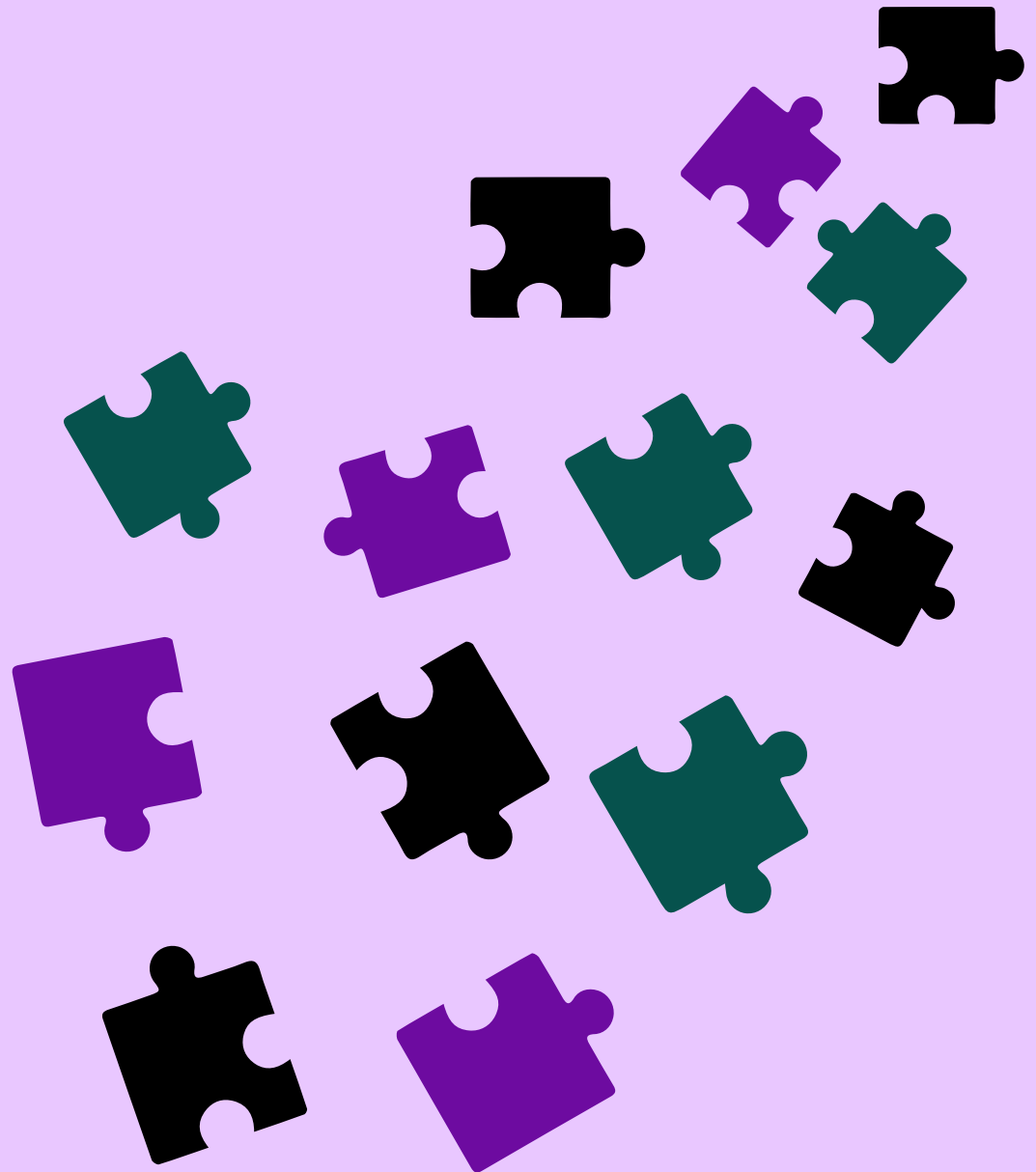


CARE Court Implementation

Identifying Core Practices

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Introduction

As the need to connect individuals to comprehensive mental health, behavioral health, and substance use disorder services continues to grow, California has launched an innovative framework to help those who need these services the most. The Community Assistance, Recovery, and Empowerment (CARE) Court is a voluntary program designed to support people with serious mental health challenges, many of whom are unhoused. Working within civil courts, CARE Courts connect individuals to essential behavioral health services and other social supports from the community and justice system partners. These partners collaborate with the client to identify and connect them to targeted services and report their progress to the court.

