



University of California Student Association  
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## Resolution in Support of NoCARECourts Coalition and Statement of Action

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WHEREAS, CARE (Community Assistance, Recovery, and Empowerment) Court refers to a framework instituted through CA Senate Bill 1338 intended to support those suffering from mental health or substance abuse issues by making treatment more accessible through court-mandated "Care Plans."

WHEREAS, the evidence-based best practice for reducing homelessness and providing treatment to the unhoused people with mental illness, recommended by the SAMHSA and successfully implemented in many developed countries, is the "Housing First" approach: providing housing without preconditions and offering access to mental health treatment on a voluntary basis;

WHEREAS, the involuntary enforcement of "court mandated care" is contrary to the best practices recommended by the U.S. Department of Health and Human Services and by the World Health Organization and fails to address the root of the homelessness crisis— housing shortages— and that efforts to improve mental health care for unhoused people should instead apply the judiciary and economic infrastructure for this plan towards a liberation-oriented approach;

WHEREAS, members of Black and Latino communities are more frequently misdiagnosed with schizophrenia and similar psychotic disorders. Research published in the World Journal of Psychiatry in 2014 estimated that African and Latino Americans are, on average, 3 to 4 times more likely to face misdiagnoses for schizophrenia compared to European Americans. This statistic coupled with the fact that a sizable portion of the homeless population in California belongs to this racial demographic underscores the opposition's core argument that this framework will only increase state control over groups already facing racial marginalization;

WHEREAS, any individual ordered to participate in a care plan runs the risk of being referred to conservatorship, which would strip them of their personal agency and ability to make decisions for themselves. Rather than offering participants a pathway to achieve personal autonomy after undergoing treatment, the framework subjects them to even stricter mechanisms of control;



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WHEREAS, the use of public defenders and clinical teams to make decisions on behalf of persons with qualifying conditions deprives these individuals of their legal capacity, a phenomenon that disproportionately affects people with disabilities or housing difficulties;

WHEREAS, research and advocacy NGO Human Rights Watch's opposition letter against this initiative argues that: "This approach not only robs individuals of dignity and autonomy but is also coercive and likely ineffective. Studies of coercive mental health treatment have generally not shown positive outcomes. Evidence does not support the conclusion that involuntary outpatient treatment is more effective than intensive voluntary outpatient treatment and, indeed, shows that involuntary, coercive treatment is harmful."

WHEREAS, most people given the authority to initiate court hearings under this bill lack the necessary understanding to recognize or handle mental health disorders and are likely to abuse their power when exposing candidates to such proceedings;

WHEREAS, SB 1338 does not specifically set judicial standards for evaluating the placement of defendants into care plans, leaving judgment up to the speculation of the judge. Lack of specific criteria outlining how judges make their decisions only introduces more bias within a procedure that is already extremely subjective;

WHEREAS, the measure fails to create the infrastructure to actually address the mental health needs of the unhoused community, it necessitates greater policing in these communities to refer more people to the courts, causing further trauma and displacement and in turn harming relationships between unhoused people and community institutions designed to provide support.

WHEREAS, the CARE court framework does not expand access to permanent housing— rather it prioritizes access to existing housing resources to those participating in a state-ordered care plan, pushing others also in need of housing to the sidelines. The legislation also provides no additional funding for mental health care, meaning funds must be sourced from those provided to existing programs, reducing quality in care for everyone in need of mental health support;

WHEREAS, students experiencing mental health crises at evergrowing rates, involuntary hospitalization and forced medicating removes the autonomy that young adults need to find care that truly meets their needs;

WHEREAS, the University of California system lacks transparency about its policies and



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procedures concerning student mental health and does not provide students with adequate access to quality mental health services and preventive programs;

WHEREAS, UCPD remains a component of the mental health response team for mental health crises on campus, effectively leaving many students of color, queer students, housing insecure, disabled students, formerly incarcerated, undocumented, and otherwise marginalized students to feel unsafe reaching out for mental health help;

WHEREAS, on-campus mental health resources are often unequipped to provide sufficient support, despite a sizable portion of the student population requesting counseling. This leaves students vulnerable to interactions with law enforcement and the criminal justice system;

WHEREAS, the CARE court system further damages the mental health services that offer efficient preventive and non-coercive treatment methods and opens the door for increasing surveillance, coercion and discrimination of not only unhoused people, but on any individual who has mental health problems, is experiencing an emotional crisis, or simply deemed being "of concern" or "at risk," thus being a direct threat to the human and civil rights and to the wellbeing of the University of California students;

WHEREAS suicide prevention programs and events implemented by the University of California system are not evidence-based, have a conflict of interest, and encourage surveillance and coercion;

THEREFORE, BE IT RESOLVED, the University of California Student Association (UCSA) stands in solidarity with the NoCARECourts Coalition and commit to advocating for improved mental health infrastructure for students and all people across the state;

LET IT FURTHER BE RESOLVED, UCSA urges students to be involved in the fight for mental health resources that empower communities of systematically marginalized and disempowered communities;

LET IT FURTHER BE RESOLVED, UCSA commits to advocating, lobbying, and collaborating on policy initiatives should focus on the root of the substance abuse, mental health, and homelessness crisis in the state of California, rather than shifting the burden of these problems onto individuals. Some of these root issues include: racial discrimination in healthcare practices, access barriers for voluntary health care, poverty and income inequality, lack of affordable housing, lack of funding for existing mental health programs to meet current needs;



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LET IT FURTHER BE RESOLVE, UCSA will advocate for the state to expend its resources on a proven solution to homelessness for people living with mental health disabilities: guaranteed housing with voluntary services;

LET IT FURTHER BE RESOLVED, UCSA commits to advocating for divestment in CARE Court, and for large-scale investments in low-barrier, deeply affordable (15% of area median income or less), accessible, integrated housing for people experiencing homelessness. This housing should be made available with access to voluntary, trauma-informed, culturally-responsive, evidence-based services such as Assertive Community Treatment, Intensive Case Management, Peer Support, and substance use disorder services that follow the Harm Reduction approach;

LET IT FURTHER BE RESOLVED, that UCSA will adopt the Housing First principles alongside the NoCareCourts Coalition and Disability Rights California. [Housing First principles](#), as an evidence-based model, require offering services as needed and requested on a voluntary basis, and not making housing contingent on participation in services.

LET IT FURTHER BE RESOLVED, UCSA commits to advocating for ongoing funding of Soteria House and Peer Respite facilities for mental health crises management, Intentional Peer Support and Open Dialogue treatments, and other evidence-based, recovery-oriented non-coercive mental health programs, as well as for the truly confidential phone crisis lines that do not use geolocation and do not send either police or response teams unless explicitly asked to do so by the caller.

#### Sources

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