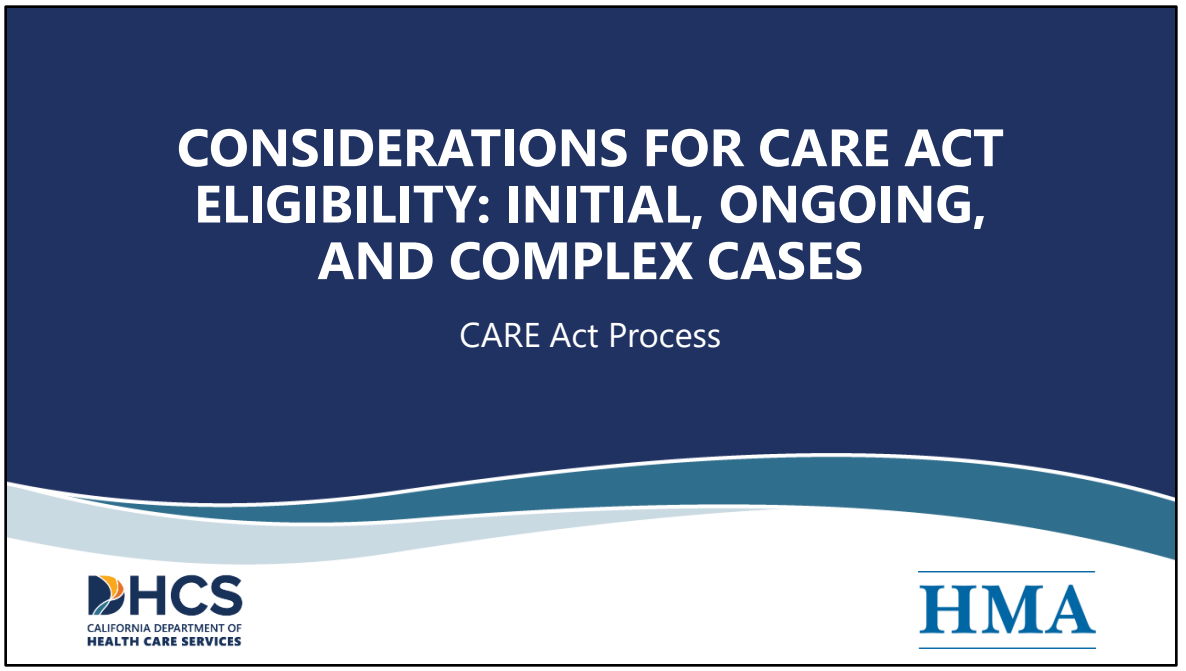


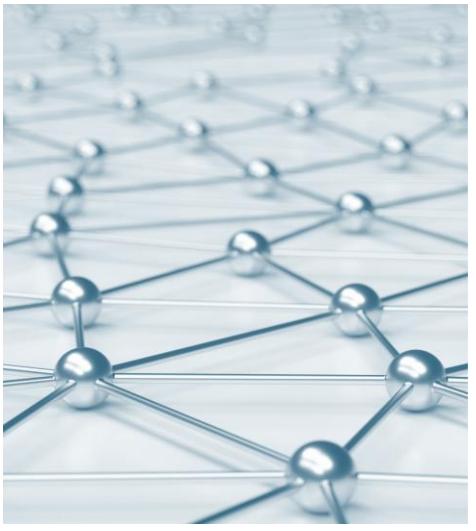
[Slide Image Description: This cover slide introduces the title and category of this training. It contains the logos for the California Department of Health Care Services and Health Management Associates.]

Welcome to this training on Considerations for CARE Act Eligibility: Initial, Ongoing, and Complex Cases.

Disclaimer: This session is presented by Health Management Associates. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement by, California Department of Health Care Services.

CARE Eligibility Resources

- CARE Act Eligibility Criteria Fact Sheet
- Eligibility in Practice training materials
- Understanding Bipolar I with Psychotic Features brief and training
- Senate Bill 27 brief and training
- Completing a CARE Act Petition: A Tutorial for Key Steps and Tips



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[Slide Image Description: This slide has information about CARE eligibility resources with an image of a matrix made of silver rods and balls.]

Today's discussion will focus on complex eligibility scenarios. The intent is to walk through how these situations arise in practice and consider different approaches programs might use to navigate them rather than a deep dive into each individual eligibility criterion. If you're looking for a breakdown of each criterion in detail and fuller explanations, here are some resources for you:

- CARE Act Eligibility Criteria Fact Sheet
- Eligibility in Practice training materials
- Understanding Bipolar I with Psychotic Features brief and training
- Senate Bill 27 brief and training
- Completing a CARE Act Petition: A Tutorial for Key Steps and Tips

For today's conversation, the focus will remain on applied scenarios and practical problem-solving rather than a comprehensive review of the underlying criteria.

