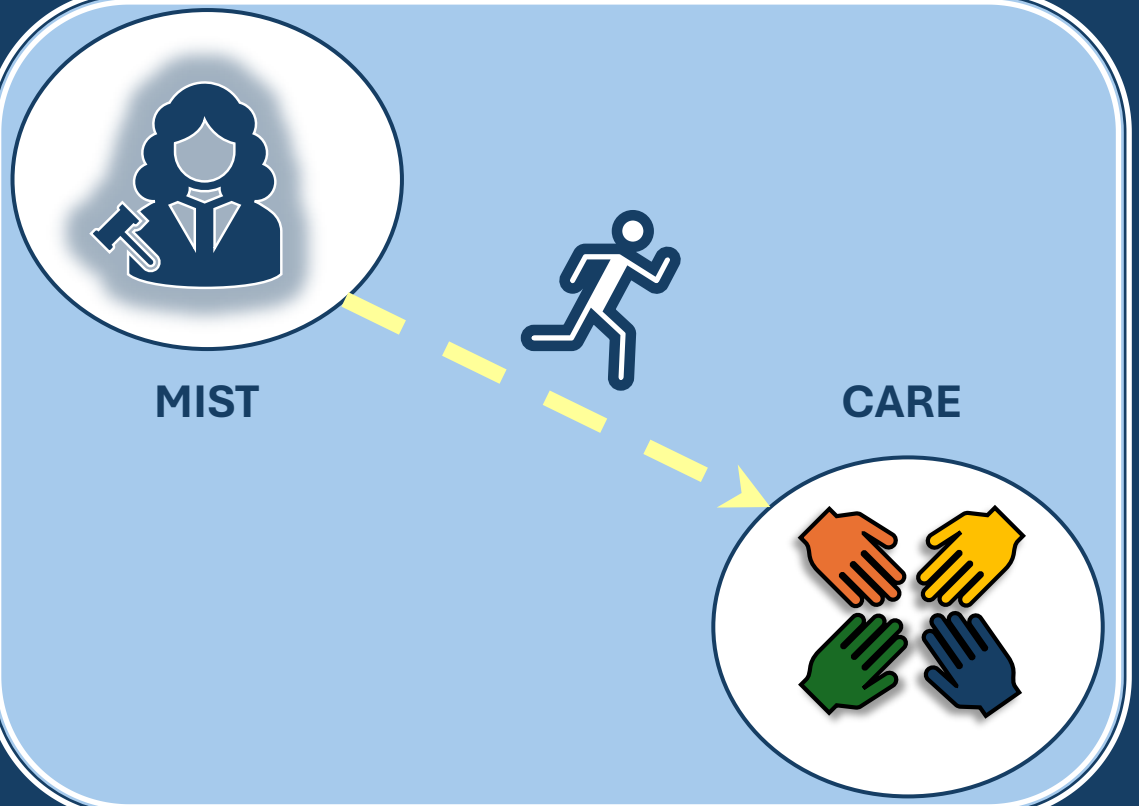
How do people go from MIST to CARE?

2 options:

- Option 1: At the same time or in lieu of going onto mental health diversion
- Option 2: If defendant ineligible or unsuitable for mental health diversion



How do people go from MIST to CARE?



Option 1

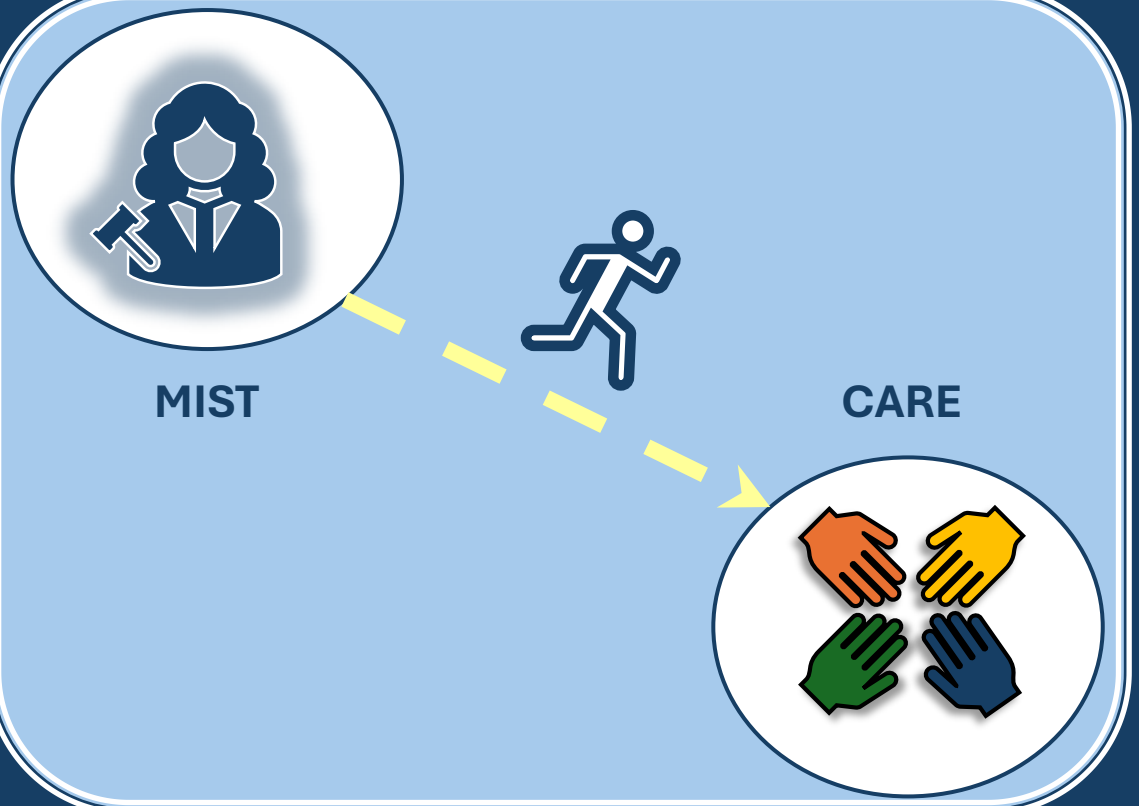
- Criminal court may refer if:
  - Defendant or counsel agree AND
  - Reason to believe defendant is eligible
- Hearing to determine eligibility within 30 court days or defendant must be released from jail
- If defendant is accepted, charges dismissed 6 months after referral if not referred back to criminal court
- If defendant not accepted or referred back, hearing on diversion

How do people go from MIST to CARE?

