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FACT SHEET **February 2026**

Community Assistance, Recovery, and Empowerment (CARE) Act

The Community Assistance, Recovery, and Empowerment (CARE) Act (Stats. 2022, ch. 319) establishes a civil court process that provides treatment, housing support, and other services to individuals with schizophrenia or other psychotic disorders and bipolar I with psychotic features. The process begins when a petition is filed on behalf of a respondent and is designed to support the development of either a CARE agreement or a CARE plan, if other less restrictive alternatives are not appropriate. These agreements and plans are designed to protect respondents' rights, dignity, and autonomy while ensuring access to needed services.

The CARE Act took effect on January 1, 2023, and was implemented in a phased-in approach, with counties separated into two cohorts. As of December 1, 2024, all 58 counties have implemented the CARE Act.

Overview

The CARE Act provides mental health services and accountability for Californians living with certain psychotic disorders. Its goal is to prevent restrictive conservatorships or incarceration through a court-approved CARE agreement or a court-ordered CARE plan lasting up to 12 months.

Once a petition is filed and found to meet CARE Act criteria, the respondent and their representatives work with the county behavioral health agency to create a CARE agreement. If no agreement is reached, the court may order a CARE plan. Both approaches help respondents access treatment through community-based services and supports.

Unlike the Lanterman-Petris-Short (LPS) Act, the CARE Act does not involve custodial settings or forced medications.

The California Health and Human Services Agency (CalHHS) coordinates implementation in partnership with the Judicial Council of California, the Department of Health Care Services (DHCS), counties, and cities. The state has dedicated significant funding for behavioral health and housing support services, prioritizing CARE respondents.

The CARE Act Process

Petitioners and respondents

CARE Act proceedings begin when a petition is filed on behalf of a respondent. There is no filing cost. Eligible petitioners include adults who are:

- A person with whom the respondent resides;
- A spouse, parent, sibling, child, or grandparent, or other individual who stands in loco parentis[1] to the respondent;
- The director of a hospital in which the respondent is hospitalized, including hospitalizations under Welfare and Institutions Code section 5150 or 5250;[2]
- The director of a public or charitable organization, agency, or home who has provided within the previous 30 days or is currently providing behavioral health services to the respondent or in whose institution the respondent resides;
- A licensed behavioral health professional who is or has been within the previous 30 days either supervising the treatment of or treating the respondent for a mental illness;
- A first responder[3] who has had repeated interactions[4] with the respondent;
- The public guardian or public conservator of the county in which the respondent is present or reasonably believed to be present;

[1] An individual with a legal responsibility to perform the functions or responsibilities of a parent.

[2] An individual treated under an involuntary hold may also be referred to the county behavioral health agency of the county where the individual resides or the county where the individual is receiving involuntary treatment.

[3] This includes a peace officer, firefighter, paramedic, emergency medical technician, mobile crisis response worker, or homeless outreach worker.

[4] This includes multiple arrests, multiple detentions, and transportation under Welfare and Institutions Code section 5150, multiple attempts to engage the respondent in voluntary treatment, or other repeated efforts to aid the respondent in obtaining professional assistance.

- The director of a county behavioral health agency of the county in which the respondent resides or is found;
- The director of county adult protective services of the county in which the respondent resides or is found;
- The director of a California Indian health services program or California tribal behavioral health department who has provided within the previous 30 days or is providing behavioral health services to the respondent;
- The judge of a tribal court that is in California before which the respondent has appeared within the previous 30 days; or
- The respondent.[5]

To be eligible for CARE Act proceedings, a respondent must:

- Be at least 18 years old;
- Be currently experiencing a serious mental disorder and have a diagnosis of a schizophrenia-spectrum disorder, other psychotic disorder (e.g., schizophrenia, schizoaffective disorder, schizophreniform disorder), or bipolar I disorder with psychotic features (excluding psychosis related to intoxication);[6]
- Not be clinically stabilized in ongoing voluntary treatment;
- Be unlikely to survive safely in the community without supervision and their condition be substantially deteriorating, or be in need of services and support to prevent a relapse or deterioration likely to result in grave disability or serious harm to themselves or others;
- Be in a situation where participation in a CARE plan or agreement would be the least restrictive alternative to ensure recovery and stability; and
- Be likely to benefit from participation in a CARE agreement or plan.