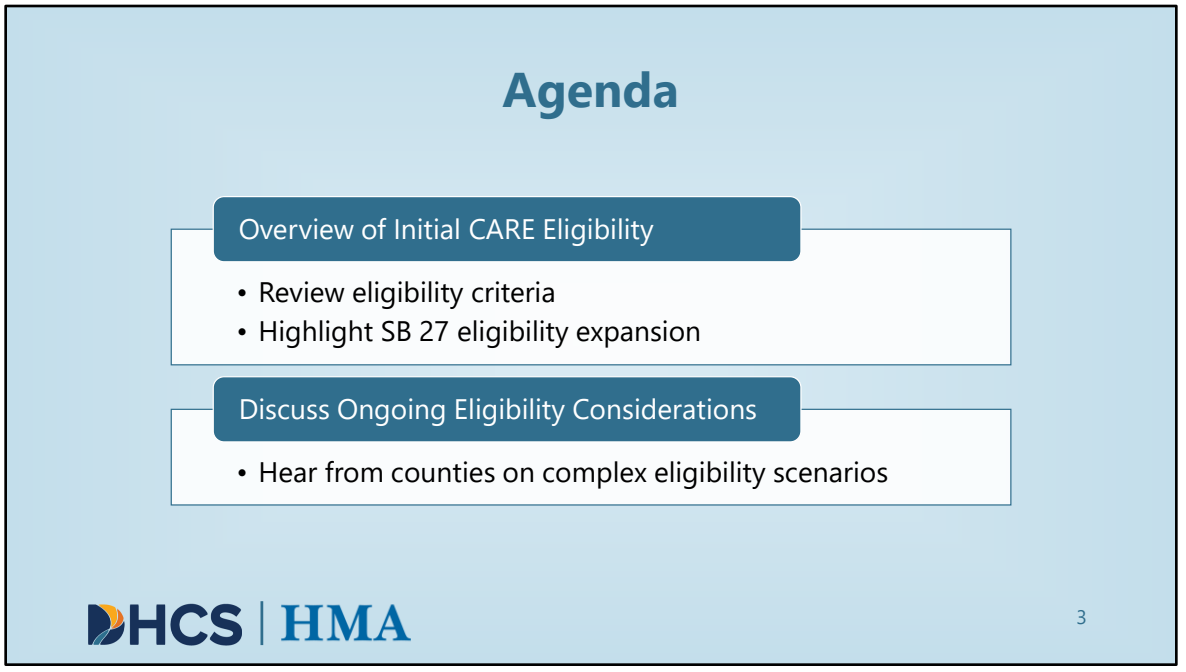
CARE eligibility criteria for reference:

- The person is 18 years of age or older.
- The person is currently experiencing a severe mental disorder, as defined in California Welfare and Institutions Code (W&I Code) section 5600.3, paragraph (2), subdivision(b), and has a diagnosis of bipolar I disorder with psychotic features, schizophrenia spectrum disorder, or other psychotic disorders, as defined in the most current version of the Diagnostic and Statistical Manual of Mental Disorders (which we will go into next).
    - This section does not establish respondent eligibility based upon a psychotic disorder that is due to a medical condition or is not primarily psychiatric in nature, including but not limited to, physical health conditions such as traumatic brain injury, autism, dementia, or neurologic conditions.
    - A person who has a current diagnosis of substance use disorder, as defined in California Health and Safety Code (H&S Code) section 1374.72, paragraph (2), subdivision (a), but who does not meet the required criteria in this section shall not qualify for the CARE process.
- The person is not clinically stabilized in ongoing voluntary treatment.
- Participation in a CARE plan or CARE agreement would be the least restrictive alternative necessary to ensure the person's recovery and stability.
- It's likely that the person will benefit from participation in a CARE plan or CARE agreement.

At least one of the following is true:

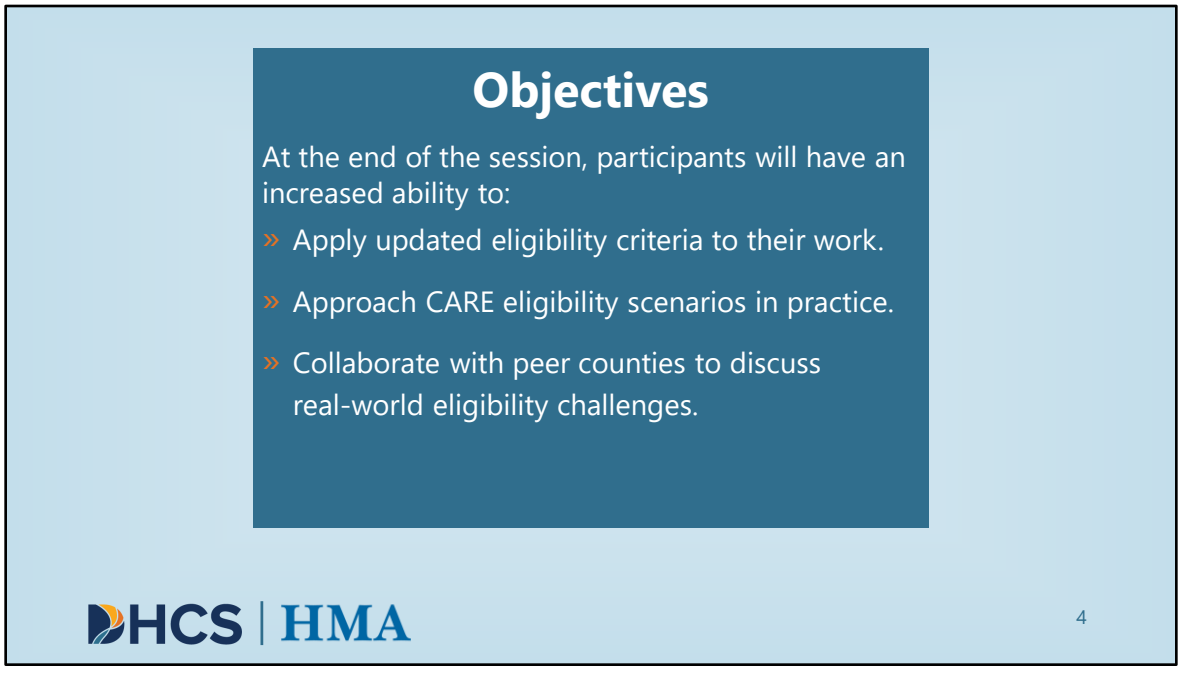
- The person is unlikely to survive safely in the community without supervision, and the person's condition is substantially deteriorating.
- The person is in need of services and supports in order to prevent a relapse or deterioration that would be likely to result in grave disability or serious harm to the person or others, as defined in W&I Code section 5150.

