

THE CARE (COMMUNITY ASSISTANCE, RECOVERY, AND EMPOWERMENT) ACT

**EARLY IMPLEMENTATION: FIRST 8 COUNTY CARE
COURTS, FIRST 9 MONTHS, FIRST 900 PEOPLE**

LEGISLATIVE REPORT

NOVEMBER 2024



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Executive Summary

Initial results from the CARE Court's early implementation demonstrate the program is making a significant impact by addressing some of the most severe cases of mental health crises on California's streets. In the nine counties where CARE Court is being implemented, the program is providing hundreds of people with schizophrenia and other psychotic disorders with crucial treatment and housing plans. This progress reflects a meaningful shift in helping the state's most vulnerable populations towards long-term recovery and housing stability, showing CARE Court's ability to reduce the need for crisis services and create a path to lasting wellness.

The program is also enabling families and local leaders, rather than just county agencies, to petition the court for much-needed care and housing for those suffering from untreated mental illnesses. Over 900 individuals have become involved with county behavioral health departments since the CARE Act's early implementation, with families emerging as leading petitioners. The program is expanding its reach as mayors and local first responders begin to understand how to utilize CARE Court for their communities. Efforts to enhance transparency and communication through recently signed legislation like SB 1400 (Stern) will be improving the petition process and tracking outcomes.

While the CARE Act is still in its early stages, the program is showing promise – and the state's ongoing investment in treatment capacity, housing, and workforce development through initiatives like Proposition 1 and the Behavioral Health Services Act reforms will help ensure that more people will access the care they need. As the program expands statewide on December 1, CARE Court is expected to continue its success, helping more Californians recover and thrive.

Part I: Background & Introduction

[Senate Bill 1338](#) (Umberg, Chapter 319, Statutes of 2022) established the Community Assistance, Recovery, and Empowerment (CARE) Act, which provides community-based behavioral health (BH) services and supports to Californians living with untreated schizophrenia spectrum or other psychotic disorders who meet certain health and safety conditions through a civil court process. The CARE Act is intended to serve as an upstream intervention for individuals experiencing severe impairment to prevent avoidable psychiatric hospitalizations, incarcerations, and Lanterman-Petris-Short Mental Health Conservatorships.

The CARE Act was implemented in two cohorts. Cohort I began implementation on October 1, 2023, and included seven counties: Glenn, Orange, Riverside, San Diego, Stanislaus, and Tuolumne counties, and the City and County of San Francisco. Los Angeles County is in Cohort II but elected to implement early, on December 1, 2023. The remaining counties that comprise Cohort II began implementation on or before December 1, 2024, with San Mateo implementing July 1, 2024, and Kern implementing October 1, 2024.

Pursuant to [Assembly Bill 102](#) (Ting, Section 133, Provision 24(a)-(d), Budget Act of 2023), the Department of Health Care Services (DHCS), in consultation with the Judicial Council of California (JC), is required to produce a report on key data for each court to determine appropriate funding needs, which is due to the Legislature by December 1, 2024. This is an early implementation report and does not include key outcome metrics necessary to measure the impact of the CARE Act. Additional outcome metrics will be included in the Annual CARE Act Report to be published by July 2025. Courts that have implemented the CARE Act are required to report monthly aggregate data to JC, which is then compiled and submitted to DHCS quarterly. This report covers the first nine months, October 1, 2023, through June 30, 2024 (noting that

First CARE Graduation

On August 7, 2024, shortly after the period covered in this report, the first CARE graduation occurred in San Diego County. The respondent had entered a CARE Agreement during the reporting period as a step down from being housed in a closed, locked setting, subject to a conservatorship. Through CARE, the respondent received wrap-around services from an Assertive Community Treatment (ACT) team, with case management, peer support, therapy, medication evaluation and management, connection to social service benefits, and vocational services. After several months of services, the respondent and her family felt she had achieved her mental health treatment goals and was ready to move to a new community. With the assistance of the San Diego CARE team, the respondent was able to complete a Psychiatric Advance Directive and “After_CARE” (aka Graduation) plan and was connected to mental health resources in her new community.

this includes seven months of Los Angeles County who elected to open their CARE Court on December 1, 2024, one year ahead of the required implementation). It provides the following early implementation court data:

- Petitions¹ submitted,
- Petitions dismissed,
- CARE Act participants, and
- CARE Court hearings held.

