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

CARE Act Update
Board of Supervisors
June 16, 2026
26-549
Item 16

Agenda

- CARE Act implementation in Monterey County
- Senate Bill 27 (SB27) updates to the CARE Act, effective January 1, 2026
- Local CARE Court data
- CARE Improvement and Coordination Unit (ICU) status
- State site visit held May 7, 2026

What does the CARE Act do?

- The CARE Act creates 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.

- The CARE Act allows the court to order the county to provide behavioral health treatment in community-based settings.

- The individual enters this pathway when a petitioner requests court-ordered treatment, services, supports, and housing resources under the CARE Act, for an eligible individual (or "respondent").

- Streamlined process for referrals from certain types of court proceedings.

- ***CARE Court started in Monterey County 12/1/2024.***

CARE Court Planning Committee

- Convened by Judge Julie R. Culver, Monterey County Superior Court
- Monthly meetings starting in January 2024 to prepare for our “go live” on December 1, 2024
- Ad hoc workgroups throughout 2024 & Mock Trial in November 2024
- Planning Committee included several key partners from the Court, Self-Help Center, County Counsel, Behavioral Health, Public Defender, District Attorney, and Public Guardian/Conservator
- Health Management Associates (HMA) Consultants
- Stakeholder engagement & presentations
- Team attended state convenings / webinars / workgroups to learn from cohort 1 counties

Stakeholder Engagement

- Internal County BH Service Providers
- External CBO Service Providers
- Hospitals
- Public Guardian / Conservators
- Department of Social Services, Aging and Adult Services
- Law Enforcement Agencies
- Law Chiefs
- DA Multi-Cultural Community Council
- Monterey County Bar Association
- Homeless Services Providers
- NAMI, Monterey County
- Peer Groups
- Board of Supervisors
- Media Briefings
- Community / Stakeholder Zoom presentations open to public
- Behavioral Health Commission
- Mobile Crisis Teams

Resources

Superior Court of California, County of Monterey

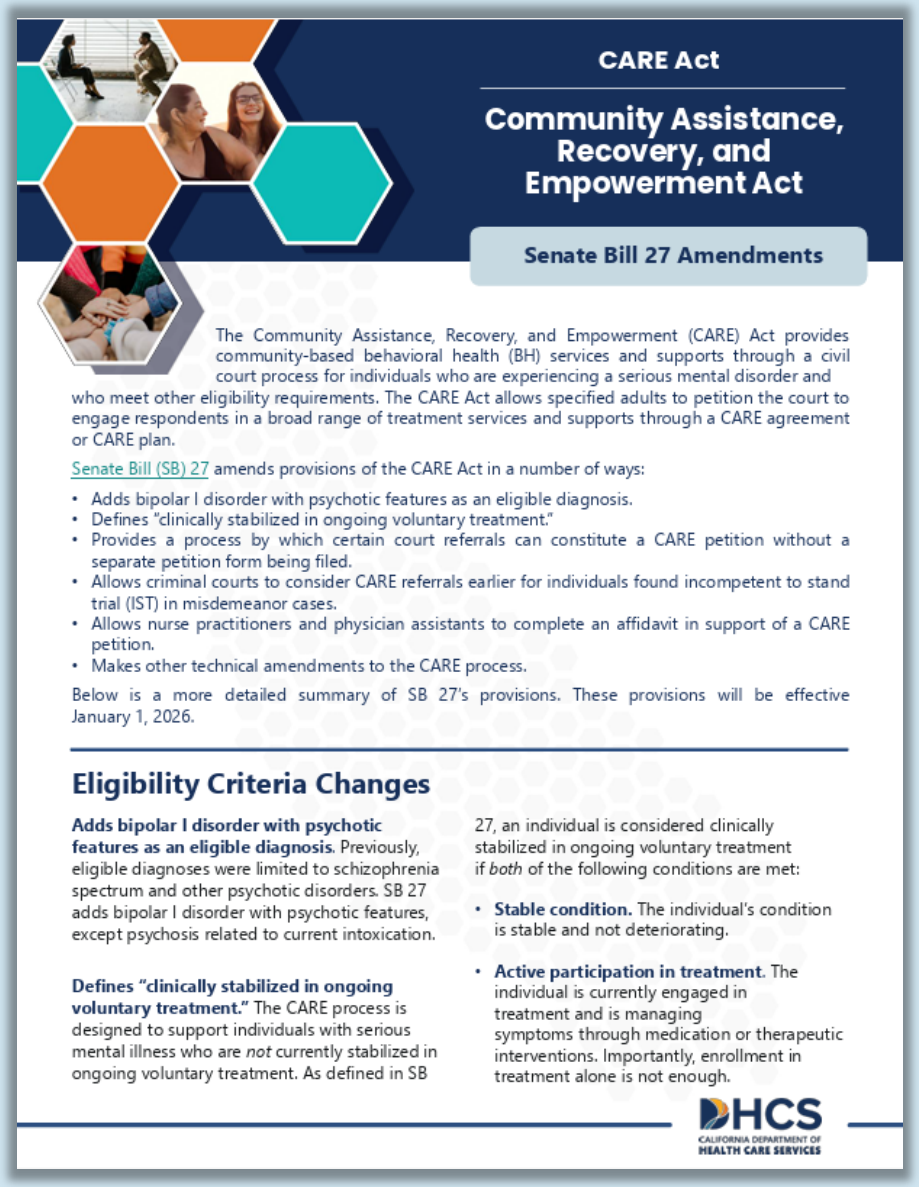
CARE Court Website
https://www.monterey.courts.ca.gov/care-court

Self-Help Website
https://www.monterey.courts.ca.gov/self-help

Self-Help Locations in Monterey, Salinas and King City

County of Monterey, Health Department, Behavioral Health Bureau

The Community Assistance, Recovery and Empowerment (CARE) Act | County of Monterey, CAnterey, CA



CARE Act

Community Assistance, Recovery, and Empowerment Act

Senate Bill 27 Amendments

The Community Assistance, Recovery, and Empowerment (CARE) Act provides community-based behavioral health (BH) services and supports through a civil court process for individuals who are experiencing a serious mental disorder and who meet other eligibility requirements. The CARE Act allows specified adults to petition the court to engage respondents in a broad range of treatment services and supports through a CARE agreement or CARE plan.

Senate Bill (SB) 27 amends provisions of the CARE Act in a number of ways:

- Adds bipolar I disorder with psychotic features as an eligible diagnosis.
- Defines "clinically stabilized in ongoing voluntary treatment."
- Provides a process by which certain court referrals can constitute a CARE petition without a separate petition form being filed.
- Allows criminal courts to consider CARE referrals earlier for individuals found incompetent to stand trial (IST) in misdemeanor cases.
- Allows nurse practitioners and physician assistants to complete an affidavit in support of a CARE petition.
- Makes other technical amendments to the CARE process.

Below is a more detailed summary of SB 27's provisions. These provisions will be effective January 1, 2026.

Eligibility Criteria Changes

Adds bipolar I disorder with psychotic features as an eligible diagnosis. Previously, eligible diagnoses were limited to schizophrenia spectrum and other psychotic disorders. SB 27 adds bipolar I disorder with psychotic features, except psychosis related to current intoxication.