For more information, visit the CARE Act Eligibility Criteria Fact Sheet, the Eligibility in Practice training materials, and W&I Code section 5972.



[Slide Image Description: This slide shows the major sections of this training on a light blue background.]

- Overview of Initial CARE Eligibility
    - Review eligibility criteria
    - Highlight SB 27 eligibility expansion
- Discuss Ongoing Eligibility Considerations
    - Hear from counties on complex eligibility scenarios



[Slide Image Description: This slide shows the learning objectives for this training with a light blue background.]

At the end of the session, participants will have an increased ability to:

- Apply updated eligibility criteria to their work.
- Approach CARE eligibility scenarios in practice.
- Collaborate with peer counties to discuss real-world eligibility challenges.

We don't anticipate that everyone will know exactly what they need to do by the end of this training, but our overall goal is that you have an increased ability to accomplish these objectives.

Presenters

DEBORAH ROSE, PSYD

Principal
Health Management Associates

RACHEL JOHNSON-YATES, MA, LMHC, LAC

Associate Principal
Health Management Associates

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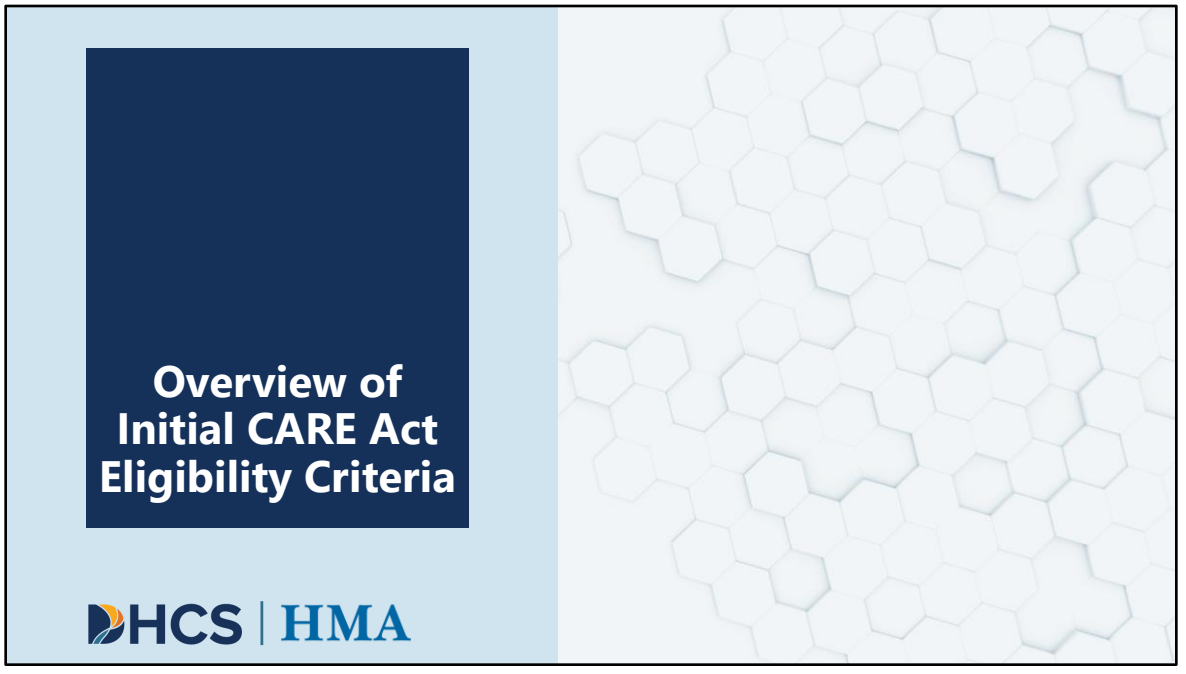
[Slide Image Description: This slide includes images of the presenters of this training on a light blue background.]

The presenters include Deborah Rose, PsyD and Rachel Johnson-Yates, MA, LMHC, LAC from Health Management Associates.