¹ See [California Rules of Court Rule 7.2221 regarding papers to be filed](#))

Part II. Early Implementation Data from CARE Courts

The information presented in this report is organized by total numbers and types of outcome measures and spans the first three reporting quarters following the implementation of Cohort I and Los Angeles County. Table 1 depicts the data collection periods and corresponding reporting quarters from October 1, 2023, to June 30, 2024, that are included in this Early Implementation Report.

Table 1: Early Implementation Reporting Period

Data Collection Period	Reporting Quarter
October 1, 2023 – December 31, 2023	Quarter 4 (Q4) 2023
January 1, 2024 – March 31, 2024	Quarter 1 (Q1) 2024
April 1, 2024 – June 30, 2024	Quarter 2 (Q2) 2024

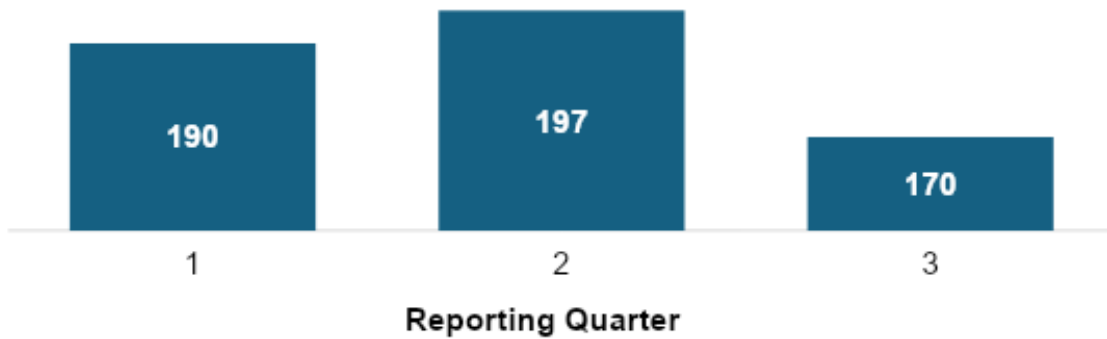
Petitions Submitted to the Court

The CARE Act authorizes county behavioral health agencies and other specified adult persons to file a petition to initiate CARE Act proceedings. As detailed in Table 2 below, 557 total petitions were filed over the course of the first three reporting quarters following CARE Act implementation. Preliminary Q3 2024 (July 1, 2024–September 30, 2024) data indicates 231 additional petitions filed. This upward trend is expected to continue as petitioners become more aware of the CARE Act process and their role in connecting potentially eligible individuals to services.

Table 2: Total Count of CARE Petition Submissions, by Quarter.

Reporting Quarter	Submitted Petitions
Quarter 4 2023	190
Quarter 1 2024	197
Quarter 2 2024	170
Total	557