Defines "clinically stabilized in ongoing voluntary treatment." The CARE process is designed to support individuals with serious mental illness who are *not* currently stabilized in ongoing voluntary treatment. As defined in SB 27, an individual is considered clinically stabilized in ongoing voluntary treatment if *both* of the following conditions are met:

- **Stable condition.** The individual's condition is stable and not deteriorating.
- **Active participation in treatment.** The individual is currently engaged in treatment and is managing symptoms through medication or therapeutic interventions. Importantly, enrollment in treatment alone is not enough.

DHCS
CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES

Overview of Senate Bill (SB) 27

Beginning **January 1, 2026**, changes made by **Senate Bill 27** went into effect, including:

- Addition of bipolar I with psychotic features, except psychosis related to intoxication, as an eligible diagnosis.
- Definition of clinically stabilized in ongoing voluntary treatment.
- A process for certain court referrals to serve as a CARE petition.
- Ability of criminal courts to consider CARE referrals earlier for individuals found incompetent to stand trial in misdemeanor cases.
- Authority for nurse practitioners and physician assistants to complete affidavits in support of petitions.
- Other technical amendments to streamline the CARE process.

Find more information about these changes in the Senate Bill 27 Amendments brief on the CARE Act Resource Center or email us at **info@CARE-Act.org**.

Addition of Bipolar 1 Disorder

- SB 27 added bipolar I disorder with psychotic features, except psychosis related to current intoxication, as an eligible diagnosis for CARE eligibility.

See the updated Eligibility Fact Sheet that includes bipolar 1 with psychotic features and the FAQ on eligible diagnosis. For more information on bipolar I, see the Understanding Bipolar I w Psychotic Symptoms brief.

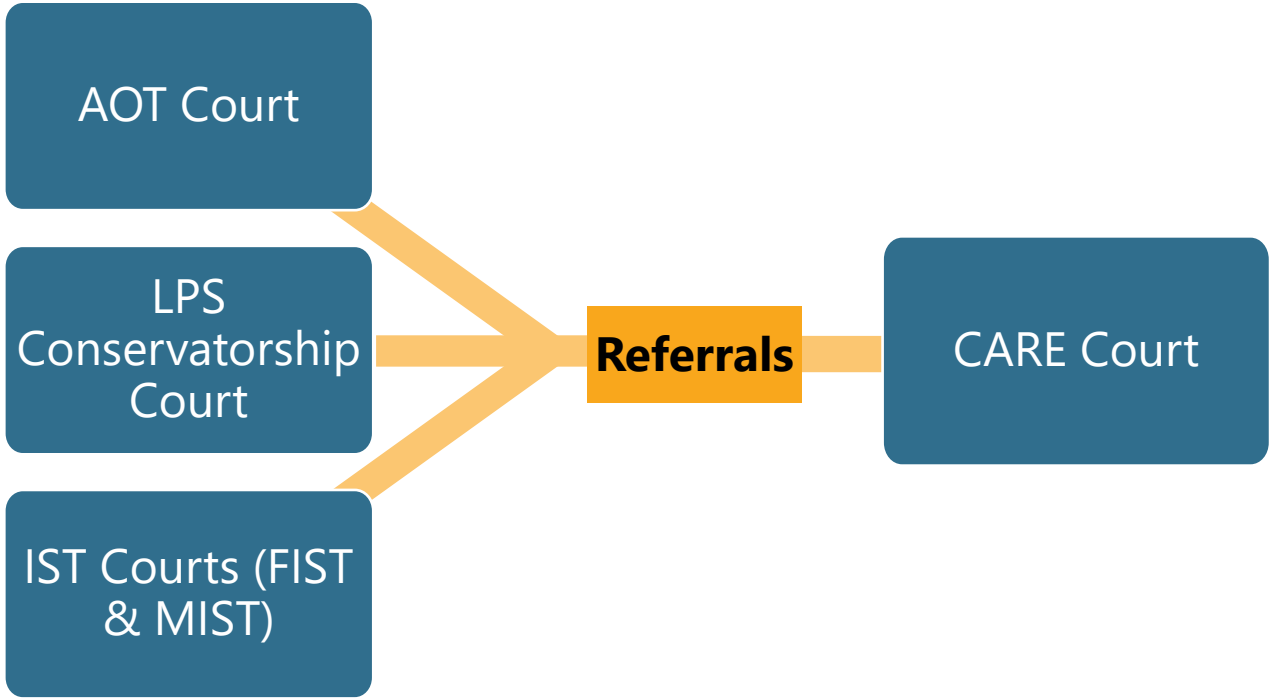
Clinically Stabilized

To be eligible for CARE, an individual cannot be clinically stabilized in ongoing voluntary treatment.

As defined by SB 27, an individual is considered clinically stabilized in ongoing voluntary treatment if *both* of the following conditions are met:

- ✓ **Stable condition.** The individual's condition is stable and not deteriorating.
- ✓ **Active participation in treatment.** The individual is currently engaged in treatment *and* is managing symptoms through medication or therapeutic interventions.

Streamlined Court Referrals

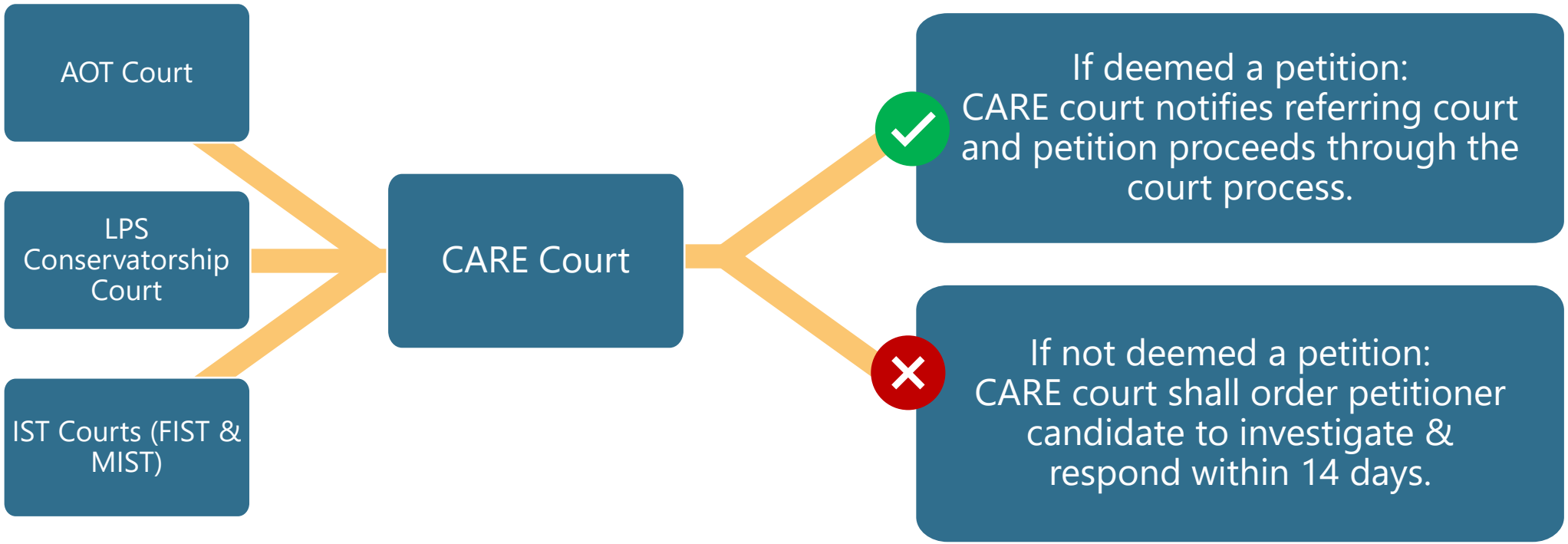


A CARE court may consider a referral to be a petition if:

- It includes all required information (e.g., facts that support CARE eligibility), **and**
- The referral makes a prima facie showing that the individual meets or may meet CARE eligibility criteria.