Deborah Rose, PsyD, from Health Management Associates is a licensed clinical psychologist with a history of designing and scaling new initiatives in behavioral health services. She has extensive experience working with social service agencies, behavioral health centers, care coordination, supported housing, and services for unhoused populations. Dr. Rose has broad clinical experience with a variety of underserved populations in human services and has held executive leadership positions in community-based agencies and carceral settings. Earlier in her career, Dr. Rose oversaw Kendra's Law, an Assisted Outpatient Treatment (AOT) program in New York City. She was also Deputy Director of Behavioral Health across the Rikers Island jail system. She has strived to improve access to and delivery of person-centered services for adults living with mental illness, substance use disorders, and co-occurring conditions.

Rachel Johnson-Yates, from Health Management Associates, is a licensed mental health

and addiction counselor, public speaker, and educator with a demonstrated track record of developing innovative programs that focus on mental and behavioral health. She has dedicated her career to increasing access to care through approaching her work from an equity-focused and trauma-informed framework. Ms. Johnson-Yates has extensive experience designing, launching, and replicating complex programs to meet the many disparate needs of the clients she serves. She held significant leadership roles in outpatient behavioral health, state government, criminal justice, inpatient psychiatric care, low barrier shelters for veterans, higher education, and residential substance use disorder treatment.



[Slide Image Description: This is a section divider slide to indicate a major section of this training.]

In this section, we will review the CARE Act eligibility criteria.

CARE Eligibility Criteria

All of the following:

- Aged 18 years+.
- Experiencing a serious mental disorder and has a diagnosis of bipolar I disorder with psychotic features, schizophrenia spectrum disorder, or other psychotic disorders.
- Severe and persistent symptoms, interfering with daily functioning.
- Not stabilized with ongoing voluntary treatment.
- Participation in CARE is the least restrictive alternative.
- Will likely benefit from participating in a CARE plan or CARE agreement.

At least one of the following:

- Unlikely to survive safely in the community without supervision, and condition is substantially deteriorating.
- Intervention needed to prevent relapse or deterioration.

For more information, visit the CARE Act Eligibility Criteria Fact Sheet and California Welfare and Institutions Code (W&I Code) section 5972.

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[Slide Image Description: This slide shows an image of a checklist with a person and a description of CARE Act eligibility criteria.]

The CARE Act stipulates eligibility, and we have that list up here.

CARE eligibility criteria is defined as:

- The person is 18 years of age or older.
- The person is currently experiencing a severe mental disorder, as defined in California Welfare and Institutions Code (W&I Code) section 5600.3, paragraph (2), subdivision(b), and has a diagnosis of bipolar I disorder with psychotic features, schizophrenia spectrum disorder, or other psychotic disorders as defined in the current Diagnostic and Statistical Manual of Mental Disorders.
    - This section does not establish respondent eligibility based upon a psychotic disorder that is due to a medical condition or is not primarily psychiatric in nature, including but not limited to, physical health conditions such as traumatic brain injury, autism, dementia, or neurologic conditions.
    - A person who has a current diagnosis of substance use disorder, as defined in California Health and Safety Code (H&S Code) section 1374.72, paragraph (2),

subdivision (a), but who does not meet the required criteria in this section shall not qualify for the CARE process.

- The person is not clinically stabilized in ongoing voluntary treatment.
- Participation in a CARE plan or CARE agreement would be the least restrictive alternative necessary to ensure the person's recovery and stability.
- It's likely that the person will benefit from participation in a CARE plan or CARE agreement.

At least one of the following is true:

- The person is unlikely to survive safely in the community without supervision, and the person's condition is substantially deteriorating.
- The person is in need of services and supports in order to prevent a relapse or deterioration that would be likely to result in grave disability or serious harm to the person or others, as defined in W&I Code section 5150.

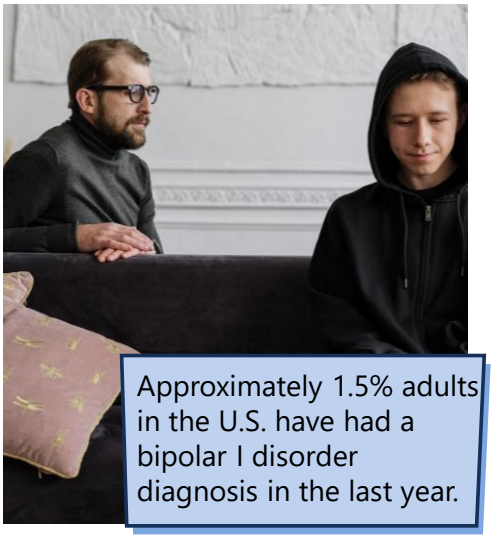
For more information, visit the CARE Act Eligibility Criteria Fact Sheet and W&I Code section 5972.

https://care-act.org/resource/care-act-eligibility-criteria-fact-sheet/
https://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?sectionNum=5972.&lawCode=WIC

CARE Eligibility Expansion

Senate Bill (SB) 27

» SB 27 added bipolar I disorder with psychotic features, except psychosis related to current intoxication, as an eligible diagnosis for CARE eligibility.



Approximately 1.5% adults in the U.S. have had a bipolar I disorder diagnosis in the last year.

See the updated Eligibility Fact Sheet for a list of eligible diagnosis, Understanding Bipolar I with Psychotic Features training and brief, SB 27 Amendments Brief for additional information on SB 27's provisions.

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[Slide Image Description: This slide has information about bipolar I disorder with an image of an older man speaking to a younger man.]

