

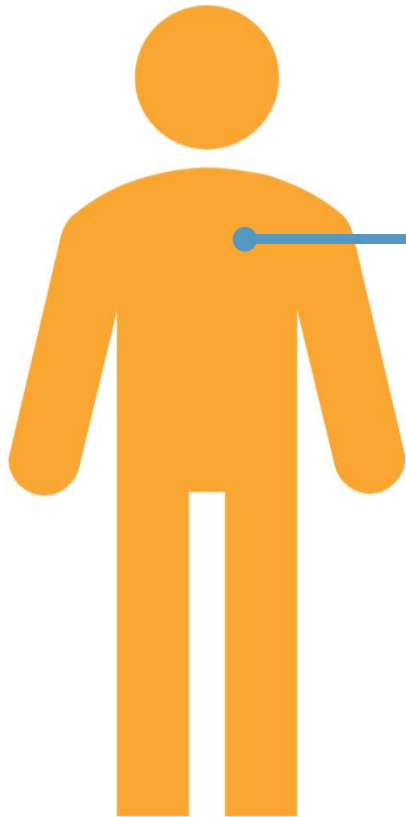


CARE Act Program Overview & Implementation Updates

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Who may qualify?



Adults aged 18+

Diagnosed with schizophrenia or other psychotic disorders

Not currently in treatment

Meets program criteria

Shows likelihood to benefit from program

May be unhoused (but not required)

What is the process?

