GOVERNOR NEWSOM'S NEW PLAN TO GET CALIFORNIANS IN CRISIS OFF THE STREETS AND INTO HOUSING, TREATMENT, AND CARE

- Community Assistance, Recovery and Empowerment (CARE) Court is a new framework to get people with mental health and substance use disorders the support and care they need.
- CARE Court is aimed at helping the thousands of Californians who are suffering from untreated mental health and substance use disorders leading to homelessness, incarceration or worse.
- California is taking a new approach to act early and get people the support they need and address underlying needs - and we're going to do it without taking away people's rights.
- CARE Court includes accountability for everyone – on the individual and on local governments – with court orders for services.

HOW CARE COURT WORKS

CARE Court connects a person struggling with untreated mental illness – and often also substance use challenges – with a court-ordered Care Plan for up to 24 months. Each plan is managed by a care team in the community and can include clinically prescribed, individualized interventions with several supportive services, medication, and a housing plan. The client-centered approach also includes a public defender and supporter to help make self-directed care decisions in addition to their full clinical team

CARE Court is designed on the evidence that many people can stabilize, begin healing, and exit homelessness in less restrictive, community-based care settings. It's a long-term strategy to positively impact the individual in care and the community around them. The plan focuses on people with schizophrenia spectrum and other psychotic disorders, who may also have substance use challenges, and who lack medical decision-making capacity and advances an upstream diversion from more restrictive conservatorships or incarceration.

The court-ordered response can be initiated by family, county and community-based social services, behavioral health providers, or first responders. Individuals exiting a short-term involuntary hospital hold or an arrest may be especially good candidates for CARE Court. The Care Plan can be ordered for up to 12 months, with periodic review hearings and subsequent renewal for up to another 12 months. Participants who do not successfully complete Care Plans may, under current law, be hospitalized or referred to conservatorship - with a new presumption that no suitable alternatives to conservatorship are available.

All counties across the state will participate in CARE Court under the proposal. If local governments do not meet their specified duties under court-ordered Care Plans, the court will have the ability to order sanctions and, in extreme cases, appoint an agent to ensure services are provided.

CARE Court builds on Governor Newsom's $14 billion multi-year investment to provide 55,000 new housing units and treatment slots as well as a more than $10 billion annual investment in community behavioral health services. The Governor's comprehensive approach combines a focus on bridge housing to quickly rehouse unsheltered individuals with behavioral health issues, all while more new units come online, while also transforming Medi-Cal to provide more behavioral health services to people struggling the most.

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FACT SHEET

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Community Assistance, Recovery, and Empowerment (CARE) Act

The Community Assistance, Recovery, and Empowerment (CARE) Act (Stats. 2022, ch. 319) authorizes specified adult persons to petition a civil court to create a voluntary CARE agreement or a court-ordered CARE plan that can include treatment, housing support, and other services for persons with untreated schizophrenia or other psychotic disorders.

Overview

The CARE Act seeks to provide mental health services, support, and accountability for Californians living with untreated schizophrenia or other psychotic disorders. The act aims to divert and prevent restrictive conservatorships or incarcerations through a court-ordered CARE plan or court-approved CARE agreement for up to 12 months that is initiated via a petition through the courts. Once the court ensures the credibility of the petition and that the respondent meets CARE criteria, local government and respondents work together to either develop and enter into a CARE agreement or develop and implement a court-ordered CARE plan that supports the respondent in accessing treatment through community-based services and supports. Unlike the process under the Lanterman-Petris-Short Conservatorship Act, the CARE Act does not include custodial settings or long-term involuntary medications. The California Health and Human Services Agency (CalHHS) is tasked with coordinating efforts with and between the Department of Health Care Services (DHCS) and the Judicial Council throughout the implementation process. The state has dedicated significant funding to provide behavioral health care services as well as housing support services where CARE respondents will be prioritized.