AOT – Assisted Outpatient Treatment
LPS – Lanterman-Petris-Short
FIST / MIST – felony and misdemeanor Incompetent to Stand Trial (IST)

Streamlined Court Referrals



- AOT, MIST, FIST → County behavioral health director/designee.
- LPS conservatorship → Conservator or proposed conservator.

AOT – Assisted Outpatient Treatment
LPS – Lanterman-Petris-Short
FIST / MIST – felony and misdemeanor Incompetent to Stand Trial (IST)

County BH and jail medical providers can share confidential medical records and other relevant information associated with a referral with the court to determine eligibility.

Earlier Referrals from MIST Courts

SB 27 allows a MIST court to consider an individual's CARE eligibility at a hearing held after the initial determination of incompetency.

The following process applies:

- CARE court holds a hearing to determine eligibility within 30 court days of the referral.
  - If the hearing is not held within the 30 court days, an individual in county jail shall be released pending the hearing.
- If the individual is accepted into CARE, the CARE court shall notify the criminal court and the charges shall be dismissed 6 months after the referral, unless the case is referred back to the criminal court prior.

A MIST court retains the ability to make a CARE referral if an individual is ineligible for or unsuccessful in diversion.

Referrals from FIST Cases

- While FIST referrals to CARE have always been provided for in the Penal Code, SB 27 specifically includes a FIST referral pathway in the CARE statute.
- SB 27 allows for FIST and CARE courts to communicate regarding the status of a respondent's case and any relevant court orders while the cases are pending in both courts.

CARE Process Clarifications

- ✓ Allows nurse practitioners and physician assistants to sign affidavits in support of petitions.
- ✓ Confirms that courts may make a prima facie determination without a hearing.
- ✓ Confirms courts may hold multiple progress hearings throughout the duration of a CARE agreement.
- ✓ Clarifies the court's role in graduations and voluntary reappointments.
- ✓ Clarifies that the county, not respondent, must provide notice of case management hearings to tribes.

CARE Data

December 1, 2024
through
April 30, 2026

CARE Court started in Monterey County December 1, 2024

Total petitions filed = 44

- December 2024 total number of petitions filed = 2
- CY 2025 total number of petitions filed = 24
- January – April 2026 total number of petitions filed = 18

Dispositions – 17 dismissals

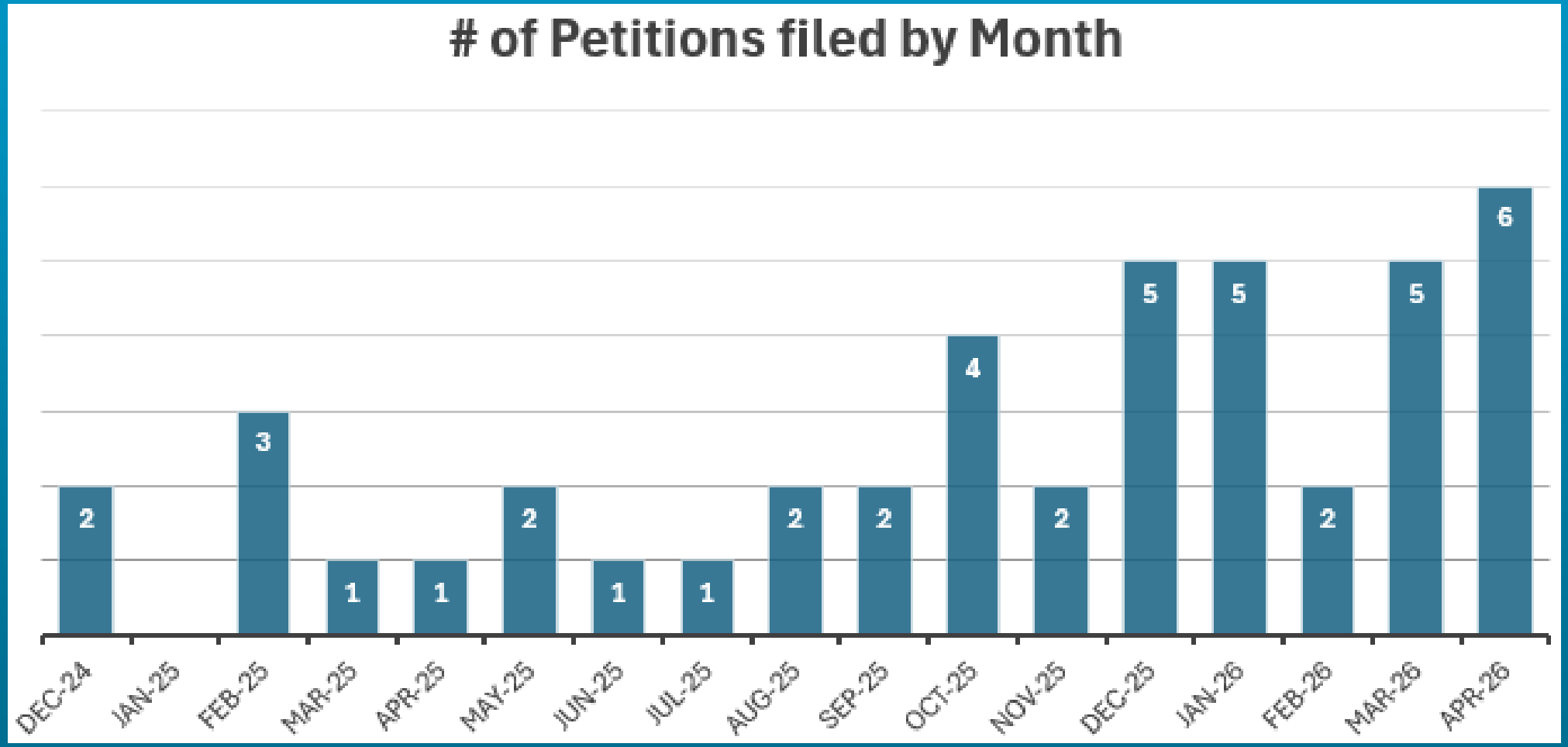
CARE Agreements – 18

CARE Plans – 4

CARE Agreement converted to CARE Plan – 3

In progress cases toward CARE Agreement or Plan - 2

CARE Petitions by Month



Source of CARE Petitions in Monterey County through 04/30/26

- Behavioral Health – 14
- DSH - 9
- Family Member – 8
- PG/PA/PC – 2
- Natividad Hospital – 2
- CDCR – 2
- Interim – 3
- Criminal Court Referral – 3
- Other - 1

