

Community Assistance, Recovery, and Empowerment Act

The CARE Act At a Glance

The Community Assistance, Recovery, and Empowerment (CARE) Act is a new civil court process that provides services to people who have certain mental health disorders and meet other criteria. The CARE Act allows specific people (known as “petitioners”) to request that an individual enter the CARE process. The CARE process involves assessments and hearings to determine whether the individual (known as a “respondent”) is eligible. If the respondent is eligible, a voluntary CARE agreement or court-ordered CARE plan may be created for up to 12 months, with the possibility to extend for an additional 12 months. This agreement or plan includes services the individual can receive, such as behavioral health services, substance use disorder treatment, housing, and community supports.

PATHS IN

Paths **in** for eligible people with psychotic disorders who meet health and safety criteria. A range of people can refer someone to get help.

Family

Health care provider

County mental health

First responders

Social service providers

CARE PROCESS

New civil court process to **connect and prioritize** treatment, support services, and housing.



PATHS OUT

There are many paths **out** of the CARE process.

Early engagement
in county
treatment services.

Graduation from a
CARE agreement
or **CARE plan**.

HELP CONTINUES

At the end of the process,
help can continue.

Direct county
services may
continue, as
needed.

Who is eligible for CARE?

Eligibility is determined on a case-by-case basis. Homelessness and mental illness alone are not enough to meet eligibility requirements.

A respondent must meet all the following criteria to be eligible for CARE:

- Be 18 years of age or older.
- Have a diagnosis of a schizophrenia spectrum disorder or another psychotic disorder in the same class.
- Be currently experiencing a mental illness that:
 - Is severe in degree and persistent in duration,
 - May cause behavior that interferes substantially with activities of daily living, and
 - May lead to an inability to maintain stable adjustment and independent functioning without treatment, support, and rehabilitation for a long or indefinite period.
- Not clinically stabilized in ongoing voluntary treatment.

Additionally, at least one of the following must be true:

- The respondent is unlikely to survive safely in the community without supervision **and** the respondent's condition is substantially deteriorating.
- The respondent needs services and supports to prevent a relapse or deterioration that would likely result in grave disability or serious harm to the respondent or others.

The respondent's participation in a CARE plan or CARE agreement must:

- Be the least restrictive alternative necessary to ensure the respondent's recovery and stability, **and**
- Be likely to benefit the respondent.

Petitioners are required to provide facts and supporting information at the time of filing to show that a respondent is eligible for CARE Act proceedings (see form [CARE-050-INFO](#)). Supporting documentation must include either a declaration by a licensed behavioral health professional ([form CARE-101](#)) or evidence that the respondent was detained for a minimum of two intensive treatments, the most recent one within the last 60 days.

See the [Eligibility Fact Sheet](#) and [CARE Act Resources for Petitioners](#) for more information.

Homelessness and mental illness alone are not enough to meet eligibility requirements.

Who can file a petition?

Petitioners must be 18 years of age or older and fit one of the following categories:

- A person who lives with the respondent.
- A spouse or registered domestic partner, parent, sibling, child, or grandparent of the respondent.
- A person who stands in the place of a parent to the respondent.
- The director of a hospital, or their designee, in which the respondent is or was recently hospitalized.
- The director of a public or charitable agency, or their designee, who has within the last 30 days provided or who is currently providing behavioral health services to the respondent or in whose institution the respondent resides.
- A licensed behavioral health professional, or their designee, who is or has been supervising the treatment of or treating the respondent for mental illness within the last 30 days.
- The director of a county behavioral health agency, or their designee, of the county where the respondent resides or is found.
- A first responder who has had repeated interactions with the respondent.
- A judge of a tribal court located in California, or their designee.
- The respondent.

Note: After the initial appearance, the original petitioner will be replaced by the director of the county behavioral health agency, or a designee.

For more information, see [CARE Act Resources for Petitioners](#).



What happens during the CARE process?

Once filed, the court reviews the petition to determine if a respondent meets, or may meet, the criteria for CARE. The court will then either dismiss the petition, order a report from a county behavioral health agency, or set an initial court appearance.