Implementation

The CARE Act took effect on January 1, 2023. It will be implemented in a phased-in approach, with counties separated into two cohorts. The first cohort will include 7 counties—Glenn, Orange, Riverside, San Diego, San Francisco, Stanislaus, and Tuolumne—and will begin implementing CARE no later than October 1, 2023. Los Angeles County will accelerate its implementation of CARE one year ahead of

schedule, with an implementation by December 1, 2023. The remaining 50 counties will begin implementing CARE no later than December 1, 2024. Counties may request an extension to delay the start of CARE from DHCS beyond December 1, 2024; however, all counties must implement CARE no later than December 1, 2025.

Process

Petitioners and respondents

CARE Act proceedings can be initiated once an individual files a CARE Act petition. The following adults may file a petition:

- 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;
- The director of a public or charitable organization, agency, or home who has provided or who is currently providing behavioral health services to the respondent;
- A licensed behavioral health professional who is or has been either supervising the treatment of, or treating the respondent for a mental illness;
- A first responder[2] who has had repeated interactions[3] with the respondent;
- The public guardian or public conservator of the county in which the respondent is present or reasonably believed to be present;
- 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;

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

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

[3] 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 California Indian health services program or California tribal behavioral health department; or
- The judge of a tribal court that is located in California.[4]

In order to participate in CARE Act proceedings, a respondent must be 18 years of age or older; be currently experiencing a severe mental illness and have a diagnosis of schizophrenia spectrum or other psychotic disorders (schizophrenia, schizoaffective, schizophreniform, and catatonia)[5]; 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 CARE agreement would be the least restrictive alternative to ensure recovery and stability; and be likely to benefit from participation in a CARE plan or CARE agreement.

CARE Act proceedings

Petition to initial hearing

After a petition is filed with the court, the county behavioral health agency must investigate whether the person meets CARE criteria and submit a report with its findings. Upon reviewing the report, if the court finds the person likely to meet CARE criteria, it will set a date within 14 days for an initial appearance[6] and appoint legal counsel to represent the person in all CARE Act proceedings.[7] The court will determine at the initial appearance if the person meets CARE criteria. If criteria are met, the county behavioral health agency works with the person, their counsel, and the person's supporter to engage in behavioral health treatment and determine

[4] For all of the listed agency directors and other professionals who may file a petition to initiate the CARE Act process, their designees may also file a petition under the CARE Act.

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

[6] The county agency must notify the respondent and all relevant parties of the initial hearing date set by the court. The court may grant county 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.

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

whether the parties will be able to enter 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 a CARE agreement. If they have, and the court approves the CARE agreement, the court sets a progress hearing for 60 days.[8] If the parties have not reached a CARE agreement, the court orders the county behavioral health agency to conduct a clinical evaluation of the person.[9] The court will set a clinical evaluation hearing within 21 days[10].

Clinical evaluation to CARE plan
At the clinical evaluation hearing, if it is determined that CARE criteria have been met, the county behavioral health agency, the person, and the person's counsel and supporter work jointly to develop a CARE plan.[11] The court must set a hearing to review the proposed CARE plan or plans[12] within 14 days[13]. At the CARE plan review hearing, the court considers the plans and adopts the elements that support the recovery and stability of the person[14]. The approval of a CARE plan by the court marks the beginning of the year-long CARE process.

Status review hearings
Throughout the year, the person is expected to attend status review hearings at intervals set by the court[15] to ensure they are adhering to the CARE plan. The county

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

[9] The clinical evaluation is done through a licensed behavioral health professional. The court must provide the evaluation to the respondent's counsel.

[10] This may be continued up to 14 days upon stipulation of respondent and county behavioral health agency unless there is a good cause for an extension.

[11] The CARE plan includes the same elements as the CARE agreement.

[12] The county behavioral health agency, the respondent, or both, may present a proposed CARE plan.

[13] Either party may request an extension of time.

[14] Court may grant continuance of up to 14 days if parties need additional time. If court needs additional information, court shall order a supplemental report for which court may grant a continuance of no more than 14 days. Timelines may be extended further upon good cause.

[15] These hearings will occur at least every 60 days (subject to change depending on future legislation).

behavioral health agency must file a report[16] with the court containing information about the progress the person has made, which services and supports were and were not provided, any issues the person expressed in adhering to the CARE plan, and recommendations for changes. At any time during the program, the county behavioral health agency or the person may request a hearing to address a change of circumstances.