Reasons for Dismissals

- Did not meet prima facie
- LPS Conservatorship Filed
- No Qualifying Diagnosis
- Voluntary Engagement
- Transfer to county of residence
- Missing/Cannot locate Respondent
- Other
- Not Engaged

Case Volume by Year

All CARE Act Proceedings filed in Monterey County Superior Court through April 2026

2

2024

cases filed

24

2025

cases filed

★ 2026 HIGHLIGHT

18

cases filed

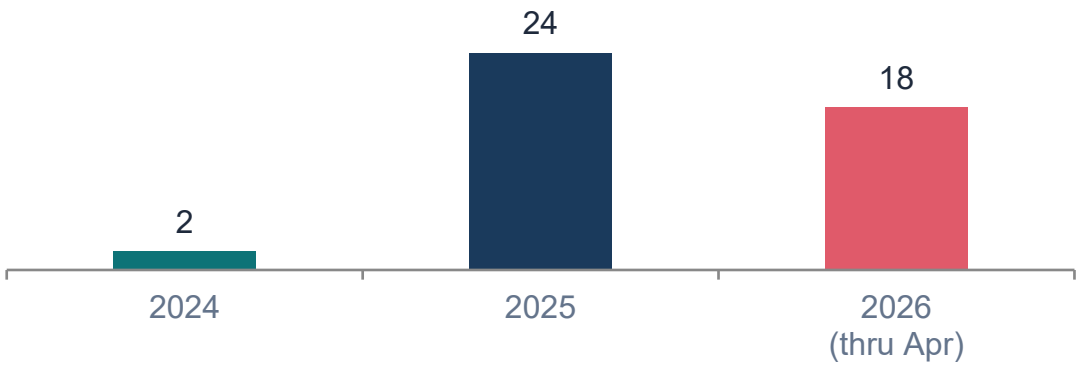
thru April only

On pace for ~54 cases by year-end

44

Grand Total

all years



Self Help Center Support

Community Resources for CARE Act Participants

Dedicated CARE Act Support

The Court's Self-Help Center provides a dedicated point of contact for CARE Act questions — the **Center Manager** is personally available to assist members of the public navigating the CARE Act process.

1–4 Customers request assistance from SHC per month

Role Highlights

- Staffed by the Self-Help Center Manager
- Answers questions from petitioners, respondents & families
- Provides guidance on CARE Act procedures & next steps
- An average of 2 customers per month seek assistance

Source: Monterey County Superior Court | Data through April 2026

Key Takeaways

- 2026 is already the 2nd busiest year— with 18 cases in just 4 months, it's on pace to surpass 2025 by year-end.
- Rapid program growth: filings increased 12× from 2024 to 2025 (2 → 24 cases), and 2026 continues that trajectory.
- CARE Agreements remain the top successful outcome
- Prima facie dismissals are the most common non-agreement closure (7 total across 2025–2026).
- We currently have the largest active docket the program has seen.

Source: Monterey County Superior Court | Data through April 2026

Successes

- Increased collaboration with PG/PA/PC
- Support for mentally ill individuals transitioning from jail to treatment and housing (e.g., reducing repeated parole violations for technical issues like ankle monitor charging).
- Assist families in creating stable housing and improving family harmony for both the individual and their loved ones.
- Help individuals transitioning off conservatorship remain stable and demonstrate voluntary adherence to treatment.
- The CARE process involves repeated engagement with Behavioral Health providers, which often helps even resistant individuals become more open to treatment over time.

Challenges

- Extensive Data Collection
- No Placement for P.C. 290 Registrants
- Legal process tasks (preparing and serving legal documents, arranging transportation to court, etc…) is time consuming and reduces the amount of time that can be spent on treatment specific services.
- Resource intensive program in terms of staffing

Funding

- Assembly Bill 179 provided a statewide appropriation of $57 million for CARE Act implementation, with $31 million reserved for Cohort 2 counties and allocated proportionally by population.
- In November 2022, Monterey County received **$328,604** from the State for CARE Act startup and implementation costs
  - *Funding to support efforts of Behavioral Health, County Counsel, and Public Defender*
  - *The Court received separate funding for their start up costs*
- The Governor's Budget allocates roughly $31.9 million in General Fund resources for FY 2025-26 and $47.4 million for FY 2026-27 to support statewide ongoing court hearings, court reports, outreach and engagement, and data reporting costs.
  - *This funding supports time spent on Court Reports, Court Hearings, Notices, Outreach and Engagement, and Data Reporting activities.*
  - *To date, MCBH has received **$38,031** for these categories.*
  - *MCBH has billed but not yet received and additional **$333,423** (through Q3 for FY 25/26)*

Governor Newsom's Press Conference, March 2, 2026

https://calmatters.org/health/mental-health/2026/03/newsom-threatens-counties-care-court/

State Site Visit

May 7, 2026

AGENDA

9:00am

- Convene for Welcome & Introductions
- Get to know County of Monterey presentation
- Overview of CARE Act local implementation & data from program inception to date

11:00am

- Transition to the County's Behavioral Health Bridge Housing (BHBH) program, Hope Housing Marina
- Overview of the program and tour; meet partners; hear speakers share their lived experience perspective of CARE and the Hope Housing Marina program

12:30pm

- Return to Marina Training Room for a working lunch & continued conversation regarding CARE Act implementation with staff and partners
- Discuss processes, success, challenges
- Legal questions; opportunities for policy clarification or legislative fixes

3:00pm

- Wrap Up and Conclude Site Visit

State Site Visit re CARE

State Representatives from:
California Health and Human Services Agency (CalHHS)
Governor's Office of External Affairs
Department of Health Care Services (DHCS)
Judicial Council
Desert Vista Consulting
Health Management Associates

County Representatives from:
Behavioral Health
Health
CAO
County Counsel
Public Defender
PA / PG / PC
Superior Court
District 1

State Behavioral Health Reforms Impacting County BH (2022-25)

New Medi-Cal Benefits

24/7 Mobile Crisis Services (2024)
90-Day Jail In-Reach (2024-2026)
Traditional Health Care Practices (2025)
Peer Support Specialists (optional)
Contingency Management (optional)
BH-CONNECT Waiver Optional Benefits
- *Mental Health IMD*
- *Peers with Forensic Specialty*
- *Community Health Workers*
- ***First Episode Psychosis (BHSA required)***
- *IPS Supported Employment (BHSA required)*
- *Assertive Community Treatment to Fidelity (BHSA required)*
- *Forensic ACT (BHSA required)*
- *Community Transition In-Reach*
- *Clubhouse Services*

BH-CONNECT Waiver Required Benefits
- *Multisystemic Therapy*
- *Functional Family Therapy*
- *Parent-Child Interaction*
- *High Fidelity Wraparound*

Evidence Based Practices (BHSA)
Transitional Rent & Housing Trio (MCP provider & coordination)
*Enhanced Care Management**
*Community Supports (option)**