Option 2: If defendant is ineligible or unsuitable for diversion, court must hold a hearing to determine which of the following to do:

- Order modification of the treatment plan
- Refer to AOT
- Refer to LPS conservatorship
- Refer to CARE
- Dismiss (if doesn't meet qualify for the others)

How do people go from MIST to CARE?



If court refers to CARE:

- Must be hearing on CARE eligibility within 14 court days from the petition or defendant released from jail
- If accepted in CARE, charges dismissed in six months, unless referred back to criminal court

How do people go from CARE to MIST?

- Can be referred back within 6 months
- Can have concurrent cases

What is Mental Health Diversion?

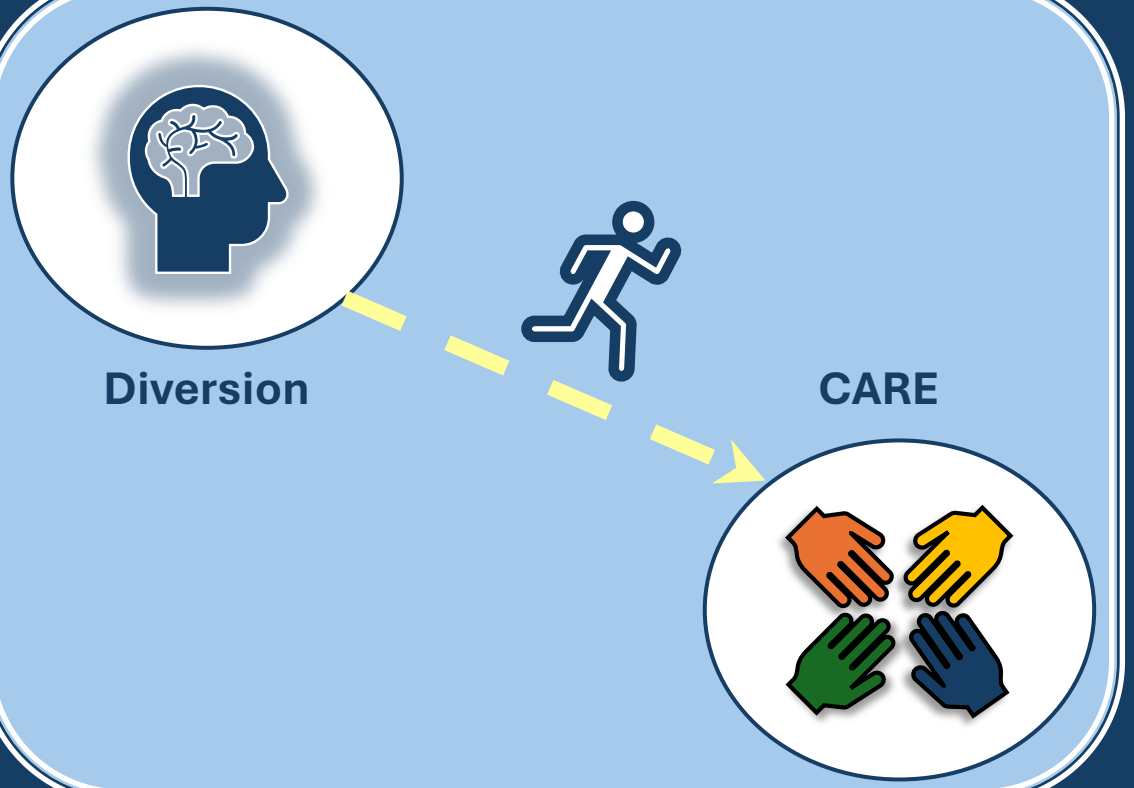
- Penal Code § 1001.36
- Eligibility
  - Diagnosed with a mental disorder in the DSM
  - Mental disorder was a significant factor in the commission of the offense
- Suitability
  - Qualified mental health expert opines that the symptoms related to criminal behavior would respond to treatment
  - Consent to diversion and waiver or right to speedy trial (or IST)
  - Agrees to comply with treatment as a condition of diversion (or IST)
  - No unreasonable risk of danger to public safety if treated in the community

What is Mental Health Diversion?

- Some crimes excluded
- Maximum of 2 years for felonies, 1 year for misdemeanors
- Charges can be reinstated or defendant referred to LPS conservatorship if defendant picks up addition charges, performs unsatisfactorily, or becomes gravely disabled
- If performs satisfactorily, charges will be dismissed

How do people go from Diversion to CARE?

- No direct referral pathway
- But if diversion is terminated unsuccessfully, CARE is one option
- Can have concurrent cases



How do people go from CARE to Diversion?

- No pathway
- Can have concurrent cases

LUNCH!