CARE Petitions Submitted, by Quarter



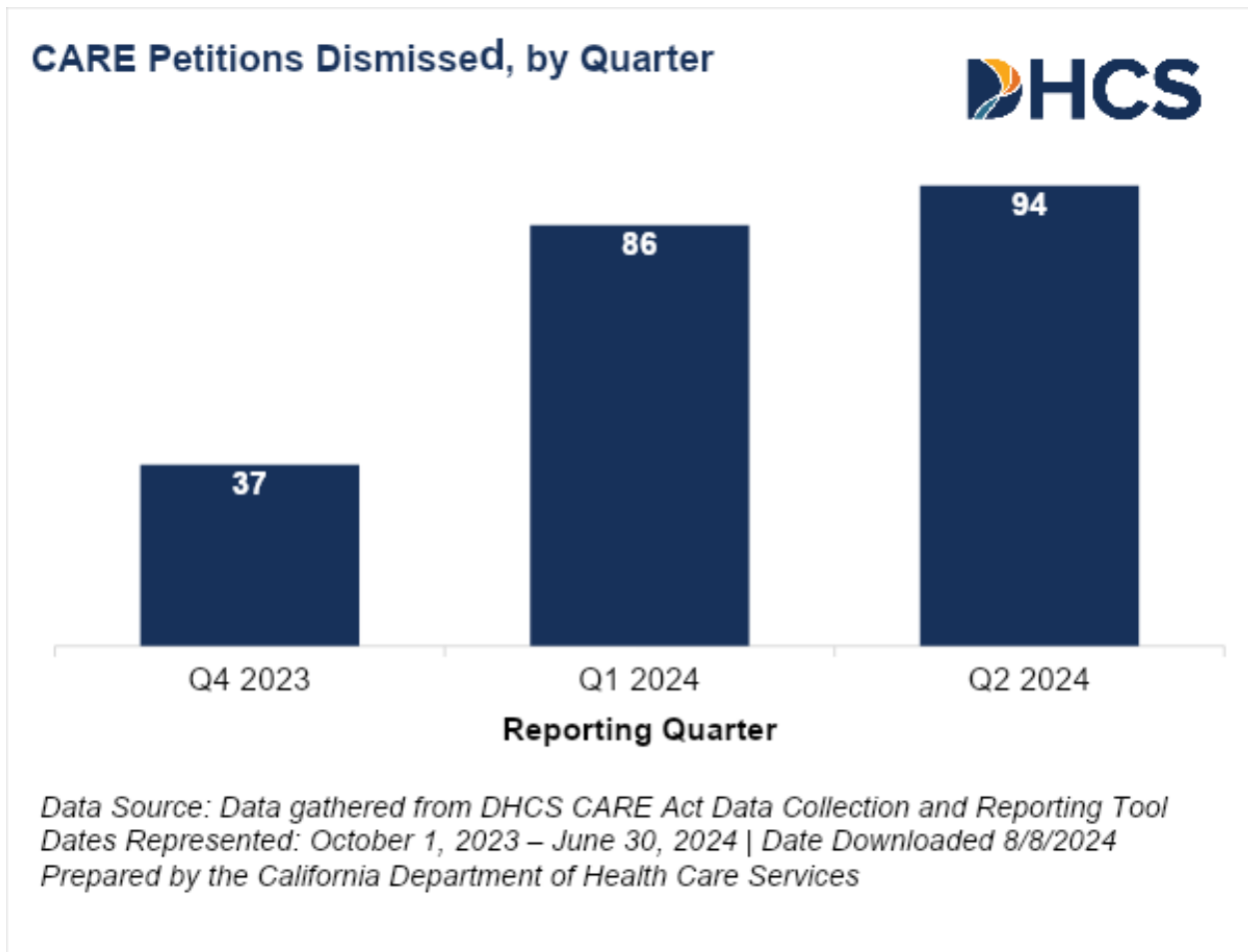
*Data Source: Data gathered from DHCS CARE Act Data Collection and Reporting Tool
Dates Represented: 10/1/2023 – 6/30/2024 | Date Downloaded 8/8/2024
Prepared by the California Department of Health Care Services*

Petitions Dismissed

At the discretion of the judge, a petition can be dismissed by the court after it is filed. There are many reasons why a petition may be dismissed, including because the individual being petitioned does not meet CARE Act criteria or because the individual has voluntarily engaged voluntarily in services and no longer needs a CARE agreement or plan. As detailed in Table 3 below, 217 total petitions were dismissed over the course of the first three reporting quarters following CARE Act implementation. As of June 30, 2024, 39 percent of filed CARE petitions were dismissed by the courts. At the time this data was collected, the remaining 240 petitions filed, excluding those with a CARE agreement or CARE plan, were still active.

Table 3: Total Count of CARE Petition Dismissals, by Quarter.

Reporting Quarter	Dismissed Petitions
Quarter 4 2023	37
Quarter 1 2024	86
Quarter 2 2024	94
Total	217



CARE Participants

CARE participants are defined as respondents who meet or may meet the CARE Act criteria, as determined by the court, and for whom a CARE plan was ordered, or a CARE agreement was approved by the court. The total number of CARE participants² spanning the reporting period was 100, or 18 percent of the total petitions filed. For the purposes of this report, “CARE participants” does not include former CARE respondents with serious

²

mental illnesses who may or may not receive services (receipt of services is one reason for dismissal). The Annual CARE Act report will include these numbers.

Direct Engagement Into Services

In addition to the petition data included in this report, Cohort I and Los Angeles counties reported **362 individuals** connected to them due to CARE outreach but were directly engaged in services and “diverted” from CARE Court.