Senate Bill (SB) 27 expanded the diagnostic criteria for the CARE Act. Originally, CARE Act eligibility required a diagnosis of schizophrenia spectrum and other psychotic disorders. SB 27 adds bipolar I disorder with psychotic features as an eligible diagnosis for CARE, effective January 1, 2026. Notably, bipolar I disorder with psychotic features shares substantial symptom overlap with schizoaffective disorder, bipolar type (another CARE-eligible diagnosis), including the presence of mood episodes accompanied by psychosis. Including bipolar I with psychotic features as an eligible diagnosis helps ensure that individuals with comparable clinical profiles have equitable access to the structured care, services, supports, and court oversight provided through CARE.

According to the *Diagnostic and Statistical Manual of Mental Disorders, 5th Edition* (DSM-5-TR), approximately 1.5% of adults in the U.S. have been diagnosed with bipolar I disorder in the last year. Among these individuals, there is a smaller subset with psychotic features that take place during extreme mood episodes; these individuals may also present with symptoms and functional impairments that closely resemble those seen in chronic psychotic conditions.

Eligibility for CARE includes additional criteria regarding the person's current engagement in treatment, level of functional impairment, and certain safety and risk criteria. Having an eligible diagnosis is not sufficient on its own for acceptance into CARE.

See the updated Eligibility Fact Sheet for a list of eligible diagnosis, and the SB 27 Amendments Brief for additional information on SB 27's provisions.

[Slide Image Description: This slide shows silhouettes of two people with questions about eligibility criteria surrounding it.]

A qualifying diagnosis is only part of the criteria; diagnosis alone is not enough to determine eligibility for CARE. The court will need to determine if eligibility requirements are met, including:

- Are they experiencing a serious mental disorder?
    - A "serious mental disorder" refers to a severe and persistent mental condition that significantly disrupts daily life activities. It can impair behavioral functioning to the extent that the individual cannot maintain stable adjustment or independent functioning without ongoing treatment, support, and rehabilitation over an extended or indefinite period. To help establish eligibility, it would be important to determine when their symptoms started, how long symptoms have been observed, and/or when a diagnosis was first made. It would also be important consider that without treatment, support, and rehabilitation, if the individual will not be able to maintain stability or maintain independent functioning.

- Are they clinically stabilized?

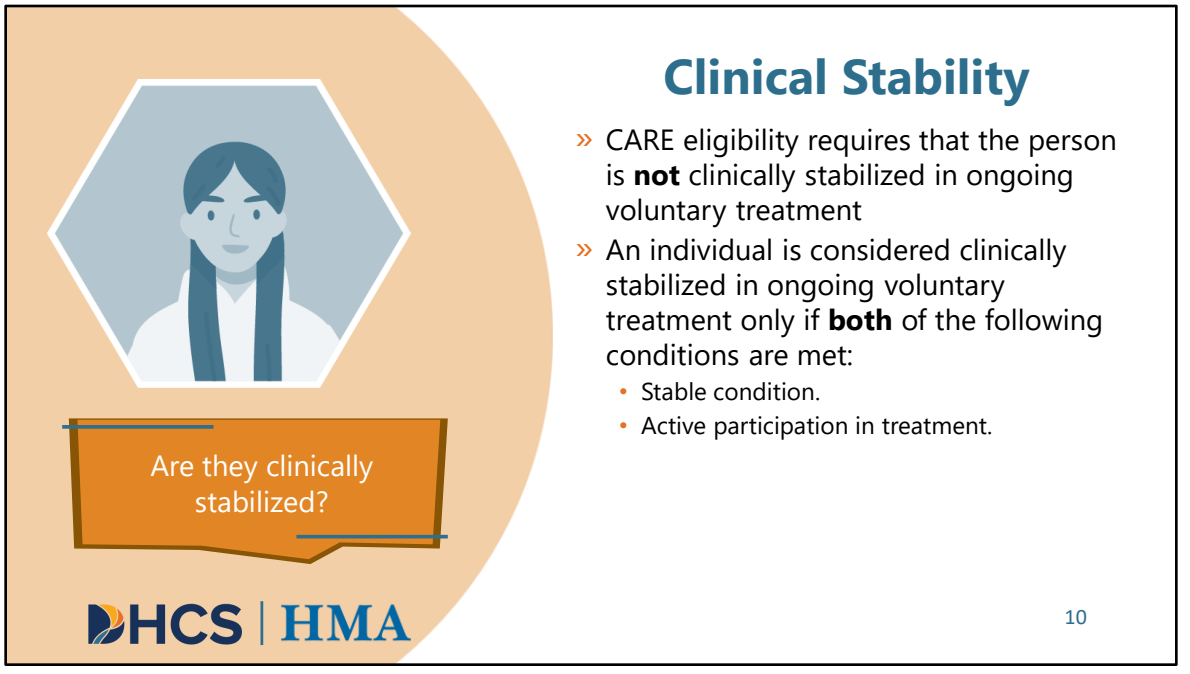
  - We are going to talk about this more in just a minute, but an individual is considered clinically stabilized in ongoing voluntary treatment only if both of the following conditions are met:
    - Stable condition: The individual's condition is stable and not deteriorating.
    - Active participation 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.

- Is CARE the least restrictive alternative?
  - This means that the CARE process offers a solution that provides necessary support and intervention without resorting to more restrictive measures, such as involuntary hospitalization or conservatorship.