If the respondent is found to be eligible, the court will work with the county behavioral health agency, the respondent, the respondent's attorney, and a volunteer supporter (if applicable) to connect the respondent with services. This connection will happen either through voluntary engagement, a CARE agreement, or a CARE plan.

If it is not likely that a CARE agreement will be reached, then there will be a clinical evaluation. If this evaluation finds the respondent eligible, the court will order a CARE plan. There will be a series of status review hearings while the respondent is receiving services through a CARE plan.

At month 11, there will be a 1-year status review hearing to determine next steps. The participant can either graduate or be reappointed for up to 1 additional year. After graduating from the CARE process, the participant remains eligible for ongoing treatment, supportive services, and housing in the community to support long-term recovery.

For more detailed information about the CARE process, see the [CARE Process Flow to Treatment, Housing, and Support](#).

What is a CARE agreement or a CARE plan?

A CARE agreement and a CARE plan are documents that specify services to support the respondent's recovery and stability.

A CARE agreement is a voluntary agreement between the respondent and the county behavioral health agency after a court has determined that the respondent is eligible for the CARE process. If a CARE agreement is not reached, the court may order the creation of a CARE plan.

A CARE plan includes a range of community-based services and supports ordered by the court. There will be status review hearings to review progress and challenges. Services and supports in the CARE plan can be changed to support the respondent's success.

If included in the CARE plan or agreement, stabilizing medications are prescribed by the treating licensed behavioral health care provider. The CARE team will work with the respondent to address medication concerns and make changes to the treatment plan as needed.

What housing is available to a respondent in CARE?

Housing is an important part of CARE. Housing options may include:

- Clinically enhanced interim or bridge housing
- Licensed adult and senior care facilities
- Supportive housing
- Housing with family and friends

In order to support the respondent's housing needs, the court may issue orders to give priority for these services and supports.

When will CARE Act services be available?

The CARE Act is being implemented in two phases. The counties of Glenn, Orange, Riverside, San Diego, Stanislaus, Tuolumne, and San Francisco (Cohort I) implemented the CARE Act on October 1, 2023. Los Angeles County plans to implement by December 1, 2023, and all other counties (Cohort II) are required to implement the CARE Act by December 1, 2024.

How does CARE ensure accountability?

Accountability in CARE goes both ways. If a respondent cannot successfully complete a CARE plan, the court may use existing law to ensure their safety. The CARE Act also holds local governments accountable. If they do not meet their responsibilities under CARE, then they may be fined.





What rights does a respondent have?

The CARE Act supports a self-determined path to recovery. Respondents have the right to:

- Be informed of the proceedings.
- Take part in the proceedings.
- Be represented by an attorney in all stages of the process.
- Replace the court-appointed attorney (provided free of charge) with an attorney of their choosing.
- Receive a copy of the petition and any court-ordered evaluations or reports.
- Have a volunteer supporter¹ of their choosing throughout the process.

If the respondent requires translation or disability accommodations, requests can be made with the court.



Where can I find more information about the CARE Act?

For more information, please visit: the [CARE Act Resource Center](#), the [DHCS CARE Act site](#), the [CalHHS CARE Act site](#), and the [Judicial Council's CARE Act site](#). You can also send a message to info@CARE-Act.org to request more information.



Statute Citations

- **Definitions:** [California Welfare and Institutions Code \(W&I Code\) section 5971](#)
- **Eligibility:** [W&I Code section 5972](#)
- **Petition:** [W&I Code sections 5974](#) and [5975](#)
- **Respondent rights:** [W&I Code sections 5976](#), [5976.5](#), [5977.2](#), and [5977.3](#)
- **Court process:** [W&I Code sections 5977](#), [5977.1](#), [5977.2](#), and [5977.3](#)
- **Services:** [W&I Code section 5977.1](#)
- **Confidentiality:** [W&I Code sections 5976.5](#), [5977.1\(c\)\(5\)](#), and [5977.4](#)