[5] Agency or hospital directors and other professionals listed above who may file a petition to initiate the CARE Act process may authorize their designee to do so.

[6] Eligibility does not include a psychotic disorder that is due to a medical condition or that is not primarily psychotic in nature (e.g., traumatic brain injury, autism, dementia, or neurologic conditions).

CARE Act proceedings

Petition to hearing on the merits

After a petition is filed with the court, the court will determine if there is sufficient evidence to find that the respondent is or may be eligible for CARE Act services. If there is sufficient evidence, the court will appoint legal counsel to represent the respondent in all CARE Act proceedings.[7] If the petitioner is a person other than the director of a county behavioral health agency or their designee, the county behavioral health agency must investigate whether the respondent meets CARE Act criteria and submit a report with its findings within 30 court days.

After reviewing the report, if the court finds that the respondent is or may be eligible for CARE Act services, it will hold an initial appearance within 14 days.[8] Respondents are entitled to a supporter and an interpreter, if one is needed. There is then a merits hearing and, if certain criteria are met, the county behavioral health agency works with the respondent, their counsel, and the respondent's supporter to either (1) engage the respondent in voluntary behavioral health treatment or (2) work on entering into a CARE agreement. The court will set a case management hearing within 14 days.

Case management hearing to CARE agreement or clinical evaluation

At the case management hearing, the court assesses whether the parties have entered into an agreement. If they have, and the court approves the agreement, the court schedules a progress hearing within 60 days.[9] If no agreement is reached and one appears unlikely, the court orders the county behavioral health agency to conduct a clinical evaluation of the person and sets a clinical evaluation hearing within 21 days.[10] The court may hold additional progress hearings throughout the duration of the agreement.

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[7] The CARE Act outlines that the court must appoint a qualified legal services project to provide counsel for the respondent. If legal counsel through a legal services project is not available, a public defender or other counsel is assigned to represent the respondent. The court must notify the petitioner and other relevant parties.

[8] The county agency must notify the respondent and all relevant parties of the initial hearing date set by the court. The court may grant an agency's request for up to 30 additional days to continue to work with, engage, and enroll the individual in voluntary services if the agency is making progress.

[9] The court may also modify the terms of the CARE agreement and approve the agreement as modified.

[10] The clinical evaluation is done through a licensed behavioral health professional. The court must provide the evaluation to the respondent's counsel. The hearing may be continued up to 14 days upon stipulation of the respondent and the county behavioral health agency unless there is good cause for a longer extension.

Clinical evaluation to CARE plan

If eligibility is confirmed through a clinical evaluation, the county agency, respondent, counsel, and supporter jointly develop a CARE plan. A CARE plan review hearing is held within 14 days.[11]

The court considers proposals and adopts the elements that best support recovery and stability. CARE plans may include:

- Behavioral health services;
- Medically necessary stabilization medications;
- Housing resources;
- Social services funded through programs such as Supplemental Security Income/State Supplementary Payment (SSI/SSP), Cash Assistance Program for Immigrants (CAPI), CalWORKs, California Food Assistance Program, In-Home Supportive Services program, and CalFresh;
- County "last resort" services for indigent Californians; and
- Additional agreed-upon services by respondent and party financially responsible.

The court's approval of a CARE plan begins the year-long CARE process. Both CARE agreements and plans may be amended by mutual agreement, or by the court after a hearing.

Status review hearings

Throughout the year, the court holds status review hearings to monitor progress.[12] The county agency must file a report[13] on services provided, issues raised by the respondent, and recommendations for adjustments. Either party may request a hearing if circumstances change.

[11] The CARE plan includes the same elements as the CARE agreement. The county behavioral health agency or the respondent, or both, may present a proposed CARE plan.

[12] These hearings will occur at least every 60 days.

[13] The report must be submitted at least 5 days before the hearing. The county agency must serve the report on the respondent, the respondent's counsel, and supporter, if any.

CARE plan to graduation
In the 11th month, the court holds a one-year status hearing to review the report from the county agency.[14] The respondent may request to:

- Continue in the program for up to another year; or
- Graduate with a voluntary graduation plan.

Graduation plans are jointly developed and reviewed by the court in the 12th month.[15] If the court finds the respondent did not successfully complete the plan but would benefit from continued participation, it may order re-enrollment.

Post-graduation
After graduation, respondents continue to have access to community-based services and housing, with voluntary supports available to promote long-term recovery.