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Video: CARE is a new way to get help

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Video: CARE at Work -This Isn’t the Court You Know

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The CARE Act in Los Angeles County

Los Angeles County Department of Mental Health

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Recent Legislative Changes to CARE: Senate Bill No. 27

Stephanie Welch, CalHHS Deputy Secretary of Behavioral Health

Katherine Warburton, State Medical Director, Department of State Hospitals

Tyler Shill, Attorney, Judicial Council of California

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Senate Bill (SB) 27 Amendments

- Defines “clinically stabilized in ongoing voluntary treatment.”
- Adds bipolar I disorder with psychotic features as an eligible diagnosis.
- Provides a process by which certain court referrals can constitute a CARE petition without a separate petition form being filed.
- Allows criminal courts to consider CARE referrals earlier for individuals found incompetent to stand trial (IST) in misdemeanor cases.
- Allows nurse practitioners and physician assistants to complete an affidavit in support of a CARE petition.
- Makes other technical amendments to the CARE process

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SB27 Defines “Clinically Stabilized in Ongoing Voluntary Treatment”

- An individual is considered clinically stabilized in ongoing voluntary treatment if both of the following conditions are met:
  - Stable condition. The individual’s condition is stable and not deteriorating.
  - Active participation in treatment. The individual is currently engaged in treatment and is managing symptoms through medication or therapeutic interventions. Importantly, enrollment in treatment alone is not enough.

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SB27 Adds Bipolar I Disorder with Psychotic Features as an Eligible Diagnosis for CARE

- Previously, eligible diagnoses limited to schizophrenia spectrum and other psychotic disorders.
- SB 27 adds bipolar I disorder with psychotic features, except psychosis related to current intoxication.

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Bipolar I Disorder

- Bipolar disorder is characterized primarily by *mood disturbance* rather than the presence of psychotic symptoms
- Bipolar disorder is considered more treatable than schizophrenia due to lower frequency of anosognosia and responsiveness of mood symptoms to treatment.
- Psychosis only occurs during extremes of mania and depression and resolves completely when mood symptoms resolve.
- The psychotic symptoms seen in mood disorders are often kept in remission with a mood stabilizer and do not necessarily require antipsychotic medications.
- Many people who have experienced psychotic symptoms as a result of a bipolar disorder can remain stable and highly functional in the community, without intensive wrap around services, relentless engagement or housing supports.
- Bipolar I – necessary to meet criteria for at least one manic episode

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Prevalence

- The prevalence of bipolar I disorder in the general population is 1.5% (DSM 5-TR).
- DSH population: 8.5% bipolar disorder (I and II) and 77.5% schizophrenia spectrum disorder
- CARE is specifically targeted to individuals living in chronic psychosis who require intensive high-cost services and judicial oversight over the type of relentless engagement required to treat individuals experience a lack of awareness of illness.

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Diagnosis is Only One of the Qualifying Criteria

- **Treatment status:** Must not be clinically stabilized in ongoing voluntary treatment.
- **Need for intervention:** Must have one of the following conditions:
  - The individual's condition is substantially deteriorating and they are unlikely to survive safely in the community without supervision.
  - The individual needs services and support to prevent a relapse or deterioration that could result in grave disability or serious harm.

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Importance of the Assessment Cannot be Overstated

- CARE was specifically designed to address the growing problem of individuals living in chronic psychosis who are not aware that they are ill and who are experiencing criminal legal involvement, homelessness, incarceration or death as a result.
- Some estimates indicate that over half of people living with schizophrenia do not receive treatment
- CARE is intended to change that by focusing the most intensive resources on this very specific population through civil court oversight.
- This result will not happen if the diagnostic assessments are not accurate.

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SB 27 – Court Updates

Presented by: Ty Shill

11/5/2025

Referral Pathways

Criminal Court

A criminal court, upon a finding that a defendant is mentally incompetent, may refer a defendant to CARE Act proceedings

Assisted Outpatient Treatment

The AOT court may make a referral, and the county BH serves as the petitioner

Authorized Facility

Authorized facilities can refer individuals under an involuntary hold to county BH, who can file a petition

LPS Conservatorship

The LPS conservatorship court may make a referral, and the conservator or proposed conservator will serve as petitioner

MIST Referral Changes

- SB 27 allows judicial officers hearing misdemeanor proceedings to make referrals to the CARE Act earlier in the process and at the same time as the diversion hearing.
- Referral may be made if the defendant or counsel for the defendant agrees to the referral and the court has reason to believe that the defendant may be eligible for the CARE program
- The misdemeanor court may make this referral instead of, or concurrently with, the hearing to determine whether the defendant is eligible and suitable for diversion.
- County BH agency and jail medical providers may share confidential medical records and other relevant information with the criminal court.

Referral from MIST to CARE

Option 1 → Before or Concurrent with Diversion Hearing

- If the defendant is found mentally incompetent, the criminal court shall hold a hearing to determine whether to do one or more of the following:

    1. Conduct a hearing to determine if the defendant is eligible and suitable for diversion.

    2. Refer the defendant to the CARE Act court, if the defendant or their counsel agrees to the referral and the court has reason to believe that the defendant may be eligible for CARE.

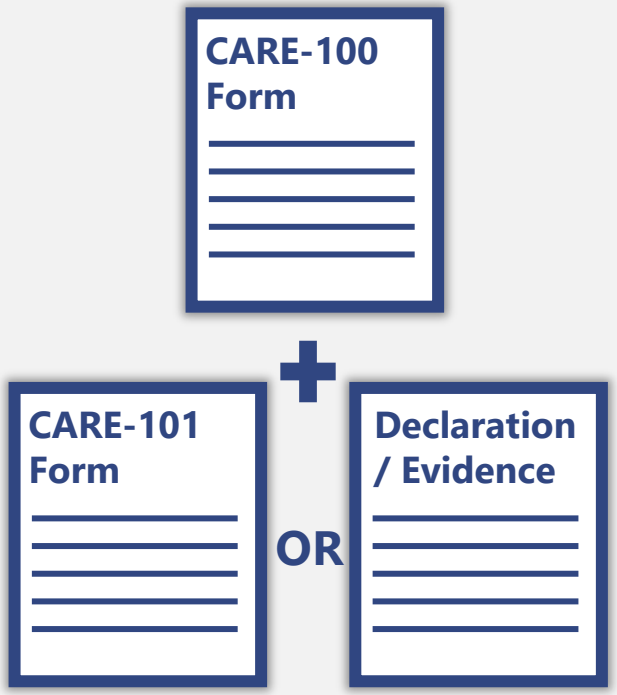
Option 2 → After Diversion Hearing

- If the defendant is found ineligible or unsuitable for diversion, the criminal court must hold a hearing to determine whether to (among three other options) refer the defendant to CARE.

