

Ten Detailed Talking Points Opposing CARE Court

To end homelessness, California needs Affordable Housing and Voluntary Services. Court-ordered treatment for unhoused people with schizophrenia or other psychotic disorders sets us back years in progress in ensuring inclusive care and racially-competent, trauma-informed services. Policymakers should focus legislation on evidence-based, long-lasting approaches to assisting those who live unhoused.

1. Unhoused people with mental health disabilities need and want affordable housing and voluntary services.

When affordable, accessible housing is offered with voluntary services, the demand far exceeds what is available. California should use homelessness funds to make large-scale investments in low-barrier, deeply affordable (15% of area median income or less), accessible, integrated housing for unhoused people. Programs such as Project Roomkey which provided noncongregate shelter during the COVID-19 pandemic, subsidized affordable housing, and emergency rental assistance all experienced long waitlists with people who sought to access necessary housing and services.

2. Ending homelessness requires guaranteed housing provided with voluntary services.

Housing First promotes housing stability and well-being and does not require people to stabilize before receiving housing. CARE Court does not follow Housing First. Housing First principles dictate: 1) housing as a first priority without contingency on any conditions other than willingness to maintain tenancy, 2) voluntary support for as long as needed, 3) housing and voluntary support are not conditioned on one another, 4) continued choice and control over housing decisions and service planning, 5) service providers are responsible for proactive engagement and ensuring accessibility, 6) services are based on people's strengths and goals, and 7) harm reduction approach with no all-or-nothing approaches to recovery.

3. Investing in trauma-informed outreach with housing and services is fiscally and morally responsible.

CARE Court does not include housing which researchers have concluded that failing to provide permanent housing to unhoused people is fiscally irresponsible, as well as inhumane to not. In addition, studies show mental health services should be offered voluntarily and with processes that are recovery-oriented models of care which respond to the impacted community's needs. And to the greatest extent possible, voluntary services should incorporate Peers through share-decision-making and person-centered approach.

4. Evidence-based models show voluntary treatment is more effective than court-ordered treatment.

CARE Court coerces people into treatment and that is antithetical to community-based models of mental health care services. The U.S. Supreme Court Case of *Olmstead v. LC*, mandated that community-based mental health services are a priority. Voluntary models such as Psychosocial Rehabilitation Recovery Model, Full Service Partnerships that adhere to the Assertive Community Treatment (ACT) model of care, Intensive Case Management, Supported Employment and Substance Use Disorder Services following a Harm Reduction Model of Care are all time-tested, evidenced-based services.

5. **Court ordered treatment will perpetuate institutional racism.**

Black people are disproportionately represented in California's homelessness population. Only 6.5% of all Californians identify as Black or African-American compared to 40% of the unhoused Californians who identify as Black or African-American.

6. **Court ordered treatment will worsen health disparities for Black, Indigenous and People of Color.**

The mental health services community needs improvement on racial and cultural competency. According to the American Psychological Association, "in 2015 about 86% of psychologists in the U.S. were white, while 5% were Hispanic, 5% were Asian, and 4% were Black," leading to misdiagnoses of mental health conditions for BIPOC people. For example, psychiatrist Johnathan Metzler details the historical shift of the definition of schizophrenia with the emergence of the civil rights era in his book *The Protest Psychosis How Schizophrenia Became a Black Disease* to racially politicize Black men as hostile and aggressive. And the misdiagnoses continue. According to Mental Health America, clinicians overemphasize psychotic symptoms and overlook non-psychotic symptoms, such as major depression, when treating clients of other racial or ethnic background. This has led to Black men in particular being over-diagnosed with schizophrenia compared to white counterparts.

7. **Clearing encampments without a lasting solution will exacerbate harms and further set back ending homelessness.**

Encampments serve as a place for homeless individuals to store their most important possessions. Tents, sleeping bags, medication, housing documents, identification and legal documents, family heirlooms, and clothing are often temporarily left at encampment sites. Over the years, cities have indiscriminately thrown away anything left at an encampment, including walkers and wheelchairs, and have failed to properly distinguish between trash and personal property. Housing First is the solution.

8. **CARE Court disregards the ongoing need for criminal justice and conservatorship reform and would further exacerbate those harms in those systems.**

CARE Court would coercively and unnecessarily push more people in the criminal justice system and the conservatorship system. In the last two years, the need for criminal justice and conservatorship reform has come to the forefront, and CARE Court would further compound the harms for people subject to the criminal justice system and under conservatorships. Criminalizing unhoused people leads to cycling them in and out of the court system and the streets, furthering reducing the likelihood of connecting people to housing and services. Forcing conservatorships is the ultimate vehicle to strip someone of their liberties, giving conservators the right: to decide where someone lives; to consent to medical treatment including forced injectable treatments; to access private confidential information; to consent/withhold marriage; to consent/withhold social and sexual relationships; to enter into contracts; and to make decisions on education. Conservatorships have subjected people with disabilities to shocking examples of abuse and disregard the human right to self-determination.

9. **Abusers may weaponize CARE Court petitions against people with mental health disabilities.**

Domestic violence is the third leading cause of homelessness in the United State. Domestic violence can seriously disrupt the well-being of a person and disconnect that person from community support. Research shows that housing is one of the main needs identified by survivors. Under CARE Court, a broad scope of people, including family members who may be the perpetrator of the domestic violence, can file a petition creating a system ripe for abuse.

10. CARE Court will further discriminate against and stigmatize people with disabilities.

The court system is adversarial and pits one party against another. A person with mental health disabilities will not be able to provide meaningful access to mental health services and care under these circumstances. Best practices demonstrate that successful models of mental health care must be provided in a trauma-informed, sustaining approach. In addition, bringing people's mental health history and care into the court record will only further discriminate and stigmatize those with such diagnoses. CARE Court aims to use history of mental health crises to form the basis of referral to conservatorships. This punitive model targeted at unhoused people with disabilities is discriminatory.