CARE plan to graduation

At the 11th month of the program, the court will hold a one-year status hearing to review the report filed by the county behavioral health agency[17] on the person's status. The person may choose to remain in the program for an additional year or receive a voluntary graduation plan. This plan will be developed jointly by the county behavioral health agency and the person to support the person in their transition out of court jurisdiction.[18] The graduation plan will be presented to and reviewed by the court at a hearing scheduled a year from when the CARE plan was adopted. After the hearing, the person officially graduates from the program. If the court, however, finds the person did not successfully complete the CARE plan and would benefit from continuing in the program, it may involuntarily reappoint the person.

Funding

The CARE Act creates the CARE Act Accountability Fund in the State Treasury to receive fines collected under the act. DHCS is responsible for allocating and distributing funding annually to the local government entities that paid the fines to serve individuals who have schizophrenia spectrum or other psychotic disorders who are experiencing or are at risk of homelessness, criminal justice involvement, hospitalization, or conservatorship. Funds allocated to each court are intended to support court-based functions required by the CARE Act. The funding must only cover the portions of those costs of services that cannot be paid for with other funds, including other mental health funds, public and private insurance, and other local, state, and federal funds. For example, the CARE Act clarifies that funding from the Mental Health Services Fund and the 1991 and 2011 Realignment may be used to

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

[17] 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.

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

provide services to individuals under a CARE agreement or a CARE plan. Additionally, given most CARE respondents are estimated to be Medi-Cal beneficiaries or eligible for Medi-Cal, the responsibility of providing specialty mental health services, substance use disorder treatment, and community mental health services falls with county behavioral health agencies. Finally, social services for specific respondents may be 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.

CARE Act appropriations for fiscal year 2022–23 include $2,828,000 for the first cohort of courts. Budgetary estimates account for courts hiring additional staff to meet the required functions under the CARE Act; however, courts have discretion to determine how to utilize this funding. For example, courts may choose to hire staff, expand courtroom space, or enhance security systems. Other court-based functions, such as data collection and information technology, will be funded separately. Funding for representation is not a court responsibility. Legal representation will be funded outside the court allocation and counties will receive funding to support social services. The CARE Act requires the Legal Services Trust Fund Commission at the State Bar to provide funding for qualified legal services agencies to represent respondents.[19]

Role of CalHHS and DHCS

The California Health and Human Services Agency is tasked with coordinating efforts with and between the Department of Health Care Services and the Judicial Council. CalHHS is responsible for engaging and conducting outreach with specified partners at the city and county level, supporting DHCS training, technical assistance and evaluation efforts, monitoring housing-related needs, and supporting communications via the web and community outreach throughout implementation. DHCS oversees the training and technical assistance of county behavioral health agencies, counsel, and volunteer supporters; supports data collection and evaluation efforts; and administers CARE Act implementation funding annually.

Role of the Judicial Council

The Judicial Council is required to develop a mandatory form for filing a CARE process petition and other necessary forms required for CARE Act proceedings, as

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

well as to outline the process by which these forms are filed and reviewed.[20] In consultation with DHCS, other agencies, and the County Behavioral Health Directors Association, the Judicial Council is responsible for providing training and technical assistance to judges and other necessary court staff regarding the CARE process, CARE agreement and CARE plan services and supports, working with the supporter, supported decisionmaking, the supporter role, the family role, trauma-informed care, elimination of bias, best practices, and evidence-based models of care for people with severe behavioral health conditions. The Judicial Council may be consulted by DHCS for decisionmaking training about best practices for persons with mental illnesses, intellectual and developmental disabilities, other disabilities, and older adults.

Data reporting and collection

The CARE Act requires the Judicial Council, in consultation with DHCS, to develop an annual reporting schedule for the submission of CARE Act data[21] from the trial courts and to collect, aggregate, and submit this data to DHCS according to this schedule. DHCS, in consultation with state and local government entities, must produce an annual report on the CARE Act using data collected from the county behavioral health departments, each county CARE court, and any other state or local government entity. DHCS is responsible for determining the data measures, specifications, and format, and for publishing them. DHCS must also retain an independent, research-based entity to evaluate the effectiveness of the CARE Act and produce a preliminary and final report based on the evaluation.

