CARE Act Implementation Update August 2026

Since launching in October 2023, the Community Assistance, Recovery, and Empowerment (CARE) Act is producing encouraging early results across California. Through June 2026, more than 10,000 Californians have been reached through CARE Act pathways. Early implementation data show that the CARE Act is functioning primarily as a pathway to voluntary engagement rather than court compulsion. Counties are successfully connecting individuals living with serious mental illness to treatment, housing, and supportive services while strengthening coordination across behavioral health, health care, housing, and justice systems.

Key Findings at a Glance

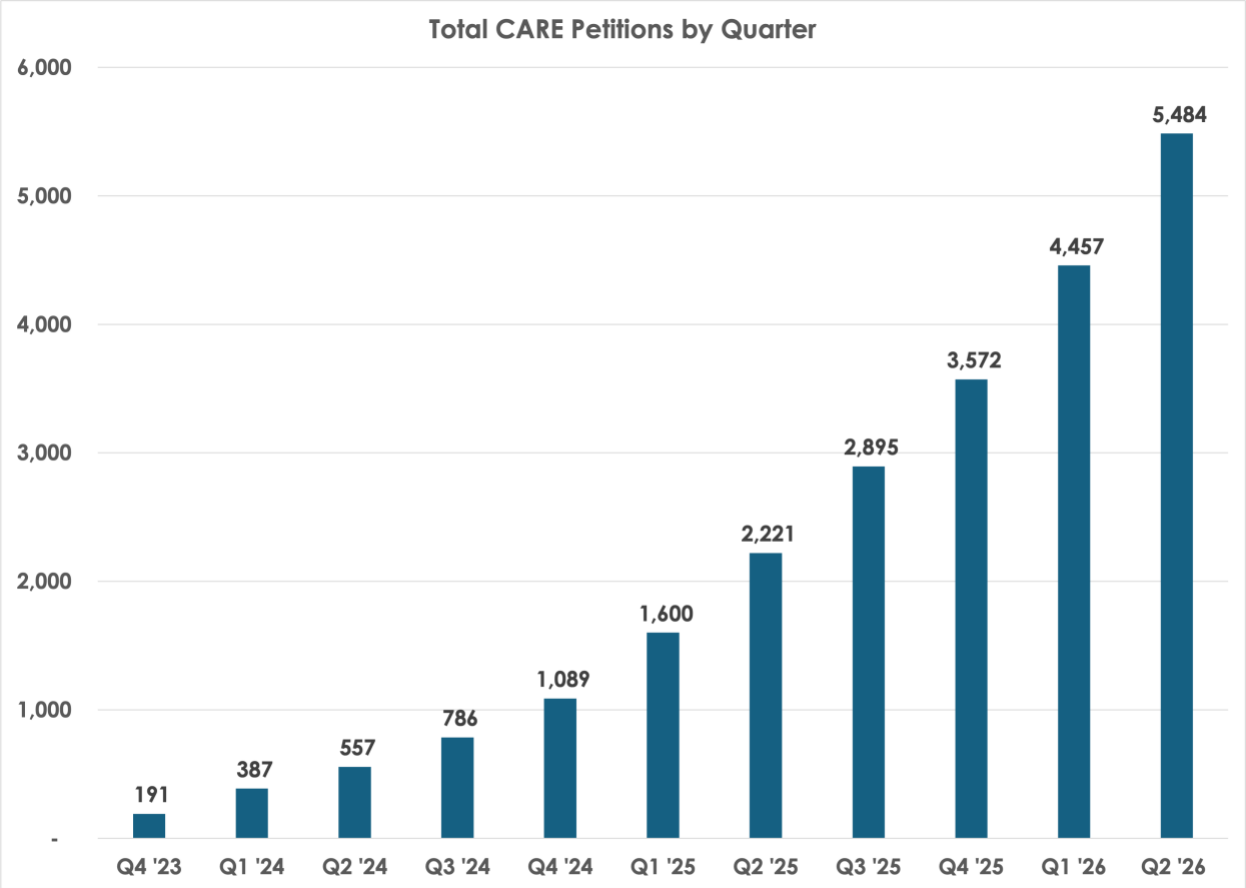
- More than 10,000 Californians reached through CARE Act pathways.
  - 5,484 CARE petitions filed in 54 counties.
  - 1,414 voluntary CARE agreements and 56 court-ordered CARE plans.
  - 4,887 individuals connected to services outside the formal CARE Act process.
- Housing rate increased from 53% to 71% during participation.
- 45% of participants who entered the CARE Act unhoused became sheltered or housed.
- Mental health service, social service, and stabilizing medication utilization all increased by at least ten percent in just the first five months of CARE participation.