Petition Options

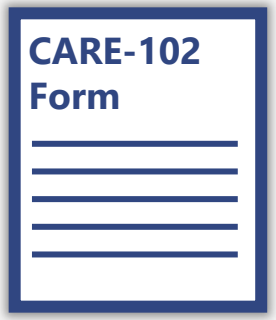
Option 1:

CARE-100



Option 2:

CARE-102



May only be completed and filed by a licensed behavioral health professional

Option 3:

Court to Court Referral

CARE Act court has the discretion to treat § 5978(a) referral as a petition. No separate CARE-100 or CARE-102 needed.

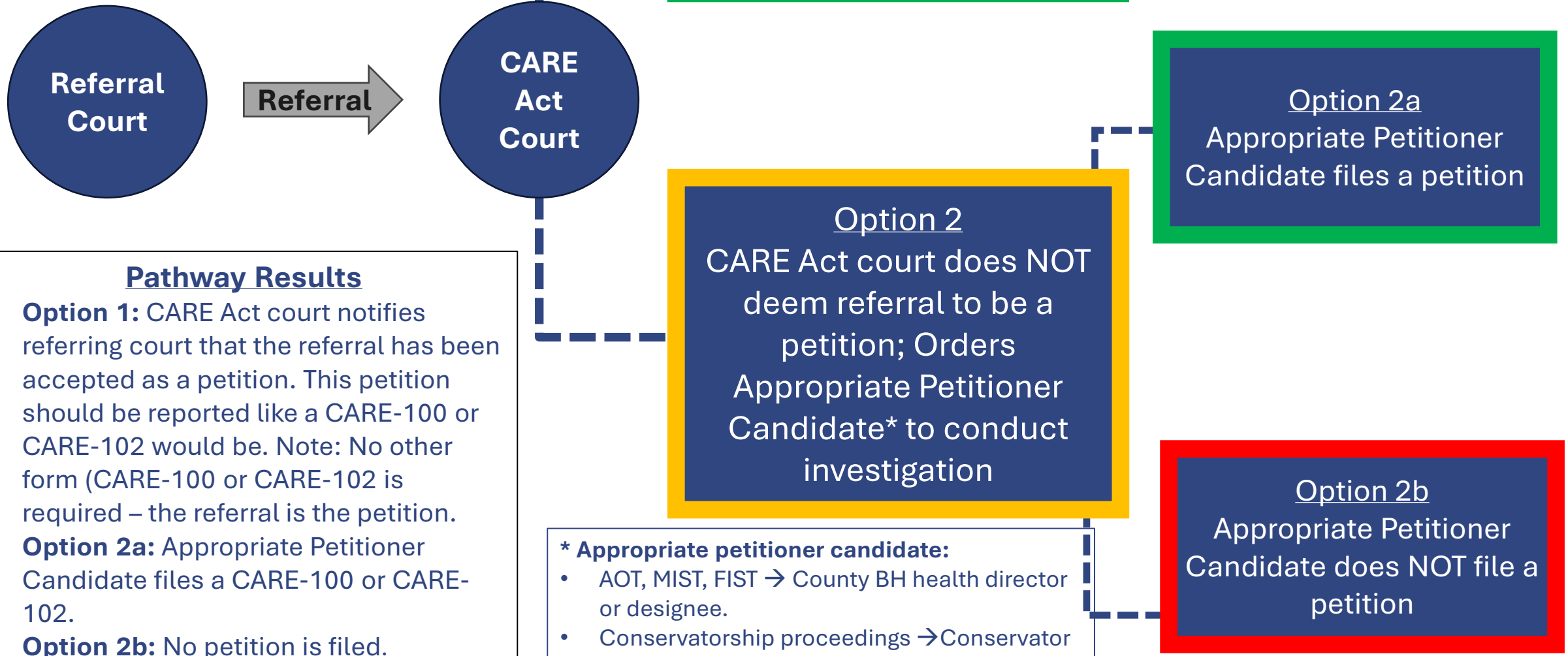
Discretion of the CARE Act Court to Consider Statutory Referrals as Petitions

- The CARE Act court may treat referrals from AOT, conservatorship, MIST, FIST proceedings as petitions.

- The CARE Act court has the discretion to consider a referral to be a petition if both of the following conditions are met:

(1) The referral contains all of the information required to be included in a CARE process petition pursuant to Section 5975.

(2) The information included in the referral makes a prima facie showing that the respondent is, or may be, a person described in Section 5972.



Pathway Results

- **Option 1:** CARE Act court notifies referring court that the referral has been accepted as a petition. This petition should be reported like a CARE-100 or CARE-102 would be. Note: No other form (CARE-100 or CARE-102 is required – the referral is the petition.
- **Option 2a:** Appropriate Petitioner Candidate files a CARE-100 or CARE-102.
- **Option 2b:** No petition is filed.

*** Appropriate petitioner candidate:**

- AOT, MIST, FIST → County BH health director or designee.
- Conservatorship proceedings →Conservator or proposed conservator.