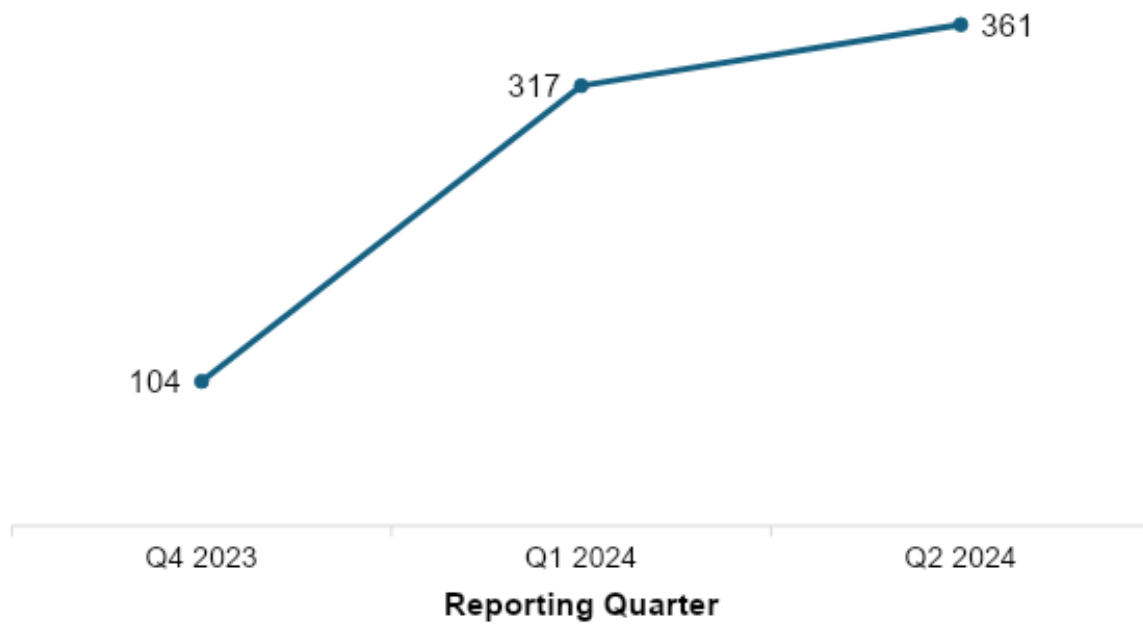
CARE Court Hearings Held

As detailed in Table 4 below, 782 total court hearings were held over the course of the first three reporting quarters following CARE Act implementation. This total accounts for all hearings associated with a petition including initial, merits of the petition, case management, clinical evaluation review, CARE plan review, progress/status review, one-year status review, and graduation hearings. Because each petition may be associated with multiple hearings, it is not possible to determine what proportion of total petitions have resulted in a hearing using aggregate data in this report.

Table 4: Total Count of CARE Court Hearings Held, by Quarter

Reporting Quarter	Hearings Held
Quarter 4 2023	104
Quarter 1 2024	317
Quarter 2 2024	361
Total	782

CARE Court Hearings Held, by Quarter



*Data Source: Data gathered from DHCS CARE Act Data Collection and Reporting Tool
Dates Represented: October 1, 2023 – June 30, 2024 | Date Downloaded 8/8/2024
Prepared by the California Department of Health Care Services*

Part III. Discussion, Learnings, and Actions

Further information and analysis of early implementation outcomes, including court and county behavioral health agencies' data, will be presented in the first Annual CARE Act Report released by July 1, 2025, and annually thereafter. This preliminary data, combined with ongoing discussions with a range of participants involved in the CARE Act, is yielding four learnings and many new actions to continuously improve care.

Lesson 1: The CARE Act is beginning to deliver care and housing to some of the most seriously ill and vulnerable Californians and their families, neighbors, and community, in the form of fewer needs for crisis services and meaningful progress toward long-term recovery and housing stability. In the first 9 months in 8 counties:

- The CARE Act provided **100 people with schizophrenia or other psychotic disorders with plans or agreements that delivered treatment and housing as needed**, and another **240 people were still actively engaged** in the process. To read about the first CARE graduate's story of healing and hope, see page 2.
- The 217 petitions dismissed by the courts will require further research, since the reasons for their dismissal are not available for this preliminary report: they could include people who are receiving care, including those whose cases were dismissed for successful voluntarily engagement, people not eligible for CARE who receive needed treatment another way, or people who are still not receiving care.
 - *Action: DHCS will address dismissal actions in Annual Report by July 2025 and Evaluation.*

