

**Community Assistance, Recovery and Empowerment Act (CARE) Overview and
Implementation Status**
Stephanie Welch, MSW

Level

Introductory/Intermediate

Track

Clinical

CE

CPA/BBS/CJER

Bio

Stephanie Welch, MSW has over two decades of experience in behavioral health policy, program design and administration, evaluation, and advocacy. Stephanie was appointed Deputy Secretary for Behavioral Health by Governor Newsom in 2020 and serves as the senior policy advisor to Mark Ghaly, Secretary, California Health and Human Services Agency. Prior to her current role, Stephanie served in the Brown administration as the Executive Officer of the Council on Criminal Justice and Behavioral Health. She has worked in various roles at the state and county including working at organizations such as the California Mental Health Services Authority (CalMHSA), the County Behavioral Health Directors Association (CBHDA) and the California Council of Community Behavioral Health Agencies (CBHA). Stephanie holds an Masters of Social Work from the University of Southern California and a BA in Sociology, Law and Society, from the University of California, Davis.

Narrative

The CARE Act is an innovative, compassionate civil court process that provides care to the most severely mentally ill based on evidence that many people can stabilize, begin healing, and exit homelessness in less restrictive, community-based care that prevents more restrictive conservatorships or incarceration. This presentation will provide an in-depth understanding of the State's rationale for developing the CARE Act and how it fits into broader behavioral health reform efforts that seek to build a comprehensive behavioral health continuum, including more upstream earlier interventions aimed at decriminalizing serious mental illness and creating alternatives to conservatorship and state hospitalization. The goal is to provide behavioral health services to the most vulnerable individuals with untreated schizophrenia spectrum and psychotic disorders while preserving self-determination to the greatest extent possible and enabling people to stabilize, begin healing, and exit homelessness. CARE is also a strategy to hold the behavioral health system accountable to holistically serve those who often have the most complex care needs and to break the cycle of institutionalization and criminalization. CARE is designed to break this cycle by providing upstream diversion, and its success will depend on the ability of the courts and behavioral health treatment teams to provide the

needed care, including medications, wraparound services, and housing, to support this population.

Learning Objectives

1. Understand and explain the rationale and goals of the CARE Act and how it addresses gaps in the broader behavioral health continuum of care
2. Understand and explain three core components of the CARE Act model
3. Describe three benefits of civil courts and County Behavioral Health collaborating to implement upstream interventions to prevent the incarceration and restrictive conservatorships of vulnerable individuals with untreated schizophrenia spectrum and psychotic disorders
4. Describe and apply early implementation lessons learned related to outreach, engagement, treatment, and housing for vulnerable individuals with untreated schizophrenia spectrum and psychotic disorders