This Implementation Update from the California Health and Human Services Agency (CalHHS) provides current information on CARE Act implementation and serves as a companion to the 2026 CARE Act Annual Report, which is being released concurrently by the California Department of Health Care Services (DHCS). That report highlights the progress made from October 2023 to June 2025. While the Annual Report examines implementation data in greater depth, this update highlights key statewide trends, implementation progress, and emerging lessons from the first full year of statewide implementation with court data through June 30, 2026.

The CARE Act offers a compassionate, community-based alternative for individuals with untreated or undertreated schizophrenia and other eligible diagnoses who are most at risk of hospitalization, homelessness, and incarceration. Through the CARE Act, 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 on their own individualized path to recovery. The CARE Act also offers a preventive alternative to conservatorship and supports individuals in stepping down from it when appropriate.

As the chart below illustrates, **CARE petitions have steadily increased since implementation began in in October 2023.** The chart reflects petition counts reported by

the courts from October 2023 through June 2026. Please see the Judicial Council's site "CARE Act Implementation in the California Courts" for additional detail.



CARE Reach Beyond the Court Process

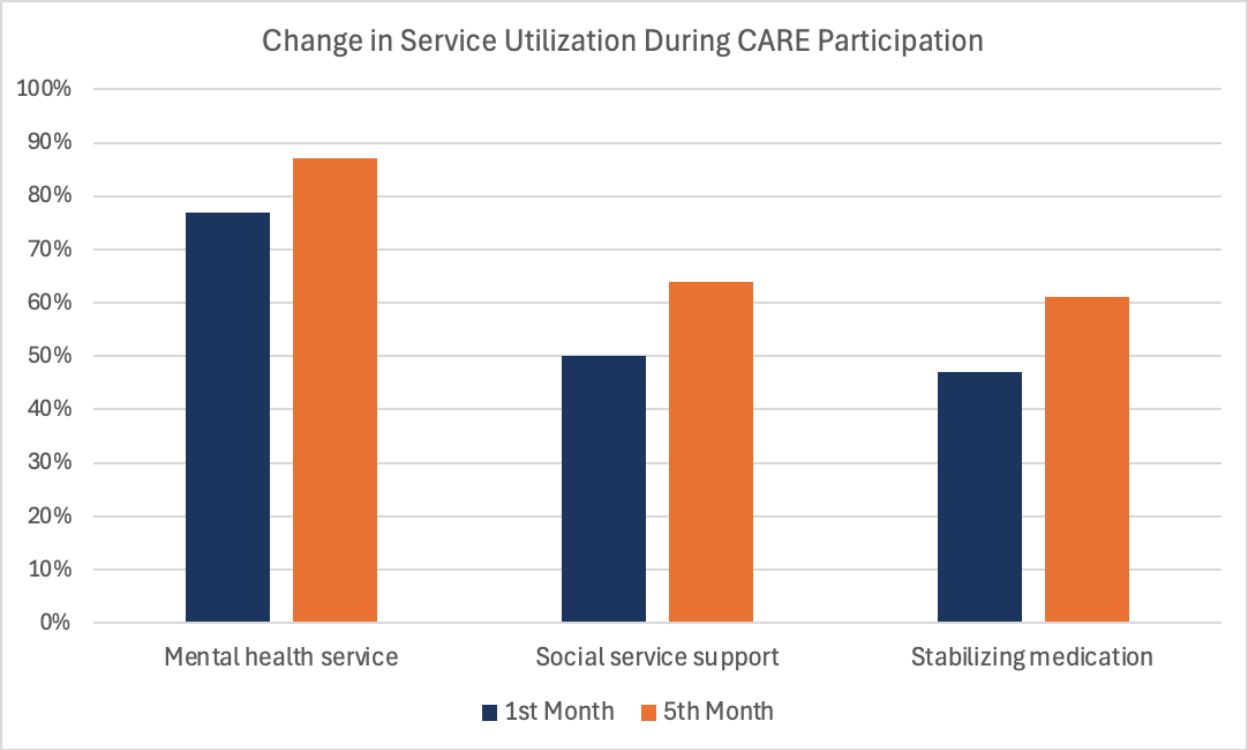
The CARE Act is operating both as a formal legal framework and as a broader engagement strategy. Counties are using outreach and coordinated intervention to connect individuals with services even when they do not ultimately enter a CARE agreement or plan. Counties have connected nearly 4,900 individuals to services outside the formal CARE Act process.

CARE is Increasing Service Engagement

The 2026 Annual Report indicates that an increasing proportion of participants with CARE plans or CARE agreements engaged in mental health treatment, accessed social services, and received stabilizing medications throughout their first five months in CARE.

The CARE Act model emphasizes relationship-based outreach and persistent engagement. Counties frequently describe this approach as 'relentless engagement'—the process of building trust over time through repeated encounters to encourage

engagement with treatments, services and supports. The following chart reflects data from the 2026 Annual Report covering October 2023 – June 2025.