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Additional resources:

CARE Act information, www.courts.ca.gov/cfcc-mentalhealth.htm
California Health and Human Services Agency, www.chhs.ca.gov/care-act/

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[20] 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.

[21] This consists of the number of petitions submitted, the number of initial appearances on the petition, and the total number of hearings (Welf. & Inst. Code, § 5985(d)).

Behavioral Health Services

Community Assistance, Recovery and Empowerment (CARE)

The Community Assistance, Recovery and Empowerment (CARE) Court program will create a new pathway to deliver mental health and substance use services to individuals who are diagnosed with schizophrenia or other psychotic disorders and are not engaged in treatment.

Through a new state law, CARE Court creates a process for families, clinicians, first responders, and others to file a petition with the civil court to connect individuals (ages 18+) to court-ordered voluntary treatment if they meet criteria and would benefit from the program.

San Diego County is a pilot county and will launch the CARE Court program on October 1, 2023, in collaboration with the Superior Court, the Public Defender, legal advocacy, contracted service providers, and community partners. See below for more details on the process:

(1) Referrals: Referrals are initiated by family members, behavioral health providers, first responders, or other approved petitioners, by filing a petition with the Superior Court.

(2) Initial Determination: The Superior Court makes an initial determination as to whether the petition appears to meet criteria for CARE Court. If the petition appears to meet initial criteria, the Superior Court will order County Behavioral Health Services (BHS) to conduct an investigation.

(3) Investigation and Engagement: County BHS will conduct an investigation and report back within 14 days with a recommendation regarding the establishment of a CARE Court case. During the investigative process, BHS will conduct outreach and attempt to engage petitioned individuals with treatment and thereby avoid the need for a CARE Court case.

(4) Establishing a CARE Plan: If the Superior Court determines that a case should be established, a CARE Plan will be developed with County BHS, in partnership with the petitioned individual and their counsel. The CARE Plan will be submitted to the Superior Court for review.

(5) Connection to Services: Once a CARE Plan is accepted by the Superior Court, BHS and its network of community-based providers will actively engage the individual for whom a CARE Plan is being established to connect to services, including behavioral health treatment, stabilization medication, a housing plan, and other supports as needed.

Program participation is 12 months but may be extended depending upon individual circumstances.

Although not everyone will meet criteria for CARE Court, County BHS offers an array of treatment services and supports, which do not require a CARE Court process to access. If you or a loved one are seeking behavioral health services or referrals, call the County's **Access and Crisis Line** (ACL) at 1-888-724-7240 – or 9-8-8 – speak to a licensed clinician that can help connect you with services. Language interpreter services enable the ACL to assist in over 200 languages within seconds.

For questions, please contact **BHSContactUs.HHSA@sdcounty.ca.gov.**

CARE Court Fact Sheet (printable)

CalHHS
California Health & Human Services Agency

CARE Court FAQ

A New Framework for Community Assistance, Recovery, and Empowerment

1. What is CARE Court?

CARE Court is a proposed framework to deliver mental health and substance use disorder services to the most severely impaired Californians who too often languish – suffering in homelessness or incarceration – without the treatment they desperately need.

It connects a person in crisis with a court-ordered CARE Plan for up to 12 months, with the possibility to extend for an additional 12 months. The framework provides individuals with a clinically appropriate, community-based set of services and supports that are culturally and linguistically competent. This includes court-ordered stabilization medications, wellness and recovery supports, and connection to social services and housing.

2. How is self-determination supported in the CARE Court model?

Supporting a self-determined path to recovery and self-sufficiency is core to CARE Court, with a Public Defender and a newly established CARE Supporter for each participant in addition to their full clinical team.

The role of the CARE Supporter is to help the participant understand, consider, and communicate decisions, giving the participant the tools to make self-directed choices to the greatest extent possible. The CARE Plan ensures that supports and services are coordinated and focused on the individual needs of the person it is designed to serve.