Graduation Process

- The court shall order a graduation plan when:

  (1) The respondent **requests** to graduate from the program,

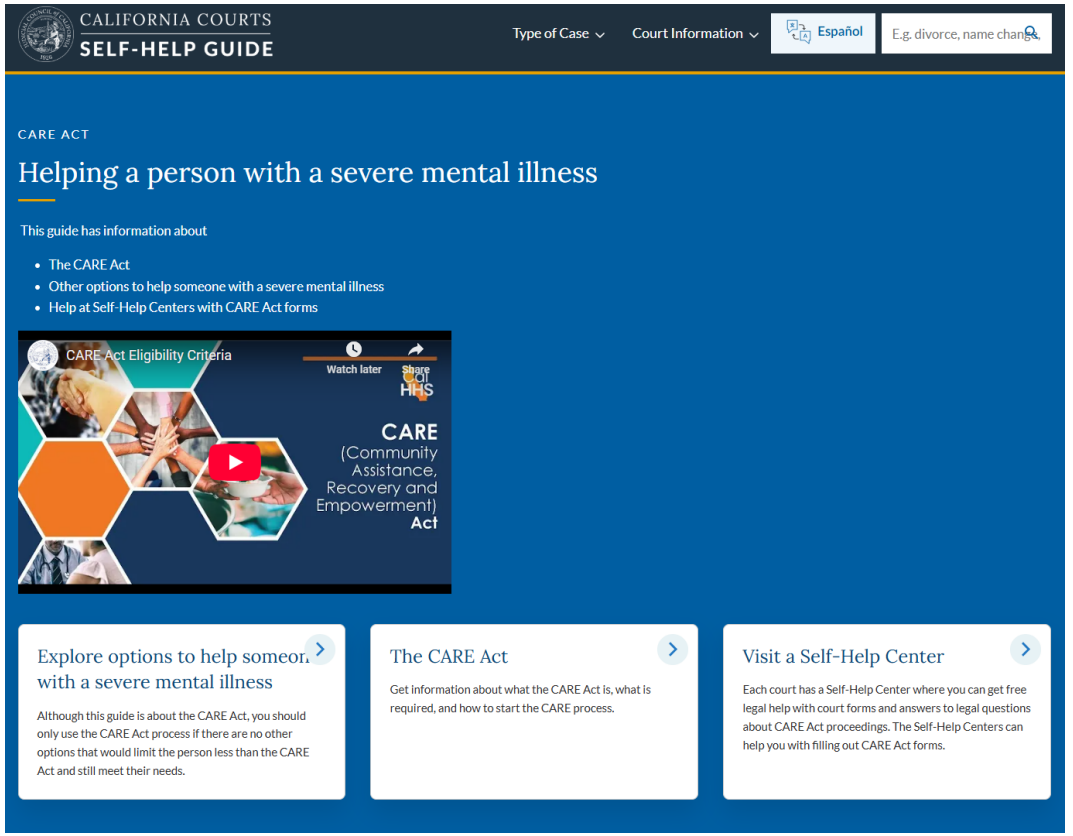
  (2) The respondent has successfully completed the CARE process.

- If the respondent wishes to stay in the program, they must **request** to remain in the CARE process.
  - The court may then approve the request and permit the ongoing voluntary participation if the court finds the respondent did not successfully complete the CARE plan, and the respondent would benefit from continuation of the CARE plan.

Miscellaneous Changes

- The definition of “licensed behavioral health professional” is expanded for purposes of Section 5975(d) only.
- If a respondent is enrolled in a federally recognized Indian tribe, the **county (not the respondent)** must provide notice of the case management hearing.
- Trial courts must now report the number of initial appearance hearings held (rather than initial appearances set) to the Judicial Council.

CARE Act Resources - Public



https://courts.ca.gov/programs-initiatives/families-and-children/behavioral-health/adult-civil-mental-health