- Is it likely that the person will benefit from participation in a CARE plan or CARE agreement?
  - This means that the services and support that are a part of CARE are the right intervention for this individual. The CARE process is designed to help increase stability, improve quality of life, and reduce the likelihood of crises through targeted, evidence-based care. For example, integrating wrap-around models of care like Full-Service Partnerships (FSP) or Assertive Community Treatment (ACT) into CARE services. Both models prioritize wrap-around support, meaning services are tailored to the individual's specific needs and address the full spectrum of challenges they face.

- Is their condition deteriorating?
  - This could mean a couple of things. One option is that they are unlikely to survive safely in the community without supervision, and their condition is actively deteriorating. This means the person's symptoms are severe enough that they cannot meet basic needs—such as securing food, shelter, or medical care—without consistent, structured support (e.g., frequent psychiatric hospitalizations and repeated arrests).
  - The other option is that services and supports are needed to prevent a relapse or further deterioration, which could lead to serious consequences like grave disability, self-harm, or harm to others.

- Are services and supports needed to prevent relapse or deterioration?
  - Are they in need of services and supports in order to prevent a relapse or deterioration that would be likely to result in grave disability or serious harm to themselves or others, as defined in W&I Code section 5150.



[Slide Image Description: This slide describes considerations related to clinical stability and has a silhouette of a person representing a CARE participant.]

Not stabilized with ongoing voluntary treatment can mean a couple different things. The person could be declining services, consistently or intermittently, or her current treatment plan is not effectively stabilizing her condition.

CARE eligibility requires that the person is not clinically stabilized in ongoing voluntary treatment. If an individual is stabilized in involuntary treatment, such as under a Lanterman-Petris-Short (LPS) conservatorship, they cannot be considered stabilized in ongoing voluntary treatment.

An individual is considered clinically stabilized in ongoing voluntary treatment only if both of the following conditions are met:

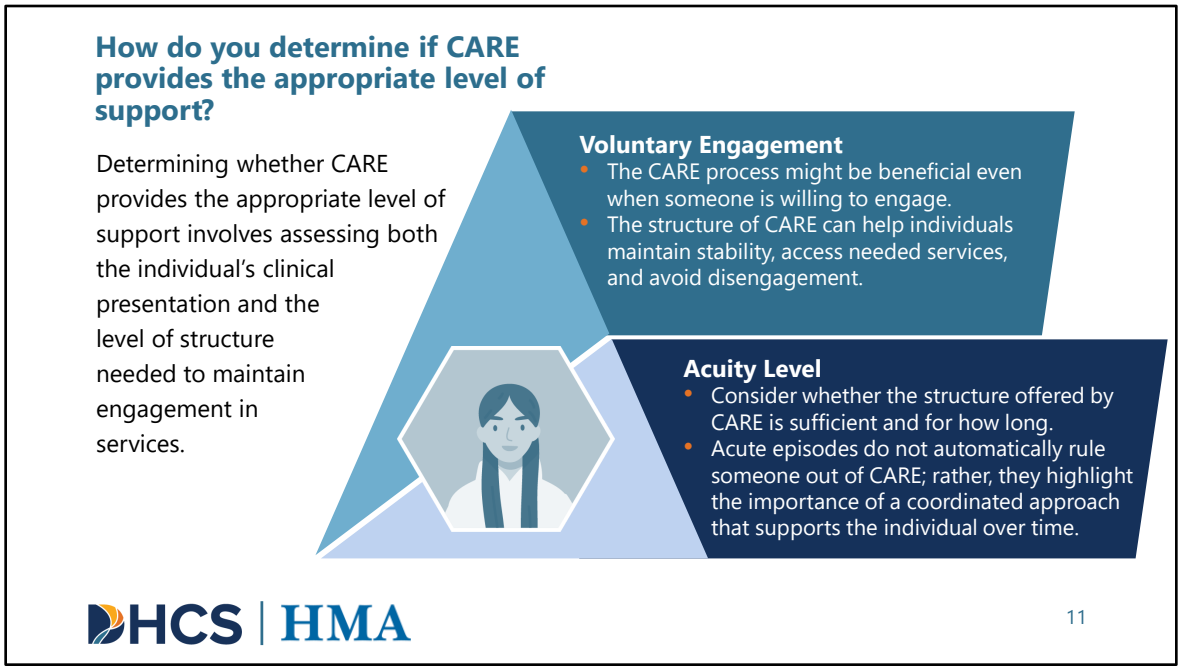
1. **Stable condition:** The individual's condition is stable and not deteriorating.

2. **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.

Because involuntary treatment does not meet these criteria for voluntary engagement, a person stabilized under an LPS conservatorship could still meet the CARE eligibility requirement of "not stabilized in voluntary treatment." This aligns with CARE's intent to provide an opportunity to step down to less restrictive, voluntary care.

Clinical stability is not an on/off switch, and being "stable" does not mean symptoms have to be completely non-existent. It's a dynamic status where individuals may show improvement in some areas while still experiencing significant challenges in others. For example, someone might engage in outpatient treatment but continue to struggle with symptoms that affect decision-making, safety, or daily functioning. CARE eligibility recognizes that individuals who are not fully stable, even with treatment, may need **structured, coordinated interventions** to prevent further decline. This includes those who intermittently engage in services or whose current treatment is insufficient to stabilize their condition.