The creation of a Psychiatric Advance Directive further provides direction on how to address potential future episodes of impairing illness that are consistent with the expressed interest of the participant and protect against negatives outcomes such as involuntary hospitalization.

3. What are the criteria for participation in CARE Court?

CARE Court is NOT for everyone experiencing homelessness or mental illness; rather it focuses on people with schizophrenia spectrum or other psychotic disorders who meet specific criteria – before they get arrested and committed to a State Hospital or become so impaired that they end up in a Lanterman-Petris-Short (LPS) Mental Health Conservatorship. Although homelessness has many faces in California, among the most tragic is the face of the sickest who suffer from treatable mental health conditions—this proposal aims connect these individuals to effective treatment and support, mapping a path to long-term recovery.

4. What is the purpose of CARE Court?

CARE Court aims to deliver behavioral health services to the most severely ill and vulnerable individuals, while preserving self-determination and community living.

CARE Court is an upstream diversion to prevent more restrictive conservatorships or incarceration; this is based on evidence which demonstrates that many people can stabilize, begin healing, and exit homelessness in less restrictive, community-based care settings. With advances in treatment models, new longer acting antipsychotic treatments, and the right clinical team and housing plan, individuals who have historically suffered tremendously on the streets or during avoidable incarceration can be successfully stabilized and supported in the community.

CARE Court may be an appropriate next step after a short-term involuntary hospital hold (either 72 hours/5150 or 14 days/5250), an arrest, or for those who can be safely diverted from a criminal proceeding. Remote or virtual proceedings may be especially effective for CARE Court participants.

5. Is CARE Court a conservatorship?

No, it seeks to prevent the need for conservatorship by intervening prior to the need for such restrictive services and providing shorter-term court ordered, community-based care with Supportive Decision Making.

Current Lanterman-Petris-Short (LPS) Act Mental Health conservatorship is rarely timely, difficult to have granted, establishes a substitute decision maker for the person, and typically relies on locked placements as a first line intervention.

6. What does a participant in CARE Court receive?

The framework provides individuals with a clinically appropriate, community-based set of services and supports that are culturally and linguistically competent. This includes short-term stabilization medications, wellness and recovery supports, and connection to social services and housing. Housing is an important component—finding stability and staying connected to treatment, even with the proper supports, is next to impossible while living outdoors, in a tent or a vehicle.

Each participant will also be provided a new, designated CARE Supporter to assist with Supported Decision Making for the CARE Plan, the creation of a Psychiatric Advance Directive, and a "graduation" plan for recovery and wellness post-CARE Court. The role of the CARE Supporter is to help the participant understand, consider, and communicate decisions, giving the participant the tools to make self-directed choices to the greatest extent possible. Participants will also have a designated court appointed attorney, for court proceedings.

7. How does CARE Court work?

Referral: The first step is a petition to the Court, by a family member, behavioral health provider, first responder, or other approved party to provide care and prevent institutionalization.

Clinical Evaluation: The civil court orders a clinical evaluation after a reasonable likelihood of meeting the criteria is found. Court appoints a public defender and CARE Supporter. The court reviews the clinical evaluation and, if the individual meets the criteria, the court orders the development of a CARE Plan.

CARE Plan: The CARE Plan is developed by county behavioral health, participant and CARE Supporter including behavioral health treatment, stabilization medication, and a housing plan. The court reviews and adopts the CARE Plan with both the individual and county behavioral health as party to the court order for up to 12 months.

Support: The county behavioral health care team, with the participant and CARE Supporter, begin treatment and regularly review and update the CARE Plan, as needed, as well as a Psychiatric Advance Directive for any future crises. The court provides accountability with status hearings, for up to a second 12 months, as needed.

Success: Upon successful completion and graduation by the Court, the participant remains eligible for ongoing treatment, supportive services, and housing in the community to support long term recovery. The Psychiatric Advance Directive remains in place for any future crises.

8. What is meant by court-ordered stabilization medications?

Stabilization medications may be included in the court ordered CARE Plan.

Court ordered stabilization medications are distinct from an involuntary medication order in that they cannot be forcibly administered. Seeking an involuntary medication order for a participant would be outside the proceedings and subject to existing law. Failure to participate in any component of the CARE Plan may result in additional actions, consistent with existing law, including possible referral for conservatorship with a new presumption that no suitable alternatives exist.