Program/Quality Reforms

BH Payment Reform
BH Eligibility Criteria
Mental Health & SUD Plan Integration
Documentation Reform
BH Quality Incentive Program
Comprehensive Quality Strategy

Behavioral Health Accountability Set

Standardized Screening & Transition Tools
Closed Loop Referrals
No Wrong Door
CPT Coding
Fiscal Reporting (BHSA)
Outcomes Accountability (BHSA)
FSP Levels of Care (BHSA)
FSP Presumptive Eligibility
SB 525 Min Wage
Centers of Excellence
Network Adequacy
Cultural Competence Plan Reform
NCQA Assessment/Incentive Pool
Revised BHSA Community Planning Process
SB 923 Transgender, Gender Diverse, Intersex Inclusive Care
Opioid settlement funds

Children & Youth

School-Linked Fee Schedule (CYBHI)
FFPSA
AB 2083
OYCR
Immediate Needs Program
Tiered Rate Structure
CANS Alignment
MHSSA
BH CONNECT Activity Stipends

Infrastructure (Treatment, Workforce, & Housing)

Behavioral Health Continuum Infrastructure Program ($2.2billion)
Bond BHCIP ($4.4billion) (BHSA)
Homekey+ ($2.2 billion) (BHSA)
No Place Like Home
Community Care Expansion (CCE)
- *Workforce Funding (BHSA)*
- *Workforce Funding (BH CONNECT)*
- *Data Exchange*

LPS & Crisis Continuum

SB 43 Grave Disability Criteria
- *Involuntary SUD*
- *Necessary Medical Care*
- *Personal safety*

AB 2275 LPS Due Process
AB 2242 LPS Discharge Coordination
SB 929 LPS Reporting
SB 1238 LPS Facilities
988 National Suicide Prevention Lifeline
CARE Court
- *Cohort 1 in 2023*
- *Cohort 2 in 2024*
- *Expanded Reporting*
- *Bipolar 1*
- *SB 27 Referral Petitions*

Housing/Homelessness

BHSA Housing Category
Behavioral Health Bridge Housing
Transitional Rent

Department of State Hospitals

Community Based Restoration
Diversion
Growth Cap/Penalties

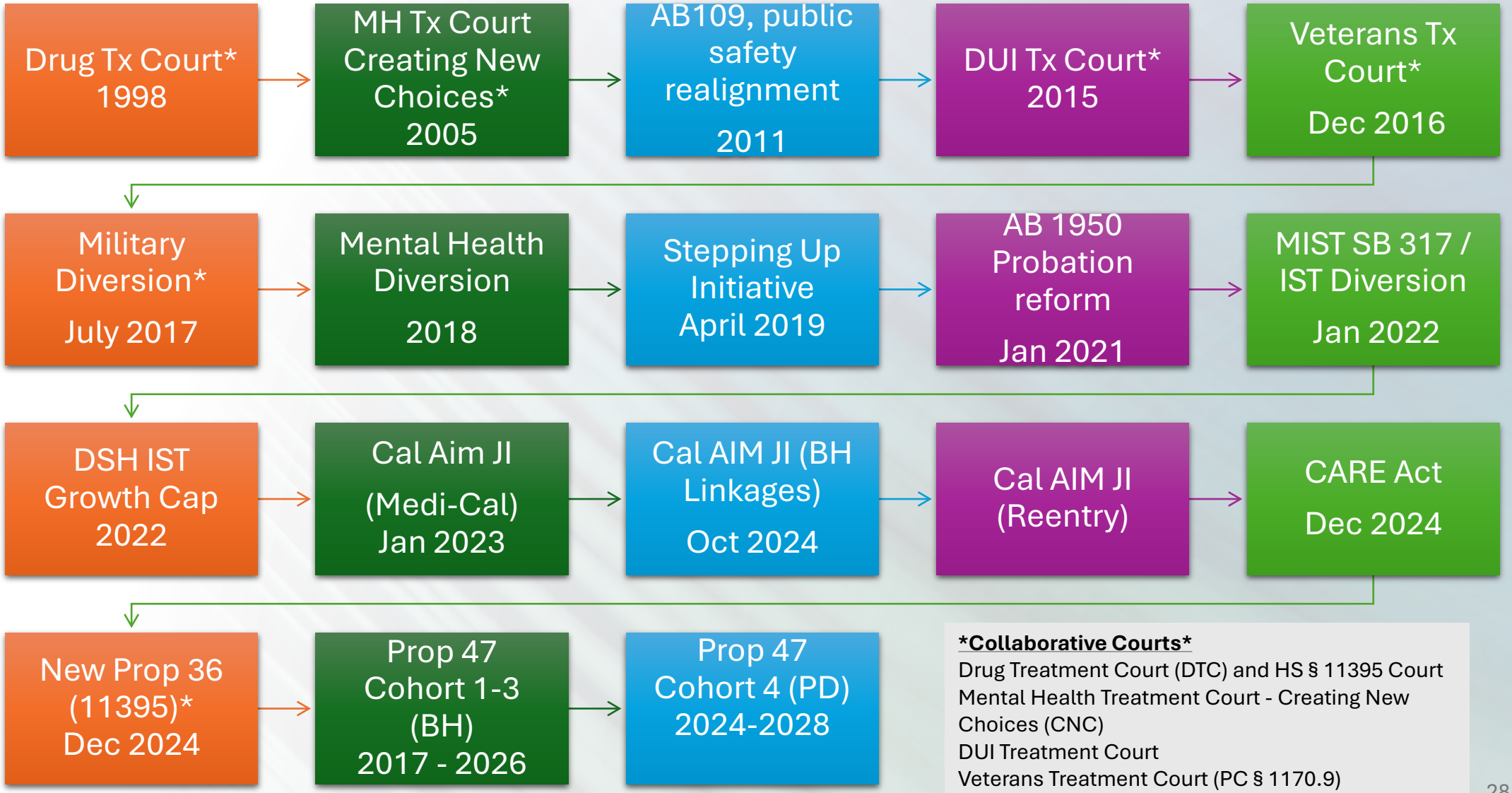
Parity

Commercial Plan Contracting Requirement (BHSA)
Commercial Plan Billing

Voter Initiatives

Proposition 36 Treatment Mandated Felonies
Proposition 1 BHSA

Timeline of Services & Initiatives for Justice Involved Adults



Collaborative Courts

Drug Treatment Court (DTC) and HS § 11395 Court
Mental Health Treatment Court - Creating New Choices (CNC)
DUI Treatment Court
Veterans Treatment Court (PC § 1170.9)
Military Diversion (PC § 1001.80) Court