Data show that service engagement increases steadily throughout participation. Mental health service utilization increased from 77% during the first month to 87% in the fifth month of participation. Social service engagement increased from 50% to 64%, and stabilizing medication use increased from 47% to 61%.

These trends suggest that the CARE Act's structured framework for relentless engagement enables counties to engage and facilitate gradual participation in an array of treatments and services.

The 2026 Annual Report found that nearly **60% of active participants with a CARE plan or CARE agreement received all three core recovery supports**: stabilizing medication, comprehensive psychosocial and community-based treatment, and housing support.

What's Being Said

"This is probably one of the most life-reaffirming things I've ever done in my career as a lawyer or a judge. It's a great honor to be part of it."

- Honorable Matthew Guasco, Presiding Judge of Ventura County Superior Court

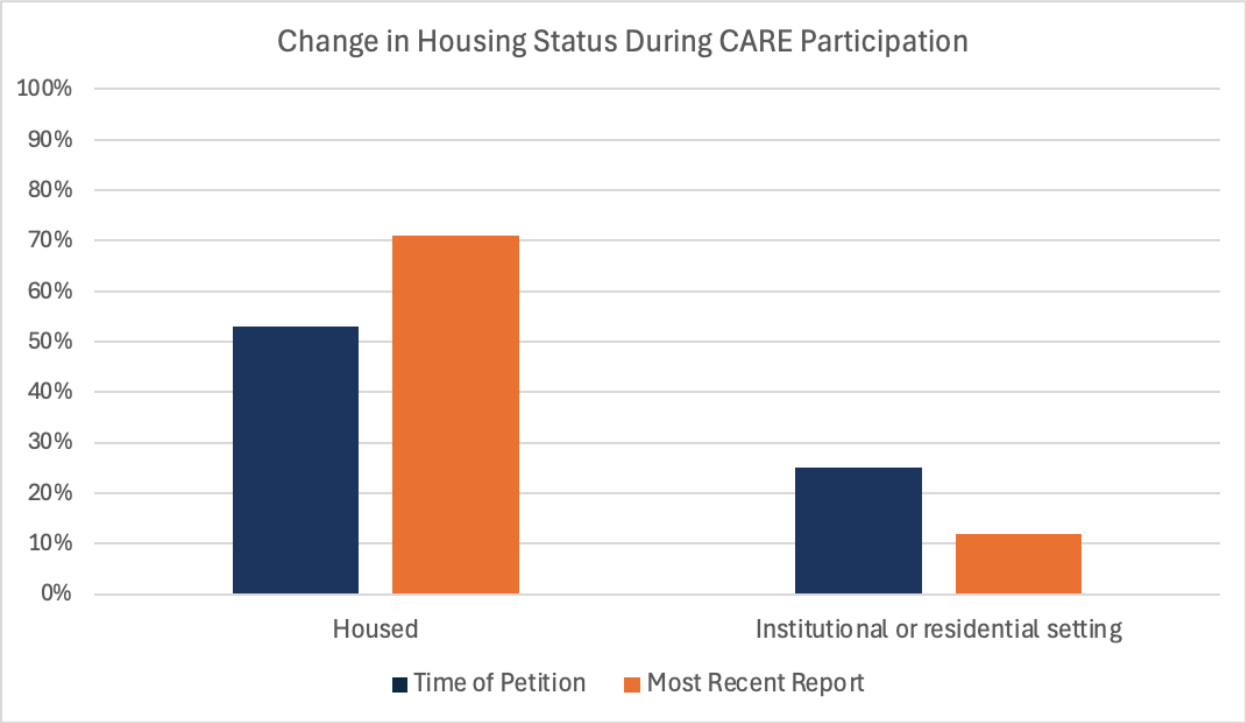
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"Our first graduate was homeless, had really no hope, and had lost all connections with family. Through this process she got housed, reconnected with family and is now thriving in the community."

- Ian Kemmer, Behavioral Health Director [former], Orange County

CARE is Helping People Become and Remain Housed

Housing outcomes represent one of the strongest indicators of early CARE Act success. The percentage of participants who were housed increased from 53% to 71%. At the same time, the percentage of participants who were unhoused decreased from 22% to 17%, and those living in institutional or residential settings declined from 25% to 12%. The following chart reflects data from the 2026 Annual Report covering October 2023 – June 2025.



According to the 2026 Annual Report, implementation of the CARE Act appears to be fostering creative housing solutions across counties while helping participants obtain and sustain housing.

These findings are particularly significant because stable housing is often a prerequisite to support sustained treatment engagement, recovery, employment, and community integration. **Nearly half of participants who entered the CARE process unhoused became sheltered or housed. Likewise, 69% of participants entering from institutional or residential settings transitioned into temporary or permanent housing, which supports community-based recovery.**

Counties are leveraging multiple funding and service streams to support these outcomes. As of June 2025, 42% percent of participants accessed county, state, or federal housing supports, and 27% received California Advancing and Innovating Medi-Cal (CalAIM) housing services.