Without additional support, setbacks can result in hospitalization, homelessness, or involvement with the justice system. CARE seeks to intervene early to **stabilize symptoms and provide consistent support** to avoid these outcomes. Stability is also impacted by external factors like housing, employment, and relationships. CARE services are designed to address these broader needs, ensuring individuals have the **resources and supervision** necessary to remain safe and functional in the community.



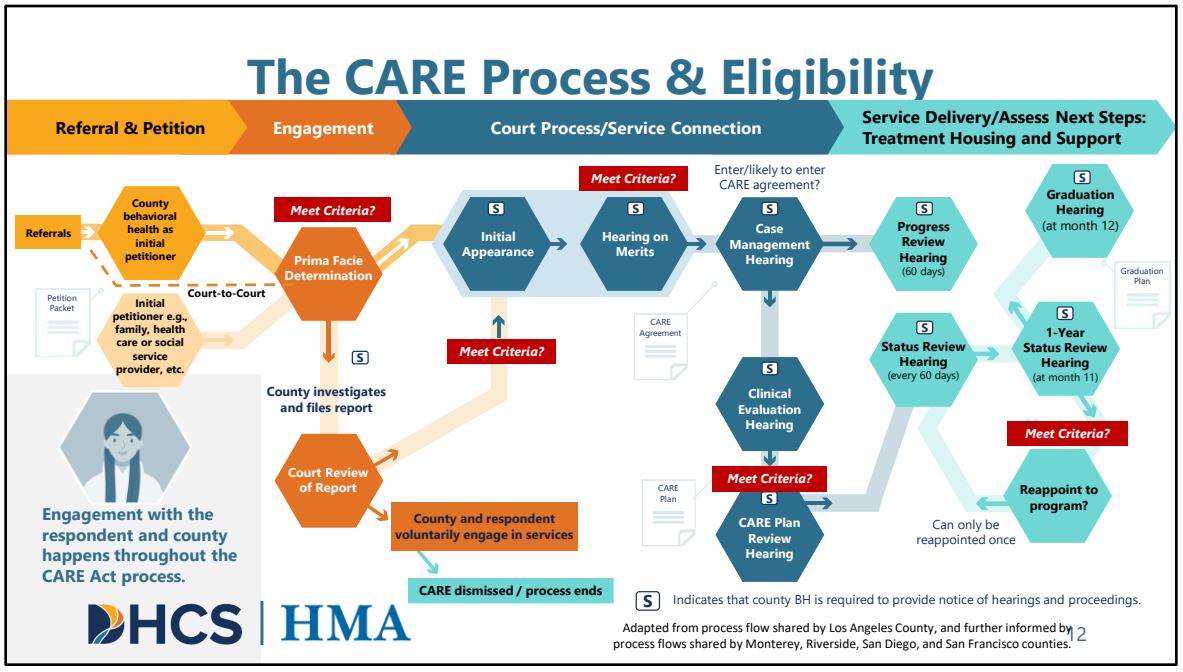
[Slide Image Description: This slide describes how to determine if CARE provides the appropriate level of support, with a silhouette of a person representing a CARE participant.]

Determining whether CARE provides the appropriate level of support involves assessing both the individual's clinical presentation and the level of structure needed to maintain engagement in services.

- Voluntary Engagement
    - Early on in the CARE process, county behavioral health (BH) begins by attempting voluntary engagement. If an individual participates in services without the need for court involvement, the case may be dismissed because the additional structure of CARE is not necessary.
    - However, there are situations in which the CARE process is beneficial even when someone is *willing* to engage. The ongoing structure—regular check-ins, coordinated treatment planning, and sustained outreach—can help individuals maintain stability, access needed services, and avoid disengagement. In these circumstances, CARE may still be the appropriate level of support because it offers continuity and accountability that voluntary services alone may not provide.

- Acuity Level
    - Counties have also encountered individuals who present with very acute needs, such as those being discharged from a state hospital or transitioning from the criminal justice system. In these cases, the question is not simply whether the person needs additional intervention, but whether the level of structure offered by CARE is sufficient and for how long.
    - Someone may temporarily require higher levels of care, including crisis intervention or short-term inpatient stabilization, while still benefiting from the ongoing involvement of a CARE team. Acute episodes do not automatically rule someone out of CARE; rather, they highlight the importance of a coordinated approach that supports the individual over time.

Ultimately, determining whether CARE provides the right level of support involves evaluating the individual's current level of functioning, their history of engagement, the potential benefit of structured oversight, and the likelihood that the CARE framework will strengthen continuity, reduce disengagement, and promote long-term stability.



[Slide Image Description: This slide shows a process flow with an example of pathways through the CARE Act process.]

Now that we've provided an overview of the eligibility criteria, we are going to highlight the points in which eligibility is determined.