1



Referral

2



Initial Determination

3



Investigation & Engagement

4



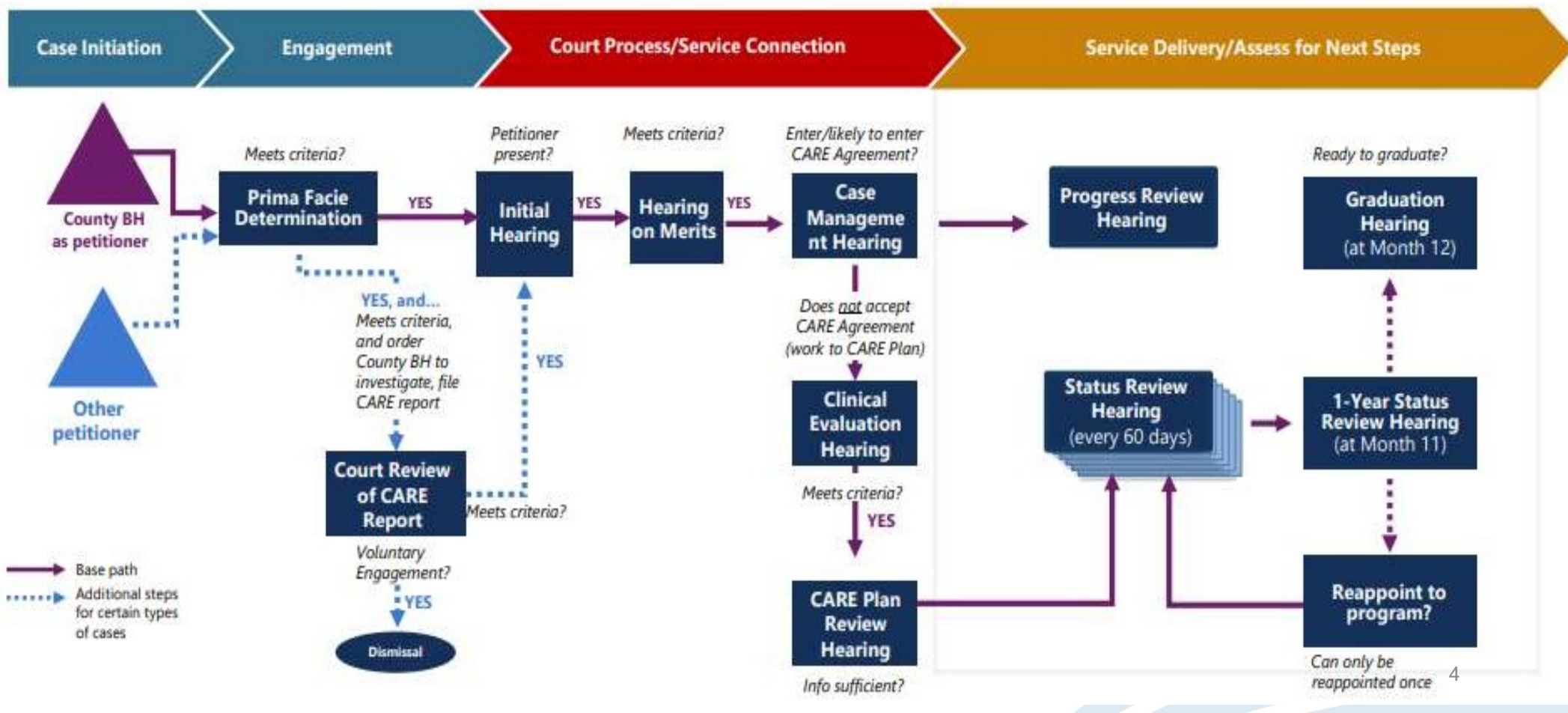
CARE Agreement/Plan

5



Connection to Services

CARE Process Map



What to Expect After a CARE Agreement is Established



- The CARE Agreement client will receive services up to 12-months.
- The individual's progress will be checked regularly at status review hearings every 60 days.
- At the last scheduled status review hearing it will be determined if the client is ready to graduate or if services are still needed under CARE Act.
- CARE Act services can be extended for up to one year.



Common Claims About the Program

Common Claims

Accurate Messages



The CARE Act will allow the Court to mandate treatment.



- CARE Act is a new pathway to voluntary treatment.
- A CARE Plan can be established for one year, with the potential for one additional renewal year.



The CARE Act program is for anyone with a behavioral health condition.



- CARE Act is limited to a very small group of people.
- To be eligible, a person must have diagnosed schizophrenia or another psychotic disorder and not be in treatment.



The CARE Act program is designed only for people experiencing homelessness.



- Some people with a CARE Plan may be unhoused or experiencing housing instability.
- Housing support may be part of a CARE Plan.
- The program is not set up to specifically address homelessness (not a required criteria for eligibility).

The San Diego Approach to CARE Compassion and Collaboration



- Intensive, person-centered outreach and engagement
- Multi-disciplinary, collaborative CARE team approach (BHS, PD, Court, contracted providers)
- Empowerment through acknowledgement/ Clarify the role of the Court
- CARE Agreements vs. Plans
- Intensive monitoring of contracted providers
- CARE/LPS Clinical Stepdown Committee

Lessons Learned



- Requires intensive outreach and engagement to enroll
 - Average of 50 Days (range 7-134 days) to enroll
- Requires consistent collaboration amongst various providers to best coordinate care
- Significant rate of co-occurring substance use disorder (60%)
- Significant percentage of justice system involvement (67%)

Successes

Data as of 5/1/2025



- Total Petitions received – 332
- Total Enrolled in CARE Agreements – 127
- Total LPS Step-Down Participants- 32
- 44% experiencing homelessness
 - 83% of those now housed
- Total Graduates - 8
- Reduction in Crisis Service - 59%
- Taking psychotropic medications - 72%
 - Long Acting Injectables- 40%

Challenges



- Resources, time, and effort to engage due to acuity
- Determining diagnostic eligibility within short timelines
- Petitioning process for families and providers
- Management of expectations: voluntary verses involuntary treatment
- Housing complexities



Current Planning/Focus

- Department of State Hospital Petitions
- SB42 and SB43 Planning/Hospital Partners
- Court Referrals
- Expanding Board and Care capacity/Augmented Service Program Prioritization
- Ongoing program evaluation and improvement efforts
- Continuing to support and collaborate with other Counties for standardization
- Ongoing efforts to provide community education and awareness

For More Information



Call the Access & Crisis Line for behavioral health services, referrals, or linkage to Legal Aid Society for CARE Act assistance: **888-724-7240**



Call Legal Aid Society directly for CARE Act information and assistance: **877-734-3258 (Option 6)**



Visit the BHS CARE Act webpage to learn more:
SanDiegoCounty.gov/CAREAct

