

Community Assistance, Recovery, and Empowerment Act

Eligibility Criteria

The CARE Act authorizes specified adult persons to petition a civil court to create a voluntary CARE agreement or a court-ordered CARE plan that may include treatment, housing resources, and other services for persons with eligible psychotic or mood disorders with psychosis who are not clinically stabilized in ongoing voluntary treatment.

Eligibility Criteria

- 18 years and older with a diagnosis of bipolar I disorder with psychotic features,* schizophrenia spectrum and other psychotic disorders.
- The person has symptoms that are severe in degree and persistent in duration, which may cause behavioral functioning which interferes substantially with the primary activities of daily living (i.e., basic activities related to personal care), and which may result in an inability to maintain stable adjustment and independent functioning without treatment, support, and rehabilitation for a long or indefinite period of time.
- The person is not clinically stabilized with ongoing voluntary outpatient treatment,
- Either the person is unlikely to survive safely/independently in the community (such as maintaining personal safety, hygiene, diet, health, and/or necessary relationships without supervision) and the condition is deteriorating **OR** services and support are needed to prevent relapse or deterioration that would result in grave disability or serious harm to the person or others,
- Participation in CARE Act is the least restrictive alternative, **AND**
- The person will likely benefit from participating in a CARE plan or CARE agreement.

CARE-Eligible Diagnoses

Schizophrenia spectrum disorders include:

Schizophrenia, Schizoaffective Disorder, Schizophreniform Disorder, Other Specified Schizophrenia Spectrum and Other Psychotic Disorder, Unspecified Schizophrenia Spectrum and Other Psychotic Disorder.

Other eligible disorders include:

Bipolar 1 with Psychotic Features, Brief Psychotic Disorder, Delusional Disorder, Schizotypal Personality Disorder, Substance Medication-Induced Psychotic Disorder, Catatonia Associated with Another Mental Disorder, Unspecified Catatonia.

Psychiatric diagnoses that do not meet eligibility requirements:

- Psychotic Disorder Due to a General Medical Condition
- Catatonia Associated with Another Medical Condition
- Major Depression with Psychotic Features
- Bipolar 2 Disorder
- Any other Substance-Related Disorder not listed above, including psychosis solely due to current intoxication.*

* Per updates in Senate Bill 27, as of January 1, 2026, bipolar 1 with psychotic features, except psychosis related to current intoxication, is an eligible diagnosis.



Understanding Eligible Diagnoses Under the CARE Act

Eligible diagnoses should be diagnosed by a licensed health care professional based on criteria in the *Diagnostic and Statistical Manual of Mental Disorders (DSM-5TR)* and include:

- **Schizophrenia and related psychotic disorders** – characterized by persistent symptoms such as delusions, hallucinations, and disorganized thinking.
- **Bipolar I disorder with psychotic features** – where psychotic symptoms occur during a manic or major depressive episode and are not solely attributable to substance intoxication or medical conditions.

The following explains these diagnoses in greater depth to support understanding of CARE eligibility.

Schizophrenia:

Schizophrenia is defined by severe and persistent symptoms in the following domains:

- Delusions
- Hallucinations
- Disorganized thinking
- Grossly disorganized or abnormal movements or actions
- Negative symptoms - such as blunted emotions, apathy, impaired judgement, difficulty completing basic tasks, or social withdrawal.

To meet criteria for schizophrenia, symptoms must be associated with social or occupational dysfunction, have a duration of at least 6 months, and cannot be caused by another mental or physical disorder.

Related Psychotic Disorders:

The other Schizophrenia Spectrum Disorders share some of the same features of schizophrenia but may not meet all the criteria for that diagnosis or are better described by a different disorder.

Bipolar 1 with Psychotic Features:

Bipolar 1 disorder is defined by the presence of at least one manic episode and can include episodes of major depression or episodes with mixed features. Typical mood symptoms include elevated or depressed mood and changes in energy, sleep, speech, activity, and thinking. When these episodes are accompanied by symptoms of psychosis (e.g., delusions, hallucinations, disorganized thinking), the diagnosis will include psychotic features.

Symptoms of mania include:

- Grandiosity.
- Decreased need for sleep.
- Rapid speech and flight of ideas.
- Risky or impulsive behaviors.

The episode causes marked impairment in functioning or may require hospitalization.

The episode is not attributable to substance use or medical conditions. and is not better explained by schizoaffective disorder.

Key diagnostic differences between bipolar 1 with psychosis and schizoaffective, bipolar type:

- Psychosis in bipolar I disorder occurs only during mood episodes, whereas in schizoaffective disorder, bipolar type, psychosis also occurs for at least two weeks when no mood symptoms are present.
- Reminder that both diagnoses are eligible for CARE.

Informational Resources

- [CARE Act website of the Judicial Council of California](#)
- [CARE Act Fact Sheet \(March 2023\)](#)
- [Glossary of CARE Act Terms](#)
- [CARE Act Resource Center](#)



How is eligibility for CARE determined?

Information provided in the petition will help a judge determine an individual's possible eligibility for CARE. The petitioner should include information that speaks to the eligibility criteria.

Key points to include:

- Confirmed or provisional diagnosis of an eligible psychotic disorder.
- Observed symptoms and behaviors (e.g., delusions, paranoia, hallucinations, disorganized speech/behavior, blunted affect, seclusive behavior).
- Declining mental/physical state affecting ability to meet basic needs.
- Challenges with self-care tasks (e.g., personal hygiene, dressing).
- Issues with housing, transportation, and finances.
- Difficulty forming and maintaining social relationships.
- Treatment nonadherence or ineffective treatment.

In some cases, a judge may ask county behavioral health to investigate further if more information is needed to make a determination of eligibility.

What does it mean to be clinically stabilized in ongoing voluntary treatment?

The CARE process is designed to support individuals with serious mental illness who are not clinically stabilized in ongoing voluntary treatment. 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.

Are two 5250 holds required for CARE eligibility?

No – documentation of two 5250 (14-day holds) is one of two possible kinds of supporting evidence that must be provided in or with the petition, but it is not required to demonstrate CARE eligibility.

Statute Language & Citation

- Court process: [California Welfare and Institutions Code \(W&I Code\) section 5977](#)
- Eligibility: [W&I Code section 5972](#)
- Eligible Petitioners: [W&I Code section 5974](#)