MCBH Adult Justice Involved Services Staffing

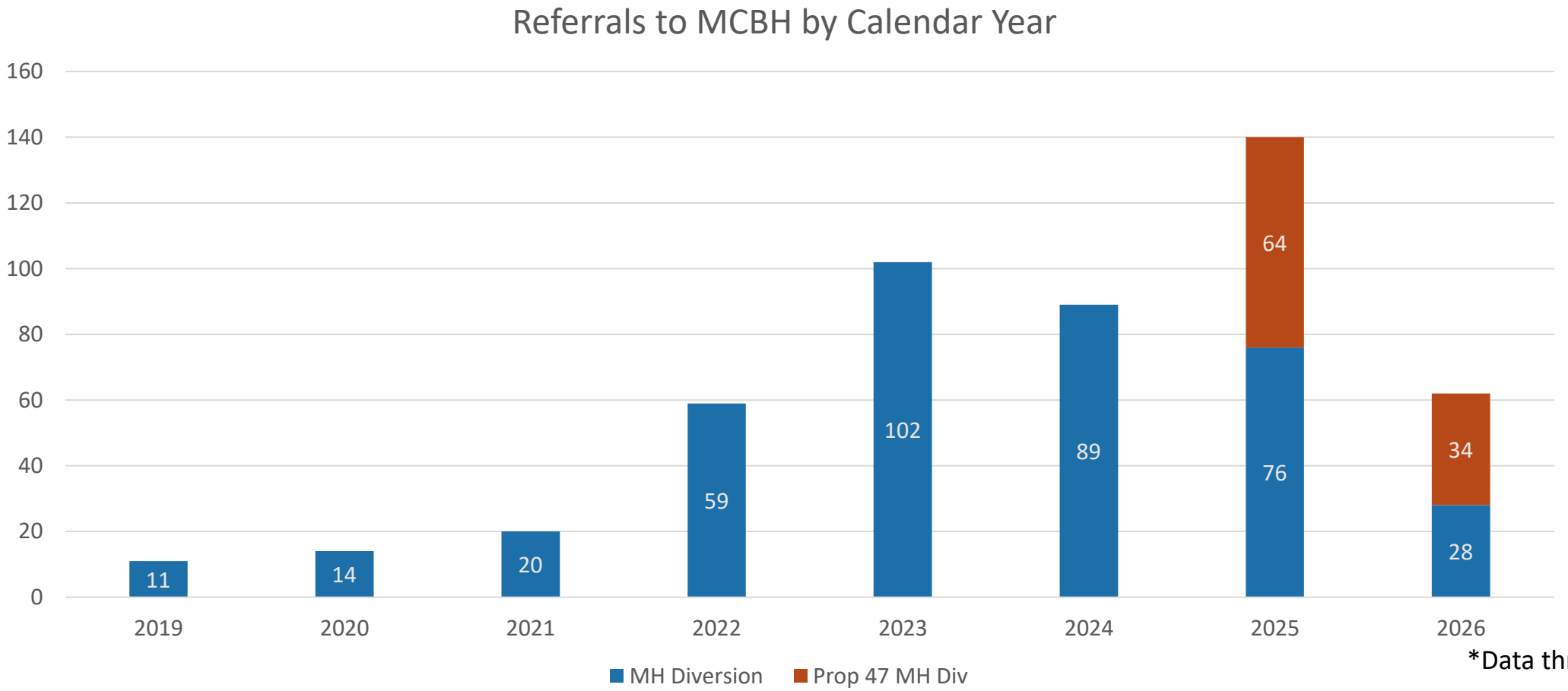
**currently have 6 vacancies: 2 Sr PSWs, 2 PSWs, 2 SWIIIs*

*When fully staffed total of 28 FTEs**

- BH Service Manager (1 FTE)
- BH Unit Supervisor (3 FTE)
- Forensic Psychiatrist (1 FTE)
- Clinical Psychologist (1FTE)
- Senior Psychiatric Social Worker (2 FTE)
- Psychiatric Social Worker (9 FTE)
- Social Worker III (10 FTE)
- Patient Service Representative (1FTE)

CARE Court Staffing

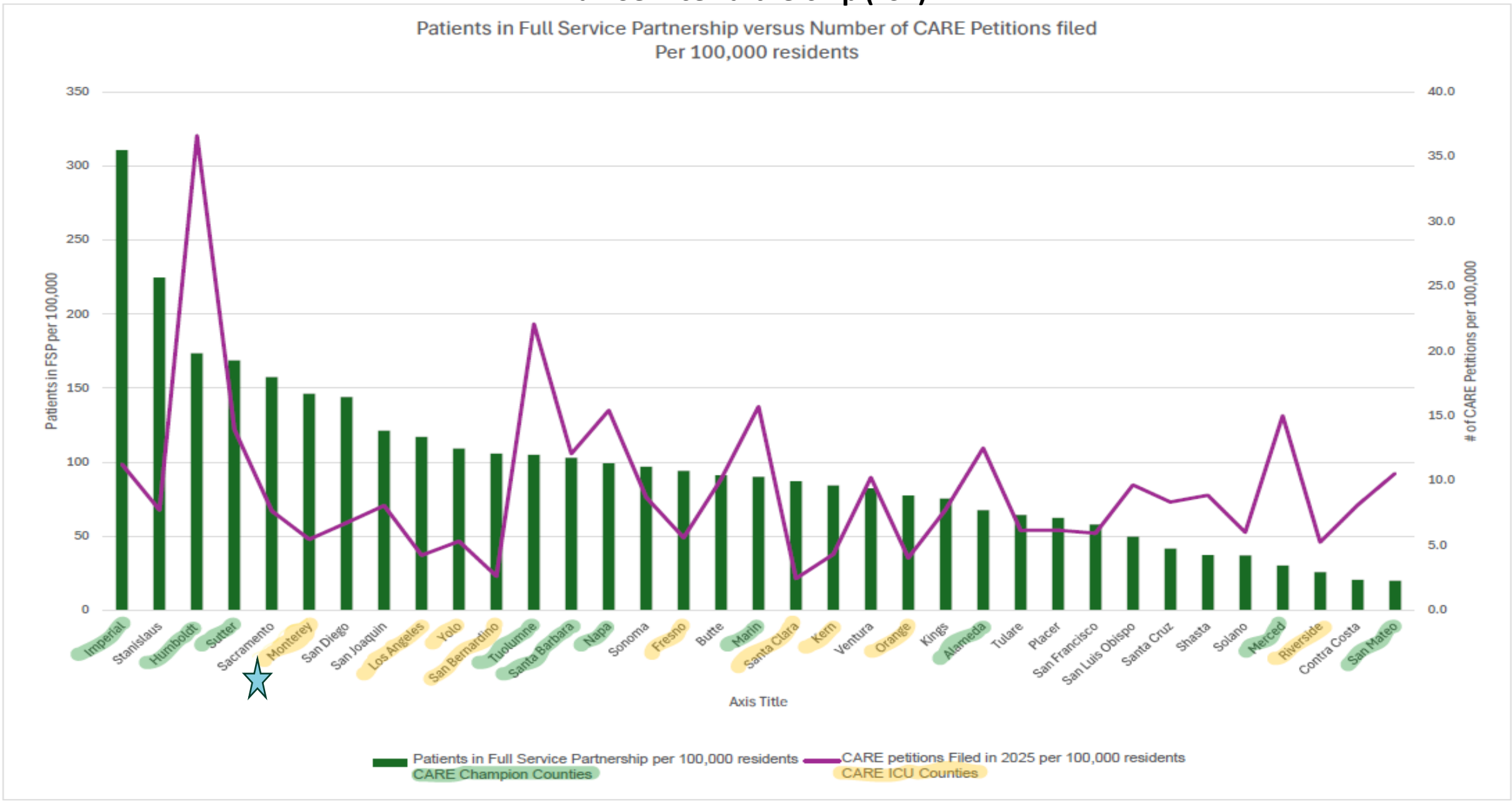
- BH Unit Supervisor (1)
- Psychiatric Social Workers (2)
- Social Worker III (3)
- Relies on support of Forensic Psychiatrist and Clinical Psychologist
- Requires support of BH Services Manager, Deputy Director, Management Analyst, BH IT