The Center for Justice Innovation teamed up with the California Health Care Foundation to hear how CARE Courts work in Glenn, Los Angeles, Orange, Riverside, San Diego, San Francisco, Stanislaus, and Tuolumne Counties. In structured one-hour conversations, CARE Court practitioners from these Cohort One counties shared their experiences, including successes, challenges, and lessons learned. Their insights are the foundation of this guide, created to help other counties effectively plan and implement CARE Court in their communities.

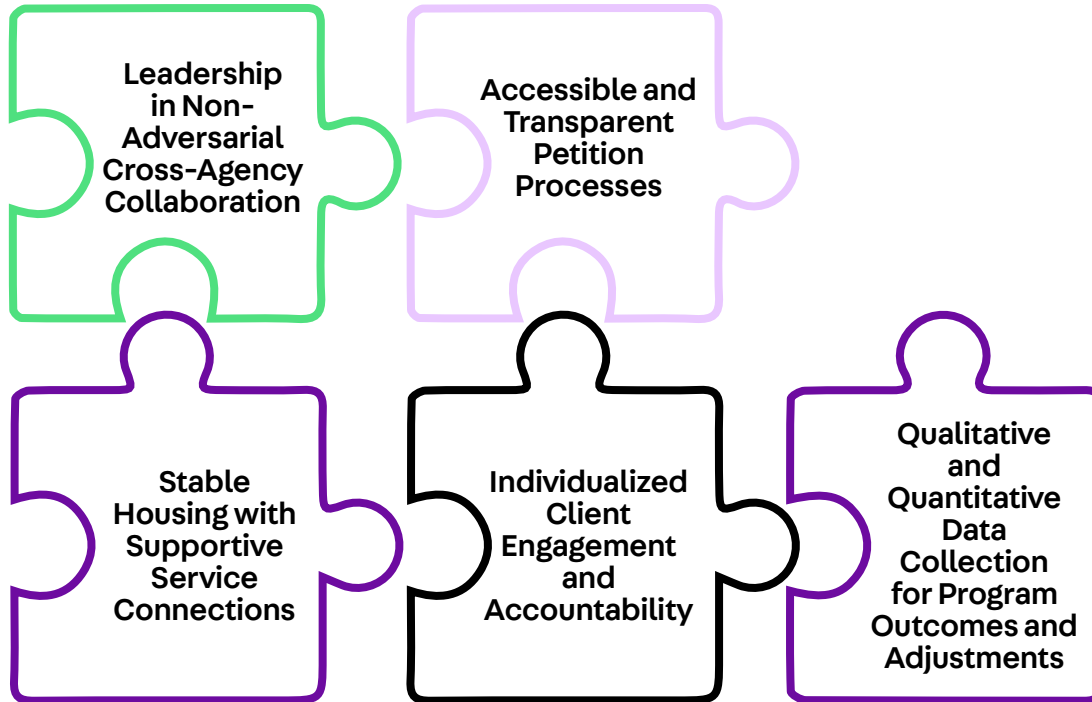
Cohort One counties vary widely in size, from large metropolitan areas to small, rural communities. The interviews made clear that there is no one-size-fits-all approach

to implementing a CARE Court. While state guidance should provide a framework at the county level, individual counties must tailor implementation based on existing resources, infrastructure, and unique community needs. Large counties may benefit from leveraging the extensive network of service providers, whereas smaller counties can utilize the close-knit community connections to access the qualified CARE Court population. Conversations with CARE Court practitioners uncovered core practices across Cohort One, offering valuable insights for Cohort Two. The five core practices from Cohort One serve as helpful guideposts for Cohort Two counties, allowing them to design CARE Court programs that meet each community's unique needs while building on what works well for Cohort One.

