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Receive a presentation on the Health Department's Behavioral Health Bureau Community Assistance, Recovery, and Empowerment (CARE) Act Program.

RECOMMENDATION:
It is recommended that the Health, Housing, Homelessness, and Human Services Committee of the Board of Supervisors:
Receive a presentation on the Health Department's Behavioral Health Bureau Community Assistance, Recovery, and Empowerment (CARE) Act Program.

SUMMARY:

The CARE Act is a California statewide initiative launched on December 1, 2024 under Senate Bill (SB) 1338. Administered by the California Department of Health CARE Services (DHCS), the program provides a pathway to deliver mental health treatment and support services to eligible individuals (adults aged 18+) who have untreated schizophrenia spectrum or other psychotic disorders, or bipolar I disorder with psychotic features and are not currently stabilized in ongoing voluntary treatment.

DISCUSSION:
The CARE Act is a civil court process where certain people, such as family members, first responders, and providers, may file a petition to the court to create a voluntary CARE agreement or a court-ordered CARE plan. A CARE agreement or CARE plan may include treatment, housing resources, and other services. 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 (LPS) Mental Health Conservatorships. The CARE Process will provide earlier action, support, and accountability for both CARE clients, and the local governments responsible for providing behavioral health services to these individuals.

Beginning January 1, 2026, changes made by Senate Bill 27 went into effect. These changes include:
Bipolar I disorder with psychotic features will now be included as an eligible diagnosis under the CARE Act, except psychosis related to intoxication.
The law now defines what it means to be clinically stabilized in ongoing voluntary treatment.
Certain court referrals can now serve as a CARE petition.
Criminal courts may consider CARE referrals earlier for individuals found incompetent to stand trial in misdemeanor cases.
Nurse practitioners and physician assistants are now authorized to complete affidavits in support of

CARE petitions.
There are also other technical amendments to streamline the CARE process.
Since its inception on December 1, 2024, a total of 31 petitions have been filed though January 31, 2026, resulting in 5 CARE Agreements and 1 CARE Plan to date.

OTHER AGENCY INVOLVEMENT/COMMITTEE ACTIONS:
Behavioral Health collaborates closely with a range of stakeholders such as local courts (including drug courts), the Public Guardian's Office, and County Counsel, to support coordinated and effective service delivery.

FINANCING:
Receiving this report will have no impact on the Health Department Behavioral Health Bureau's Budget nor to the General Fund.

BOARD OF SUPERVISORS STRATEGIC PLAN GOALS:
This program helps improve health and quality of life by creating a pathway for eligible adults to achieve long-term stability and independence, while preventing more restrictive alternatives, such as conservatorships, incarceration, and hospitalizations.
Mark a check next to the related Board of Supervisors Strategic Plan Goals:
_X_ Well-Being and Quality of Life
____ Sustainable Infrastructure for the Present and Future
____ Safe and Resilient Communities
____ Diverse and Thriving Economy

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Attachments:
Staff Report
Presentation- February 2026