*Data through 4/30/2026

Mental Health Diversion

Full-Service Partnership (FSP)



Source: State of California Accountability Website https://www.accountability.ca.gov/

Hope Housing Marina

A DHCS Behavioral Health Bridge Housing (BHBH) Program

State Site Visit, May 7, 2026

Background

Funded by DHCS Behavioral Health Bridge Housing Grant

- Sept 2022: Budget Act (Assembly Bill 179) provides funding through June 30, 2027

2024 National Point in Time (PIT) count estimates that:

- 24% (187,084/771,480) of those experiencing homelessness nationally live in CA
- 45% (123,974/274,222) of those experiencing unsheltered homelessness nationally live in CA
- The Regional CoC (Monterey & San Benito) 2024 PIT homelessness survey estimates that 74% (1,998/2,704 overall) are experiencing unsheltered homelessness

Monterey County BHB was awarded $11.3 million

- Provides funding for housing and services for people experiencing homelessness with serious behavioral health conditions (SMI & SUD)
  - Includes funds for capital improvements ($2.8 million) and operations (over 3 contracts)

MONTEREY COUNTY BEHAVIORAL HEALTH
Avanzando Juntos Forward Together

Hope Housing Marina

Partnership between MCBH, Sun Street Centers, Interim Inc., and Housing Authority (HACM)

Located in Marina at the Pueblo del Mar site on the former Fort Ord

- Housing Authority owned property deed restricted as recovery housing
- MCBH holds primary lease and subleases to participants and families
    - 12 month-lease with month to month up to 24 months
- MCBH pays security deposits
- Referred through MCBH
- Started Accepting Referrals July 1, 2024
        - First leases were signed August 28, 2024

MONTEREY COUNTY BEHAVIORAL HEALTH
Avanzando Juntos Forward Together

Hope Housing Marina

All available units were occupied as of June 2025 with ongoing turnover and there is a waiting list

- Housing First Recovery Model
- "Low Barrier" housing
- 55 2BR/1B units and includes individual shared and family housing
  - 30 family units- max occupancy 4 people= up to 120 beds
  - 24 shared individual = 48 beds
  - One "flex unit"
  - rent = 30% of income

- **Currently** housing and serving 100 community members (*as of 5/1/2026*)
  - (71) participants
  - (26) families
  - (28) minors

Goal

HOPE HOUSING

The goal of Hope Housing is to provide **services** and **transitional housing** to help people experiencing **homelessness** who have been diagnosed with a **serious mental illness** and/or a **substance use disorder** to overcome barriers to accessing and maintaining **long-term** housing.

COUNTY OF MONTEREY
HEALTH DEPARTMENT

Eligibility Criteria

HOPE HOUSING

COUNTY OF MONTEREY
HEALTH DEPARTMENT

Eligible applicants are:

- Adults 18 years of age and older AND
- Residents of Monterey County AND
- Individuals experiencing homelessness or who are at-risk of homelessness, AND
- Individuals diagnosed with a serious mental illness, (SMI) OR
- Individuals diagnosed with a substance use disorder (SUD) OR
- Community Assistance, Recovery, and Empowerment (CARE) program participants

To ensure the safety of Hope Housing participants and their families, individuals will *not* be eligible if:

- the individual is a registered sex offender, OR
- has a history of fire starting or arson, OR
- has a recent history of dangerous or exploitative behaviors without concern for the safety of others, OR
- the individual does not agree with the program rules or otherwise is not able to understand or adhere to the program agreement or lease responsibilities.

MONTEREY COUNTY BEHAVIORAL HEALTH
Avanzando Juntos Forward Together

Housing Services

Housing Services are provided to *all participants* through Sun Street Centers

- Provide Transitional Bridge Housing 12-24 months
- Individualized housing plans
- Life skills coaching
- Referrals for wraparound services
- Housing navigation (Housing Resource Center)
- Daily daytime staff with evening security patrol
- Meals provided depending on need

Specialty Services

INTERIM INC.

(SPECIALTY MENTAL HEALTH SERVICES)

- An adult with a primary serious mental illness diagnosis
- May have secondary co-occurring disorder
- Services are individualized and include case coordination, med support, individual and group counseling and activities, & crisis intervention
- Care will be transferred to Interim only during participation in Hope Housing

SUN STREET CENTERS

(OUTPATIENT SUBSTANCE USE SERVICES)

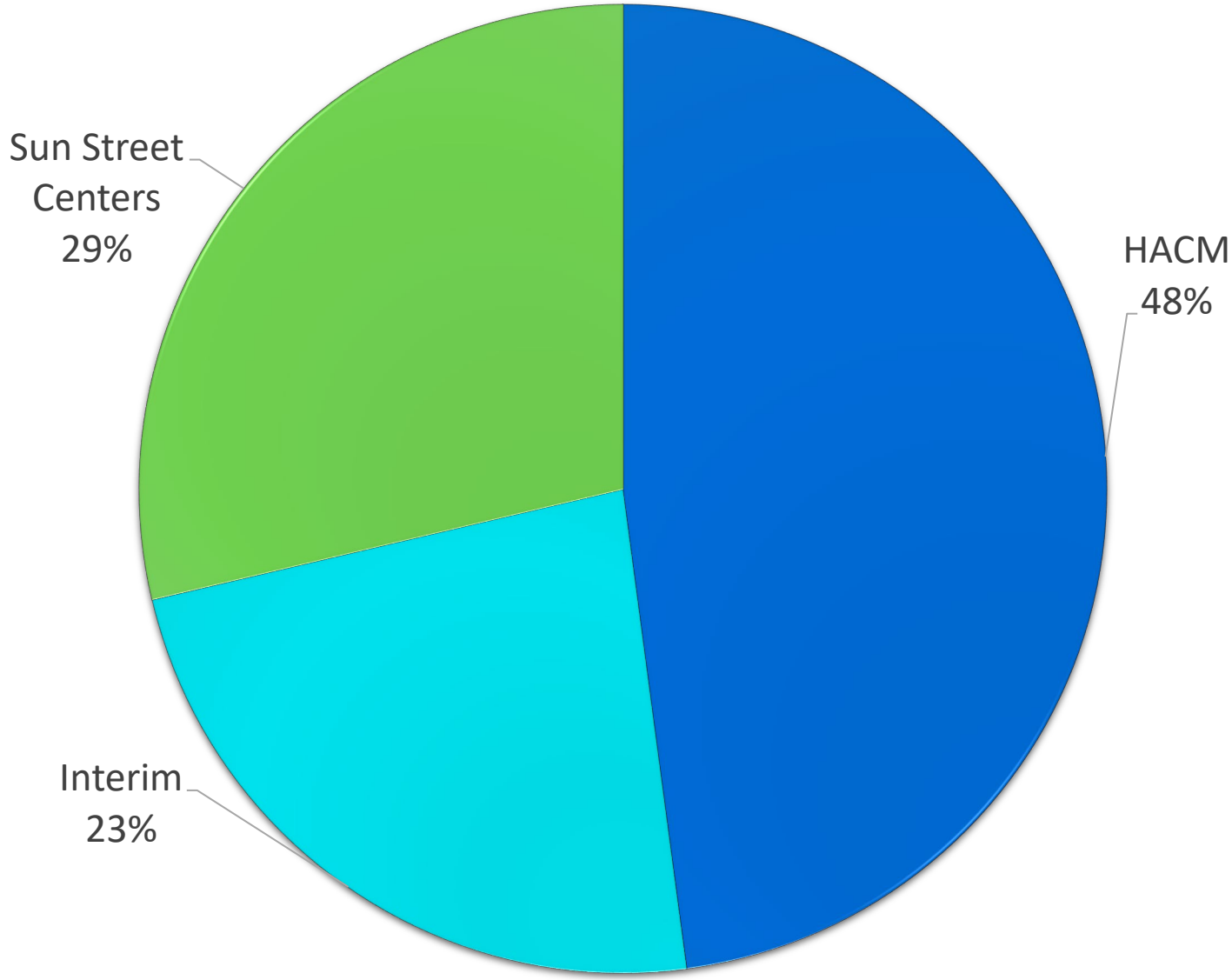
- An adult with a primary substance use disorder diagnosis
- May have secondary co-occurring mild to moderate mental health diagnosis
- Services are individualized and include individual and group substance use counseling and sober living activities