Stabilization medications would be prescribed by the treating licensed behavioral healthcare provider/prescriber and medication management supports will be offered by the care team. As a participant in the development and on-going maintenance of the CARE Plan, the participant will work with their behavioral healthcare provider and their CARE Supporter to address medication concerns and make changes to the treatment plan.

Stabilizing medications will primarily consist of antipsychotic medications, which are evidence-based treatments to reduce the symptoms of hallucinations, delusions, and disorganization—these are the symptoms that cause impaired insight and judgment in individuals living with Schizophrenia spectrum and other psychotic disorders. Medications may be provided as long-acting injections which reduce the day-to-day –adherence challenges many people experience with daily medications.

9. What if an individual does not participate in the Court-ordered CARE Plan?

An individual who does not participate in the court-ordered CARE Plan may be subject to additional court hearing(s). If a participant cannot successfully complete a CARE Plan, the individual may be referred by the Court for a conservatorship, consistent with current law. For individuals whose prior conservatorship proceedings were diverted, those proceedings will resume under a new presumption that no suitable alternatives to conservatorship are available.

10. Will CARE Court be available statewide?

Yes—all counties will participate in Care Court. There is not an option to opt-out.

11. What if a local government does not provide the court-ordered CARE Plan?

If local governments do not meet their specified responsibilities under the court-ordered CARE Plans, the Court will have the ability to order sanctions and, in extreme cases, appoint an agent to ensure services are provided.

12. How is CARE Court different from current approaches in California - namely Mental Health (or LPS) Conservatorship and the more recent Laura's Law (Assisted Outpatient Treatment)?

CARE Court applies only to a small and distinct group of adults with under or untreated Schizophrenia spectrum and other psychotic disorders who meet certain criteria.

CARE Court differs fundamentally from Mental Health/LPS Conservatorship. It does not include custodial settings or long-term involuntary medications. CARE Court provides a new CARE Supporter role, to empower the individual in directing their care as much as possible. Lastly, the court ordered CARE Plan is no longer than 12 or, if extended, 24 months.

CARE Court is different from both Mental Health/LPS Conservatorship and Laura's Law approaches in that it may be initiated on a petition to the Court by family members, service providers, and other authorized parties, in addition to County Behavioral Health. Local government is also part of the court order, along with the participant, to ensure accountability to the provision of treatment and care.

CARE Court is also separate from Probate Conservatorship where a court may appoint a conservator for people determined to be incapacitated to manage their financial or personal care decisions.

13. How is CARE Court funded?

Existing funding sources for the CARE Plan services and supports include nearly $10 billion annually for behavioral healthcare (including Mental Health Services Act, mental health realignment, federal funds) and the proposed $1.5 billion for behavioral health bridge housing, as well as various housing and clinical residential placements available to cities and counties under the Governor's $12 billion homelessness investments which began in 2021. County behavioral health is responsible for Medi-Cal Specialty Mental Health Services and Substance Use Disorder (SUD) treatment and community mental health services.

Costs for the Court, the Public Defender, the new CARE Supporter program, and state oversight will require new funding. The state will provide technical assistance to the Counties and will be responsible for data collection, evaluation, and reporting.

14. What housing is available to an individual in CARE Court?

Housing is an important component of CARE Court—finding stability and staying connected to treatment, even with the proper supports, is next to impossible while living outdoors, in a tent or a vehicle. CARE Plans will include housing. Individuals who are served by CARE Court will have diverse housing needs on a continuum ranging from clinically enhanced interim or bridge housing, licensed adult and senior care settings, supportive housing, to housing with family and friends.

In the 2021 Budget Act, the state made a historic $12 billion investment to prevent and end homelessness which included unprecedented new funding to create new community based residential settings and long-term stable housing for people with severe behavioral health conditions. Additionally, the Governor's proposed 2022-2023 budget includes $1.5 billion to support Behavioral Health Bridge Housing, which will fund clinically enhanced bridge housing settings that are well suited to serving CARE Court participants.