Who CARE is Reaching

Participant demographics suggest that the CARE Act is reaching a diverse group of Californians. As of June 2025, 60% of participants were between the ages of 26 and 45, and 65% were male. Participant races and ethnicities included White (37%), Hispanic/Latino (22%), Black/African American (19%), and Asian (4%) participants.

These demographics underscore the importance of culturally responsive implementation strategies and continued efforts to ensure equitable access to treatment, housing, and recovery supports.

What's Being Said

"The CARE Act changes the trajectory of people's lives without stripping them of their dignity or their rights."

- Desirae Sanders, Supervising Attorney, Mental Health Unit, San Diego County Public Defender's Office

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"I see it every day. The individuals that come in [for the CARE Act]—I see them wanting for tomorrow. When you see the glimmer of hope in their eyes, it's inspiring."

- J.D. Alvarez, Ventura County Deputy with the Therapeutic Inmate Management Unit

Who is Petitioning to CARE

The proportion of total CARE petitions from system partners (defined as a hospital director, licensed behavioral health professional treating participant, public guardian, or conservator) *increased* from 25% of petitions in December 2023 to 61% in June of 2025. Based on data from the 2026 Annual Report, these petitions are more likely to result in a CARE agreement or plan being established.

During the first quarter of CARE implementation, family members and others with a personal relationship filed 67% of all petitions. By June 2025, that number dropped to 26% This shift happened as system partners increased their filings, likely due to more outreach, training, and technical assistance.

The remainder of petitions were filed by other sources.

As CARE Act implementation expanded statewide and evolved, petition initiation shifted from being primarily family driven to system driven, indicating increased engagement by system partners across counties.

Why CARE Works

One of the clearest findings emerging from statewide implementation is that the CARE Act is functioning successfully as a pathway to voluntary service engagement. While the CARE Act includes a civil court process, nearly all participants receiving ongoing services and support are doing so through voluntary CARE agreements developed collaboratively between participants, behavioral health providers, public defenders, county teams, and the court.

This finding reinforces the program's underlying theory that sustained engagement and trust-building can motivate participation, especially with the support of the court and county partners working together.

Looking Ahead

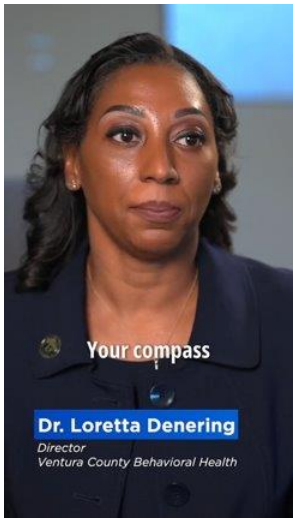
The CARE Act was designed as a long-term systems-change strategy that promotes accountability, coordination, and recovery-oriented care.

Early outcomes are promising. More participants are becoming stably housed, connecting to and accessing services and supports, and engaging in treatment over time. Counties are building new collaborative relationships and developing coordination across multiple system partners that can strengthen California's behavioral health continuum over time.

The relatively small number of court-ordered CARE plans compared with voluntary agreements suggests that the CARE Act is facilitating engagement before more restrictive interventions become necessary. CalHHS is committed to providing support to counties so that the CARE Act achieves its full potential and helps connect more people living with serious mental illness to a pathway for recovery.

Stories of Progress

Recent videos (linked below) show the CARE Act is working.



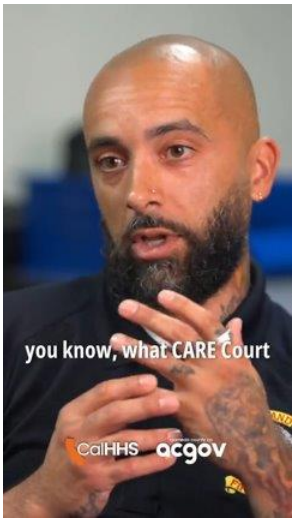
CARE is a Compass



First Responders Transforming CARE in Ventura County



The Power of the Robe, Used Differently



CARE: Person-Centered Approach

Additional Information

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

Methodology and Notes

Information presented in this report reflect early-stage program outcomes derived from the 2026 Annual Report and data reported by the courts from October 2023 through June 2026. Please see the 2026 Annual Report and the Judicial Council's site "CARE Act Implementation in the California Courts" for additional detail. Because implementation is ongoing, results should be interpreted as preliminary indicators of program performance rather than definitive long-term impact measures.

It is important to note that the Annual Report differs from the CARE Act Independent Evaluation. A preliminary report of the Independent Evaluation will be delivered to the legislature by December 31, 2026, and a final report will be delivered by December 31, 2028.