Funding

$11.3 Million BHBH Grant
Funding Ends June 30, 2027

Funds are expected to be fully spent by April 2027

Entity	Service	Amount
HACM	Infrastructure	$2.8M
HACM	Rent & Security Deposits	$3.0M
Interim	SMHS	$2.5M
SSC	SUD	$450K
SSC	Housing	$2.6M
	Total	$11.3M



Successes

MONTEREY COUNTY BEHAVIORAL HEALTH
Avanzando Juntos Forward Together

Established Resident Council

From program opening (August 28, 2024) through April 2026, the program has housed and served **168** community members

117 total participants

32 families

51 minors

43 households discharged

- **23** obtained permanent housing

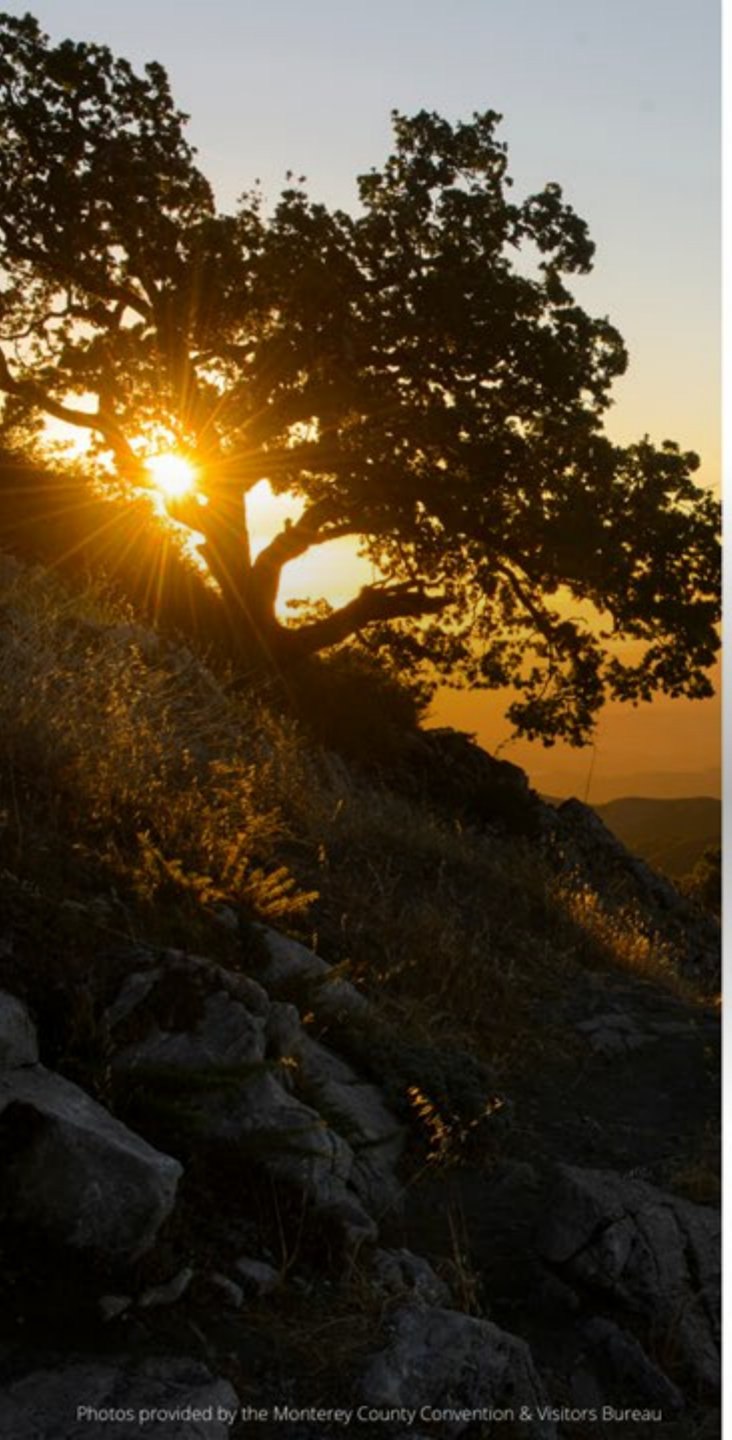
MONTEREY COUNTY BEHAVIORAL HEALTH
Avanzando Juntos Forward Together

Challenges

- This is the first BHBH program in the County of Monterey
- This is the first project MCBH and HACM have partnered on in this way
- Effective, efficient communication between all key partners (MCBH, HACM, SSC, Interim)
- Housing and Behavioral Health programs, language, etc. is very different so there has been a learning curve for everyone
- Sustainability once grant funding runs out (April 2027) and Housing Authority deed restriction ends (June 2027)
- CARE Court participants receive priority for placement in BHBH programs however we do not have any CARE participants at Hope Housing as they have needed higher levels of care

In closing

- Healthy discussion with the representatives from the state
- Opportunity to put CARE into context
  - Provide bigger picture of how CARE fits into the array of programs and services available for this population here at the local level
  - Share larger data set that shows Monterey is not *“underperforming”*
- Opportunity to highlight success of the Hope Housing Marina
  - Delegation heard impact stories directly from clients
- Opportunity for targeted technical assistance
  - Fiscal - maximizing billing & reimbursement from the state for CARE, any opportunities to bring more dollars to the county for this work, or cost savings strategies
  - Connect to other counties to explore how their PG/PA/PC and BH are collaborating on T-Cons and CARE
  - Improve / streamline the communication and coordination with DSH re CARE



Thank you

Photos provided by the Monterey County Convention & Visitors Bureau