

**REVISED MOTION BY SUPERVISORS JANICE HAHN  
AND KATHRYN BARGER**

AGN. NO.  
July 8, 2025

**Improving CARE Court in Los Angeles County**

CARE Court provides upstream treatment opportunities to individuals suffering from severe mental health and/or substance use disorders by authorizing specified people, like family members, to petition a civil court to create a CARE plan or agreement for an adult who is suffering from schizophrenia spectrum and psychotic disorders and lacks medical decision-making capacity. On February 11, 2025, the Los Angeles County (County) Board of Supervisors (Board) unanimously approved a motion<sup>1</sup> that directed the Department of Mental Health (DMH) to report back with an analysis of the first year of CARE Court and to collaborate with the Los Angeles County Behavioral Health Commission (BHC) to gather stakeholder feedback on CARE Court. On April 4, 2025, the BHC hosted a CARE Court Feedback Town Hall, where stakeholders, who attended in person and virtually, shared their experiences, concerns, and suggestions related to CARE Court. Shortly thereafter, two separate reports-back<sup>2</sup> were submitted that covered data from the first year, outreach efforts, challenges and potential solutions, as well as stakeholder feedback.

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<sup>1</sup> [Evaluating the First Year of CARE Court in Los Angeles County](#)

<sup>2</sup> [May 12, 2025, and May 20, 2025 Reports Back in response to the motion “Evaluating the First Year of CARE Court in Los Angeles County”](#)

**MOTION**

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While there has been progress since the program was implemented in the County on December 1, 2023, particularly with getting people the help they need by establishing CARE agreements and CARE plans, there have also been challenges that should be addressed in order to make the program more impactful. DMH and stakeholders expressed a shared frustration that the program does not allow for the court and providers to compel treatment. Because this barrier is a result of the way the law was written, future legislative changes may be necessary to increase intensity of services by mandating treatment. However, there was also frustration with there not being a process to transition people who require a higher level of care out of CARE Court into a more appropriate treatment program, until the court decides to dismiss the case. Similarly, attendees of the Town Hall expressed a desire to see a process for referring people with a higher level of acuity from CARE Court to conservatorship when appropriate, when documents clearly support the diagnosis.

DMH has been working to increase community awareness and understanding of CARE Court, and improve referral processes from partner service providers, but more can be done in these areas as well. At the Town Hall, some family members who initiated a CARE application for a loved one expressed frustration with getting no follow-up afterwards, or not being made aware of their loved one's deteriorating condition. DMH plans to evaluate internal protocols to improve family and petitioner inclusion after initial applications are submitted, which could lead to better family experiences and better client outcomes. With regards to improving referrals, there may be an opportunity for DMH to expedite the process for first responders to refer frequent 911 callers to CARE Court if they meet criteria, and meetings to discuss this issue are under way. Additionally, there was concern about people falling through the cracks whose loved ones had applied to

multiple DMH programs in an attempt for help but then did not receive follow up or treatment from either.

Evaluating the first year of CARE Court allows DMH to identify specific areas that can be improved and move toward making the program work better for everyone involved. It also highlights the many challenges of providing care for people with intensive mental health needs and who have often been historically underserved and undertreated. While CARE Court will not be the solution for every individual with severe mental health challenges and in need of treatment, working to improve the program will benefit those who engage with it, their families and loved ones, and the County as a whole.

**WE, THEREFORE, MOVE** that the Board of Supervisors (Board) direct the Department of Mental Health (DMH) to do the following:

1. Report back, in writing, in 120 days with progress updates on the following:
  - a. Collaboration with the Los Angeles Superior Court (LASC) and the Independent Defense Council Office (IDCO) to discuss ways to align with statutory timelines and streamline the disposition and processing of CARE Court cases;
  - b. Collaboration with the LASC and IDCO to develop a process by which Welfare and Institutions Code 5979<sup>3</sup> will be utilized;
  - c. The development of expedited mechanisms for first responders to make seamless referrals to DMH for CARE Court;
  - d. Plans to increase community awareness and understanding of CARE Court;
  - e. An evaluation of internal protocols to improve family and petitioner inclusion after initial applications are submitted; and

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<sup>3</sup> "To ensure the respondent's safety, the court may utilize existing legal authority pursuant to Article 2 (commencing with Section 5200) of Chapter 2 of Part 1. The court shall provide notice to the county behavioral health agency and the Office of the Public Conservator /Guardian if the court utilizes this authority."

- f. In collaboration with the Chief Executive Office's Legislative Affairs and Intergovernmental Relations (CEO-LAIR) branch, prepare a list of potential legislative changes that the County could advocate for to improve the CARE Court program.
2. In partnership with the Behavioral Health Commission (BHC), host another stakeholder forum in 6 months, and annually thereafter, to gather additional community and stakeholder feedback on CARE Court.
3. Attend the October 2025, BHC meeting to discuss how DMH plans to improve the CARE Court program.

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