Lesson 2: As a new opportunity for families and local leaders outside of county government to petition a civil court to provide treatment and housing for persons with untreated mental illness, CARE Courts are seeing differences in who's filing petitions. In the first 9 months in 8 counties:

- **557 petitions** were filed with the courts with an **additional 362 diversions (see box on page 6) before petitions filed** reported by the counties, for a total of more than **900 people** engaged with county behavioral health departments in some way due to the CARE Act's launch in their county.
- Families are emerging as the leading source of petitioners, and National Alliance on Mental Illness (NAMI) CA is providing information and support to many.
 - *Action: Governor signed SB 42 (Umberg) to improve the petition process and communication between petitioners and all parties*
- Mayors and local first responders may need more information to start filing petitions in CARE Court for their residents in need of care and housing.
 - *Action: California Health and Human Services (CalHHS) sent a letter to all Mayors offering support in September 2024.*
- County Behavioral Health departments and Public Conservators appear to be among the least likely to use CARE Court. Some have indicated they prefer to divert residents directly to their services, without court involvement.
 - *Action: Governor signed SB 1400 (Stern) requiring more transparency on county diversions from CARE Court, in both number and outcomes.*

Lesson 3: The CARE Act process can take time – like all mental health and substance use disorder care – to build the trust and to develop the self-directed plans needed for long-term recovery and stability. In the first 9 months in 8 counties:

- More petitions are **yet to have a disposition (240)** than have resulted in **CARE plans or agreements (100)**.
- Courts may often provide counties with more time to engage respondents, when there are good faith efforts underway, even if this means repeated extensions of statutory timeframes aimed at speed. The State has provided adequate funding for court and county staff to bill for this additional staff time, and this funding continues.
 - *Action: DHCS, with Judicial Council, will include data outlining the time from petition filing to disposition in the Annual Report and Evaluation.*
- People who are unhoused may take more time to engage, given the instability and trauma of living on street.
 - *Action: CalHHS, with Judicial Council, is convening counties and courts to share promising practices with peers, such as partnering with experienced street outreach teams trained in the CARE Act and other mental health and substance use services.*
- A recent insight is that people on a path to transition out of involuntary treatment – i.e., out of conservatorships, state psychiatric hospitals, or jails and prisons – may seek the CARE Act as a positive “step down” to an accountable plan for treatment and housing from their county, and a more successful transition to the community.
 - *Action: CalHHS is piloting CARE Act petitions with people who are transitioning out of more restrictive care and into the community.*

Lesson 4: Overall, more Californians in recent years are receiving intensive treatment in the community for serious mental illnesses and co-occurring substance use – well beyond the narrow population with untreated psychosis served by the CARE Act – with Prop 1’s investments and reforms on track to deliver even more capacity, transparency, and accountability for results.

- “Full service partnership” treatment, the gold standard for treatment and housing for people with serious mental illness and co-occurring substance use disorder, is now reaching over **35,000 people per month** (unverified county data).
 - *Action: Full Service Partnership will be a required county investment (35% of Behavioral Health Services Act funding), with new transparency and accountability through each county’s 3 year plans and annual reports reviewed by the State, as of July 1, 2026, due to Prop 1.*
- California’s transformation of the larger behavioral health system is underway, with a focus on the most seriously ill and homeless. See results at [Mentalhealth.ca.gov](https://www.mentalhealth.ca.gov).
 - *Action: Thousands of new treatment sites and permanent supportive housing units are opening, under construction, and in the process of applying for new Prop 1 funding. New statewide workforce investments from Prop 1 will begin in July 2025 and continue annually. Ongoing funding to counties for treatment and housing is available through Prop 1’s reform of the Behavioral Health Services Act and other existing funding totaling around \$11 billion annually.*

Looking ahead, all counties are implementing the CARE Act on December 1, more first-time petitions are being filed by families and local leaders, and more success stories are being shared by CARE graduates. The CARE Act's progress and outcomes – and the comprehensive initiatives to deliver mental health for all – will continue to be shared by DHCS through the CARE Act Annual Reports and Evaluation, as well as through ongoing stakeholder communications on California's behavioral health transformation.