CARE Court Practices Overview

1. Leadership in Non-Adversarial Cross-Agency Collaboration
2. Accessible and Transparent Petition Processes
3. Stable Housing with Supportive Service Connections
4. Individualized Client Engagement and Accountability
5. Qualitative and Quantitative Data Collection for Program Outcomes and Adjustments

CARE Court Practices



1

Leadership in Non-Adversarial Cross-Agency Collaboration

Program Practice

Developing strong cross-agency collaboration is key to building trust and coordination among CARE Court collaborative partners. The collaboration and communication start at the program planning phase and continues through the program implementation and community engagement process. This involves creating spaces where clinicians, attorneys, judges, and service providers work

together effectively. Cohort One counties agreed that keeping the lines of communication open through initial planning meetings and regular case updates fosters a positive working relationship and helps balance person-centered care with each agency's different goals. Where possible, leaning on preexisting relationships with cross agency personnel helped Cohort One counties strengthen the lines of communication.

Example from Cohort One

The behavioral health and public defense teams co-lead weekly meetings in San Diego County. During these sessions, they review cases and plan for upcoming court dates as

a team. The San Diego County CARE Court practitioners keep multiple lines of communication open for information sharing including client case review meetings, team meetings, behavioral health team meetings, and email threads so everyone stays updated.

Program Recommendation

Cohort Two counties should assign experienced staff to the planning and implementation teams. Those individuals should have experience in building collaborative relationships with diverse partners to ensure communication is consistent and non-adversarial during each phase of the program planning and implementation process. Additionally, the best candidates for CARE Court assignments are court staff that have already demonstrated an interest in behavioral health and may have already worked in other diversion programs. All collaborators should set recurring calendar meetings with agency partners, court practitioners, county executives, and behavioral health teams to discuss the program strengths and challenges to ensure continual and dependable information sharing that contribute to successful program operations.

2

Accessible and Transparent Petition Processes

Program Practice

Ensuring a simple, easy-to-access petition process is another key takeaway from Cohort One counties. It's important to ensure everyone eligible to file a petition such as family members, first responders, law enforcement,

and local healthcare officials, including those unfamiliar with legal procedures, can participate in the CARE Court filing process. The ability to file petitions for free and receive in-person or online resources that provide guidance helps petitioners better navigate the legal system. Cohort One counties also pointed out that outreach and education are key to informing community members, i.e., family members, law enforcement, and hospital and treatment staff, about the filing process so that they can petition for support through CARE Court as easily as possible.

Example from Cohort One

In Orange County, the CARE Court judge plays a key role in helping family members with petitions that lack information. If information is missing, the judge will let the petitioner add or update the petition while in court instead of adjourning the case to a future court date, thereby delaying the filing of the petition. In Stanislaus County too, the CARE Court judge will grant a deferred ruling rather than dismiss a petition outright if it is incomplete. This flexible and supportive engagement by judges reduces delays, ensuring clients can enter the program and get the care they need as soon as possible.

Program Recommendation

Cohort Two counties should plan for incomplete petitions that have missing or inaccurate information, or typographic errors. Identifying a partner to review the petition and provide feedback before it's submitted will help to address petition errors since the errors could delay the filing process hindering access to services for those in need. Also, running local public education campaigns targeting the diverse petitioner audiences

could boost awareness of CARE Court and what petitioners can expect during the petition process.

3

Stable Housing with Supportive Service Connection

Program Practice

Housing security and positive treatment services are interconnected for CARE Court clients. Cohort One counties have focused on providing housing supports and behavioral health services in tandem with quality transitional and supportive housing providing access to complementary services (behavioral health, medical support, and prosocial engagement). That said, CARE Court practitioners recognize the CARE Court program is client-led, meaning clients get to identify and prioritize their needs. If a client decides housing is the priority over treatment, housing should be the starting point, and additional treatment services should be added as rapport builds. Housing can help stabilize individuals but should be complemented by client-centered behavioral health support when the client is ready.