Alternatives to the CARE Process
Although the CARE Act assists a distinct population (those over 18 with specific mental health conditions), additional resources for others are available through the court system and in the community. For individuals not eligible for the CARE Act, other options include:

- Full-Service Partnerships (FSPs)
- Assisted Outpatient Treatment (AOT)
- LPS Conservatorships
- Crisis services (e.g., warm lines, hotlines)
- Residential or rehabilitative programs
- Mental health benefits through insurers

Resources are available through county behavioral health agencies (care-act.org/library/county-website-directory/) and the California Courts' Self-Help Guide (selfhelp.courts.ca.gov/care-act/options-to-help).

[14] The report must be submitted to the court at least 5 days before the hearing. The county mental health agency must serve the report on the respondent and the respondent's counsel and supporter. The respondent must be permitted to respond to the report and to the county behavioral health agency's testimony.

[15] The graduation plan may include a psychiatric advance directive.

Confidentiality of records

All reports, evaluations, and health information filed with the court are confidential. Evidence from CARE Act proceedings generally cannot be used in most later legal proceedings unless a motion is filed.

The CARE Act permits information sharing between behavioral health agencies and providers but exempts these records from California Public Records Act requests.

Roles and Responsibilities

Role of the court

Judicial officers oversee CARE Act cases in an effective and expeditious manner while protecting respondents' rights, autonomy, and input. They act as facilitators, encouraging collaboration between respondents, families, and agencies. Courts may prioritize housing, stabilization medications, and other supports for respondents in orders.

Courts also work with counties and local governments to ensure comprehensive services, setting objectives to improve CARE system performance.[16]

Role of the Judicial Council of California

The Judicial Council helped implement CARE in all courts by assisting courts with establishing calendar procedures, developing forms,[17] providing technical assistance to courts, and training judges and staff. In consultation with DHCS and county behavioral health leaders, it provides training on:

- Supported decision-making
- Trauma-informed care
- Eliminating bias
- Evidence-based care models for severe behavioral health conditions

The council may also assist DHCS on training related to mental illness, developmental disabilities, and aging populations.

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[16] Standard 7.20 of the California Standards of Judicial Administration provides guidelines regarding the unique role of the CARE Act court and its judicial officers.

[17] This includes requiring the petition to be signed under penalty of perjury and to contain specified information supporting the claim that the respondent meets the CARE criteria.

Role of CalHHS and DHCS

CalHHS coordinates CARE implementation with DHCS and the Judicial Council. Duties include:

- Engaging city and county partners;
- Supporting DHCS training and evaluation efforts;
- Monitoring housing needs; and
- Conducting outreach and communications.

DHCS oversees training for county agencies, counsel, and supporters; supports data collection and evaluation; and administers CARE implementation funding.

Funding

Courts receive funding for CARE Act functions.[18] The State Bar, through its Legal Services Trust Fund Commission, funds representation for respondents, by legal services agencies or public defenders.

Counties receive funding to cover service costs not paid by other sources (e.g., Medi-Cal, insurance, federal or local funds). Because most respondents are Medi-Cal beneficiaries, counties carry responsibility for specialty mental health and substance-use services.

The CARE Act also creates the CARE Act Accountability Fund to receive fines, which DHCS redistributes annually to local governments to serve individuals at risk of homelessness, justice involvement, hospitalization, or conservatorship.

Data reporting and collection

The Judicial Council, in consultation with DHCS, developed an annual schedule for trial courts to submit CARE data.[19] DHCS aggregates and reports this data, consults with state and local partners, and produces annual evaluations.

DHCS also contracts with an independent research entity to evaluate CARE's effectiveness and publishes both preliminary and final reports. Reports include de-identified demographic data on CARE participants.

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[18] The CARE Act requires that health plans reimburse counties for eligible behavioral health costs in cases where respondents have commercial insurance.

[19] This consists of the number of petitions submitted, the number of initial appearances on the petition, the total number of hearings, the total number of CARE plans ordered and CARE agreements approved, and the total number of petitions dismissed. (Welf. & Inst. Code, § 5985(d)(3).)

Contact:

care.act@jud.ca.gov

Additional resources:

CARE Act information, *courts.ca.gov/programs-initiatives/families-and-children/behavioral-health/adult-civil-mental-health*

California Health and Human Services Agency, *www.chhs.ca.gov/care-act/*