Contact Information

CARE.Act@jud.ca.gov

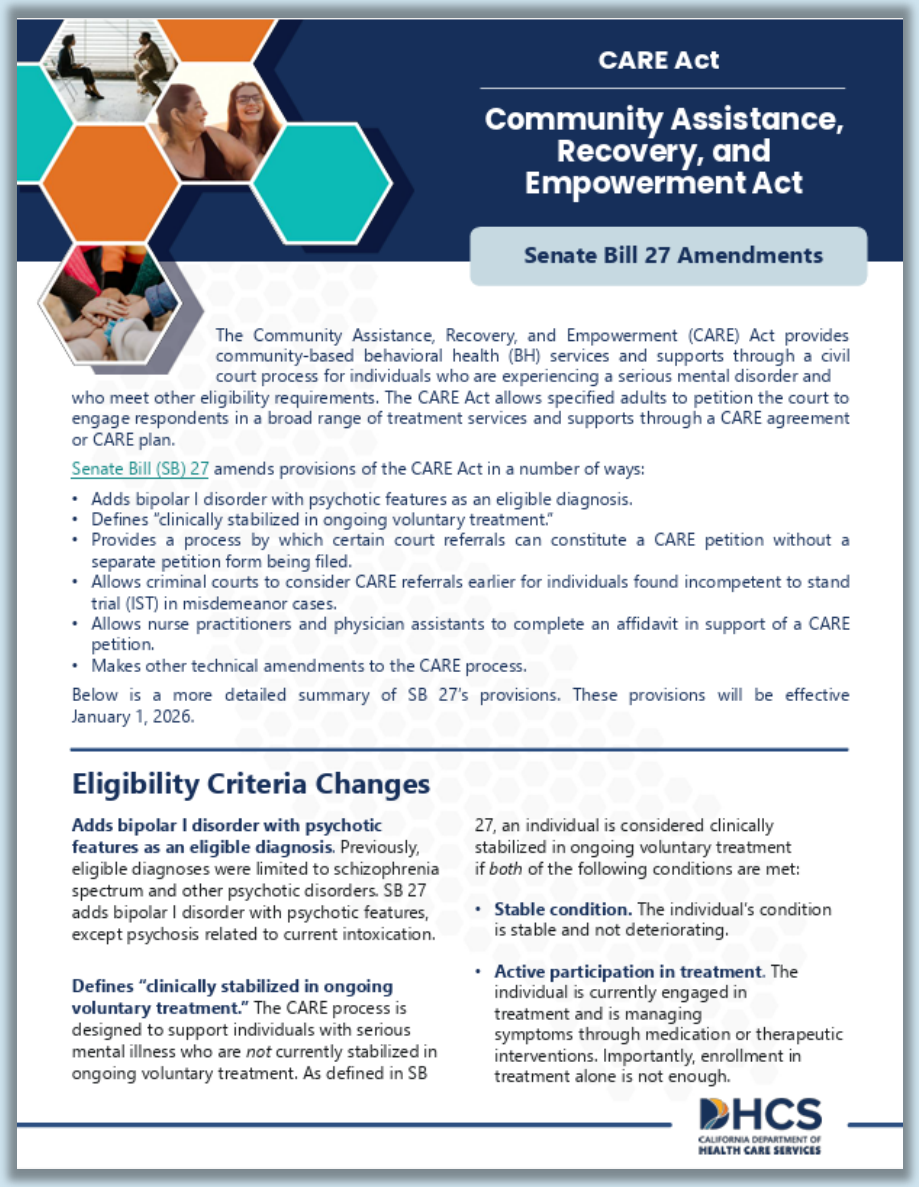
Tyler.Shill@jud.ca.gov

SB 27 & TRAINING AND TECHNICAL ASSISTANCE UPDATES

November 19, 2025

CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES

HMA



CARE Act

Community Assistance, Recovery, and Empowerment Act

Senate Bill 27 Amendments

The Community Assistance, Recovery, and Empowerment (CARE) Act provides community-based behavioral health (BH) services and supports through a civil court process for individuals who are experiencing a serious mental disorder and who meet other eligibility requirements. The CARE Act allows specified adults to petition the court to engage respondents in a broad range of treatment services and supports through a CARE agreement or CARE plan.

Senate Bill (SB) 27 amends provisions of the CARE Act in a number of ways:

- Adds bipolar I disorder with psychotic features as an eligible diagnosis.
- Defines "clinically stabilized in ongoing voluntary treatment."
- Provides a process by which certain court referrals can constitute a CARE petition without a separate petition form being filed.
- Allows criminal courts to consider CARE referrals earlier for individuals found incompetent to stand trial (IST) in misdemeanor cases.
- Allows nurse practitioners and physician assistants to complete an affidavit in support of a CARE petition.
- Makes other technical amendments to the CARE process.

Below is a more detailed summary of SB 27's provisions. These provisions will be effective January 1, 2026.

Eligibility Criteria Changes

Adds bipolar I disorder with psychotic features as an eligible diagnosis. Previously, eligible diagnoses were limited to schizophrenia spectrum and other psychotic disorders. SB 27 adds bipolar I disorder with psychotic features, except psychosis related to current intoxication.

Defines "clinically stabilized in ongoing voluntary treatment." The CARE process is designed to support individuals with serious mental illness who are *not* currently stabilized in ongoing voluntary treatment. As defined in SB 27, an individual is considered clinically stabilized in ongoing voluntary treatment if *both* of the following conditions are met:

- **Stable condition.** The individual's condition is stable and not deteriorating.
- **Active participation in treatment.** The individual is currently engaged in treatment and is managing symptoms through medication or therapeutic interventions. Importantly, enrollment in treatment alone is not enough.

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CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES

DHCS | HMA

Overview of Senate Bill (SB) 27

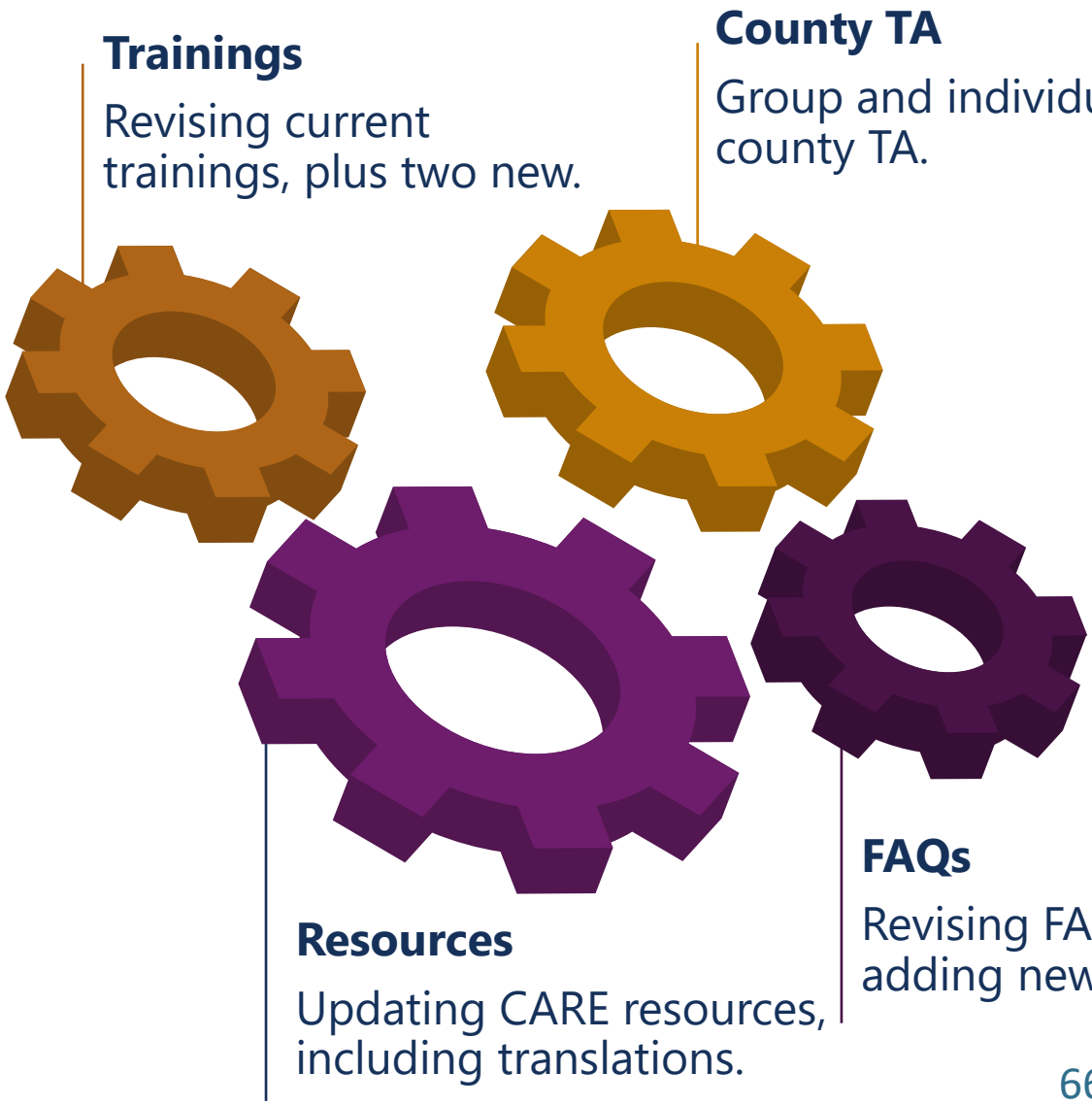
Beginning **January 1, 2026**, changes made by **Senate Bill 27** will go into effect, including:

- Adds bipolar I with psychotic features as an eligible diagnosis, except psychosis related to intoxication.
- Defines clinically stabilized in ongoing voluntary treatment.
- Allows for certain court referrals to serve as a CARE petition.
- Allows criminal courts to consider CARE referrals earlier for individuals found incompetent to stand trial in misdemeanor cases.
- Authorizes nurse practitioners and physician assistants to complete affidavits in support of petitions.
- Makes other technical amendments to streamline the CARE process.

Find more information about these changes in the Senate Bill 27 Amendments brief on the CARE Act Resource Center or email us at **info@CARE-Act.org**.

Aligning TTA Materials with SB 27 Updates

We are currently working to align all of our TTA materials with the recent changes.



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Upcoming TTA Activities

Office Hours

- Psychiatric Advance Directives
- **SB 27 Updates**
- County Successes
- **Data Collection & Reporting**

Trainings

- **SB 27 training**
- **Training on bipolar 1 with psychotic features**

Resources

- Integration of Peers into CARE
- Volunteer Supporter Video

Ongoing TA

- **Stakeholder Communications**
- **Ad hoc and scheduled TA Activities**
- **Rural and Frontier County Meeting**

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Access the CARE Act Statewide Reference Card.

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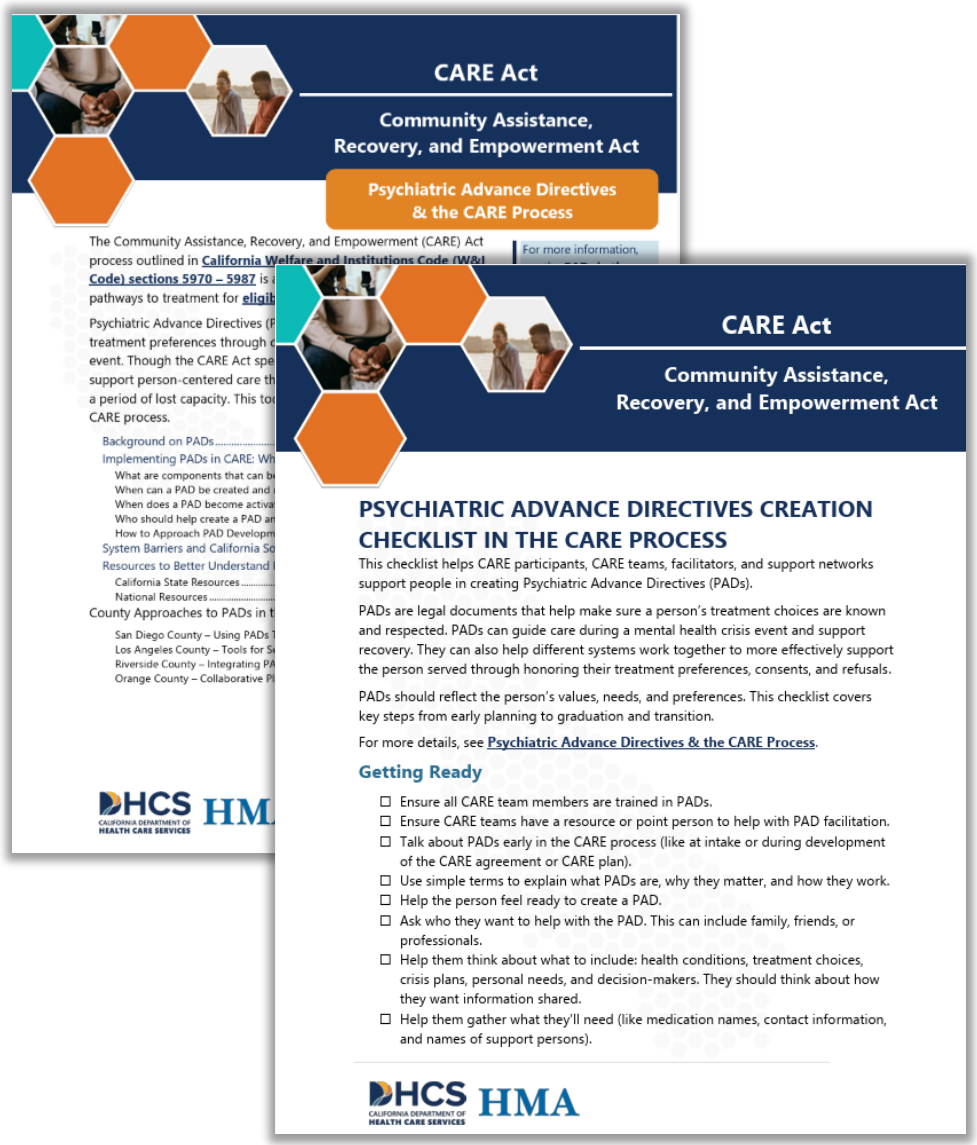
CARE Wallet Card

- **Purpose**: Quick reference and outreach tool for CARE in the field
- **Format**: Printable or savable as a photo on your phone
- **Includes**:
  - Info about CARE
  - QR codes linking to:
    - CARE petitioner landing page
    - County-specific CARE directory
- **Use Cases**:
  - Reference when connecting someone to CARE
  - Distribute to family, hospital staff, first responders
- **Customization**: Counties will receive a template to localize—contact your county for a community-specific version.