Example from Cohort One

In Stanislaus County, CARE Court clients are referred to county-run transitional care facilities, and CARE court clients get priority placement in those facilities so that they can quickly access needed treatment. In Glenn County, CARE Court has helped catalyze efforts to build more local housing capacity. A new project has been planned with the local

Habitat for Humanity chapter to deliver housing alongside high-quality treatment. In Los Angeles, housing navigation starts immediately for unhoused CARE Court clients before a CARE Court agreement or plan is created.

Program Recommendation

Stable and secure housing is an essential component of comprehensive, holistic services needed by CARE Court clients. Cohort Two counties should add government and private housing professionals to the CARE Court planning and implementation process. CARE Court teams should partner with county housing departments to designate supportive housing for CARE Court clients, work with local housing developers to design and build a variety of integrated affordable community housing that offer supportive services and collaborate with transitional housing agencies to ensure there are dedicated placement for CARE Court clients.

4

Individualized Client Engagement and Accountability

Program Practice

Cohort One counties found that shifting the focus from standard service milestones to client-led individualized goal setting and needs identification improved rapport and program engagement. This flexible, person-centered approach allows practitioners to pace services that result in more meaningful service connections, helping clients work toward long-term stability.

Example from Cohort One

Riverside County emphasized the importance of connecting clients with peer specialists who have lived experience in recovery. According to team members, this connection has been key to building trust and fostering stronger relationships within the program. In Stanislaus County, the Public Defender's Office has its client support team to better understand the treatment needs and goals of its clients. The public defender support team can assist in the understanding of CARE Court agreements and plans and assist with service identification.

Program Recommendation

Cohort Two counties should focus on empowering CARE Court clients through individualized person-centered, culturally responsive care. Behavioral health teams should focus on person-centered client engagement efforts in the outreach and engagement process, develop client-led treatment plans, and encourage peer and family support engagement. The Court should rely on the behavioral health team's expertise and client referral process with limited interference unless the client is requesting additional support from the Court. While the Court team relies on the behavioral health team's clinical expertise, other CARE Court team members should advocate for client needs when appropriate. To that end, Court staff should have basic treatment knowledge to adequately recognize treatment goals and decisions, and support client outcomes. If the behavioral health team is not able to provide comprehensive outreach and engagement or provide client-led treatment plans, the Court

should use its leverage to sanction the behavioral health team to ensure the highest level of accountability.

5**Qualitative and Quantitative Data Collection for Program Outcomes and Adjustments****Program Practice**

Cohort One counties found that combining quantitative data with qualitative data from personal stories and experiences creates a more complete picture of how CARE Court clients make meaningful progress. While quantitative metrics are important for tracking outcomes, qualitative data highlight the individual impact and success of the program. This approach helps counties refine the implementation plan and evaluate the local program outcomes.

Example from Cohort One

Glenn, San Diego, and Stanislaus Counties have identified qualitative data measures to determine client success and readiness for program completion. Key indicators of "improved function" and "reduced impairment" emphasize the depth and quality of treatment engagement. These two data measures showcase how individualized care and high-quality treatment can lead to meaningful progress for clients instead of relying solely on state-specific data markers and court-based outputs such as the number of petitions filed and the number of CARE agreements or plans to determine program and client success.

Program Recommendation

Cohort Two counties should use cross-sector partnerships to gather, identify, collect, and track qualitative data to supplement what is required through the state's data reporting process to form a complete and comprehensive lens of CARE Court client successes, challenges, and areas for improvement. This approach allows client narratives to shape local program design and delivery and highlight the uniquely individualized successes of each CARE Court model. Additionally, at the end of year one of implementation, Cohort Two counties should consider an internal review of the program implementation, including the program policies and procedures, treatment engagement, and information sharing.

Next Steps

Cohort One counties laid the groundwork for Cohort Two and future CARE Court planning and implementation. These core practices will help other communities successfully implement CARE Courts in California. The CARE Court Resource Center provides online training videos and a resource library that aligns with the core practices. The Center for Justice Innovation has also identified role-based operational practices to benefit the cohorts. A deeper exploration of these practices and a focus on the CARE Court practitioners will provide valuable guidance for practitioners as they work toward building an inclusive and client-centered CARE Court system where the client's voice is paramount in the treatment planning process.

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