Psychiatric Advance Directive (PAD)Toolkit

- PADs can empower individuals with serious mental health conditions to document their treatment preferences & supports person-centered care through all stages of engagement in treatment.
- **PADs Toolkit**
  - Provides guidance for county behavioral health to incorporate PADs into the CARE process.
  - Includes information about the what, when, who, and how of PADs + CARE.
  - Includes California's innovations on PADs, additional resources, and county approaches.
- **Includes a PADs Checklist**
  - Helps CARE participants, BH teams, facilitators, and support networks support people in creating PADS.

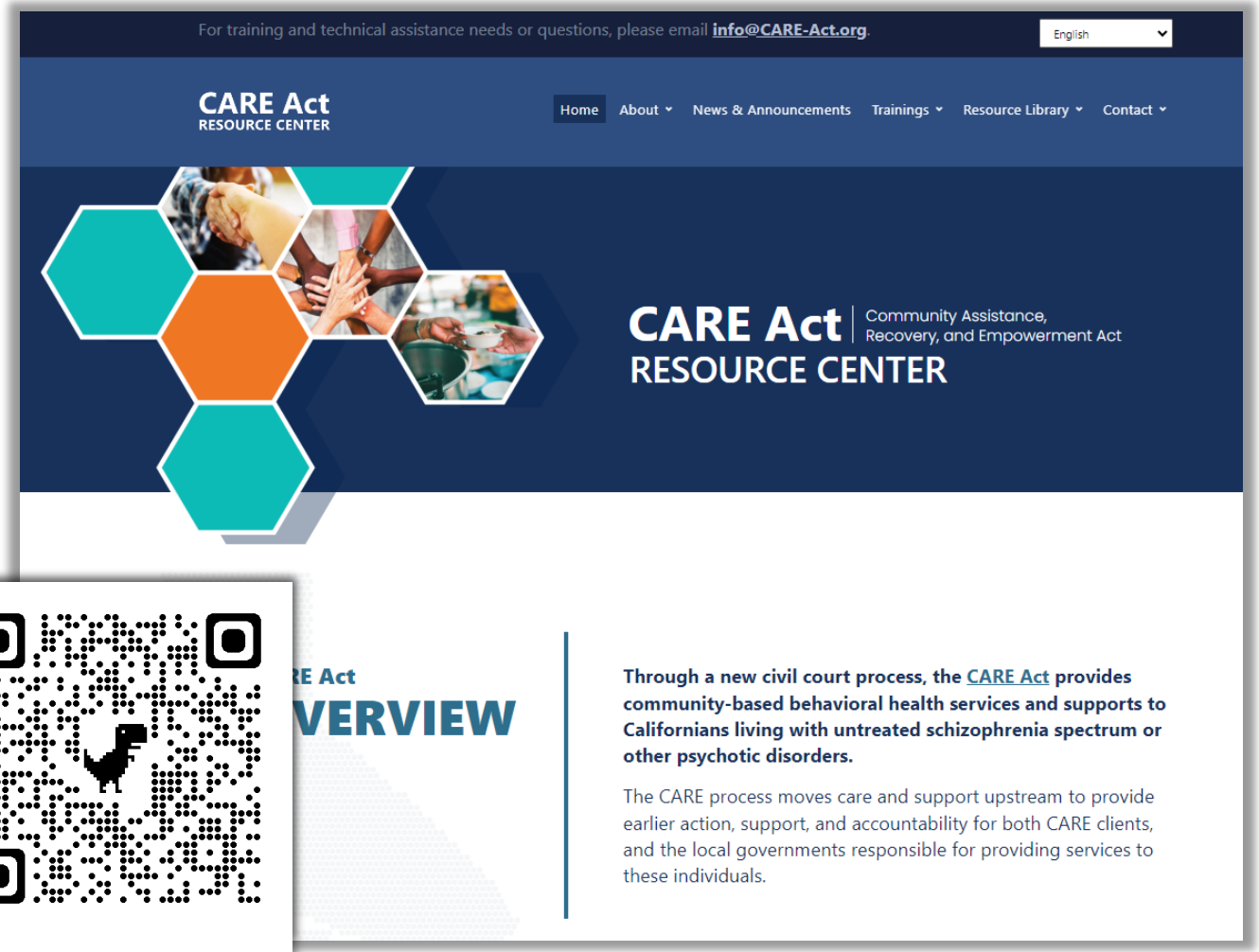


See the Psychiatric Advance Directives & the CARE Process: Toolkit & Checklist.

DHCS | HMA

CARE Act Resource Center

- Training & Resource Library
- Volunteer Supporter Toolkit
- Family Resource Guide
- Resources for Petitioners
- Data Collection & Reporting
- County Directory
- FAQs



CARE-Act.org

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Implementation Updates

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

CalHHS
California Health & Human Services Agency

Closing Thoughts

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

2026 Working Group Meetings

February 11, 2026

May 13, 2026

August 26, 2026

November 18, 2026

CalHHS
California Health & Human Services Agency

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**.

CalHHS
California Health & Human Services Agency

Thank You!

California Health & Human Services Agency

Person Centered. Equity Focused. Data Driven.