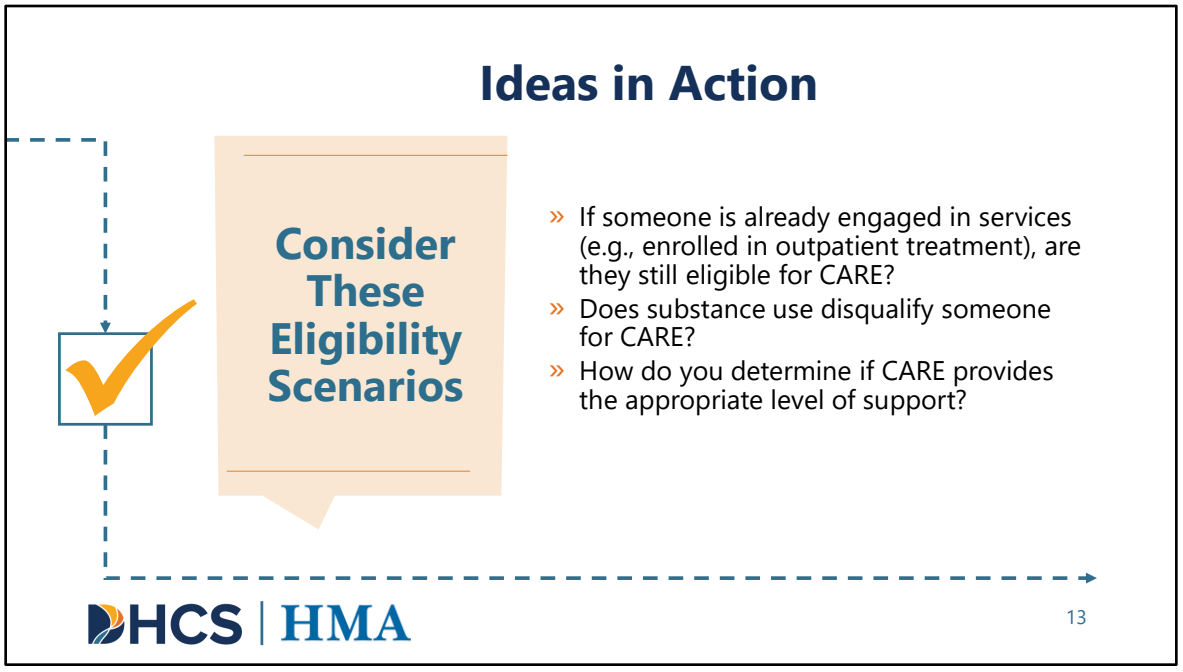
Description of flow:

1. Informal and formal referrals can be made to the county behavioral health (BH) agency.
2. Petitioner files a petition. This can be county BH or another initial petitioner.
3. There will be a prima facie determination to see if the respondent meets the criteria.
    - If someone other than the county BH agency is the petitioner, and if the respondent is found to meet the criteria, the county BH agency will investigate and file a CARE report.
    - If they do not voluntarily engage in services and the county BH report finds that the respondent meets the criteria, they will progress to the initial hearing.
4. If the respondent meets the criteria, there will be an initial appearance (with the

petitioner present). There will also be a hearing on the merits (which can be combined with the initial appearance).

5. If the respondent still meets the criteria, then there will be a case management hearing.
    - If it is determined in this hearing that a CARE agreement is likely to be reached, then there will be at least one progress review hearing (but potentially there could be more).
6. If it is determined at the case management hearing that a CARE agreement is not likely to be reached, the court will order a clinical evaluation and then a hearing to review. That evaluation is required to include an assessment of respondent's capacity to make an informed decision around psychiatric medications.
7. If the clinical evaluation finds that the respondent is eligible, a CARE plan will be developed and then reviewed in a hearing.
8. There will then be a status review hearing at least every 60 days.
9. At month 11, there will be a one-year status review hearing to determine next steps:
    1. The respondent will graduate (and have a graduation hearing at month 12).
    Or,
    2. The respondent will be reappointed to the program, which can only happen once.

Adapted from process flow shared by Los Angeles County, and further informed by process flows shared by Monterey, Riverside, San Diego, and San Francisco counties.



[Slide Image Description: This is an Ideas in Action slide that provides an opportunity for participants to practice using the information. It contains a checkbox and an arrow.]

If someone is already engaged in services (e.g., enrolled in outpatient treatment), are they still eligible for CARE?

- An individual who is participating in ongoing voluntary treatment may be eligible for CARE if they are not clinically stabilized and if they meet the other eligibility requirements. When considering people who are already engaged in services, you will likely also need to consider the individual's likelihood to benefit from CARE and whether CARE is the least restrictive option.

Does substance use automatically disqualify someone for CARE?

- A substance use disorder (SUD) is not a stand-alone diagnosis when considering eligibility yet can be co-occurring with any CARE eligible diagnosis. Note with all eligible diagnoses, the individual must also meet the other CARE criteria, including that the disorder is severe in degree and persistent in duration.

How do you determine if CARE provides the appropriate level of support?

- Determine whether CARE is the right level of support by assessing if voluntary services are sufficient or whether the structure, coordination, and ongoing outreach of CARE would better sustain engagement—even during periods of higher acuity.

[Slide Image Description: This is a section divider slide to indicate a major section of this training.]

In this section, we will discuss ongoing eligibility considerations and hear from counties on their complex eligibility scenarios.

Panelists

Fresno

- **Stacy** VanBruggen-O'Rourke, LCSW - Division Manager, Court Connected Care & Justice Services, Fresno County Department Of Behavioral Health
- **Emma** Rasmussen, DHA, LCSW - Deputy Director, Fresno County Department of Behavioral Health
- **Katee** Wheaton - Program Manager, TURN DART West

Riverside

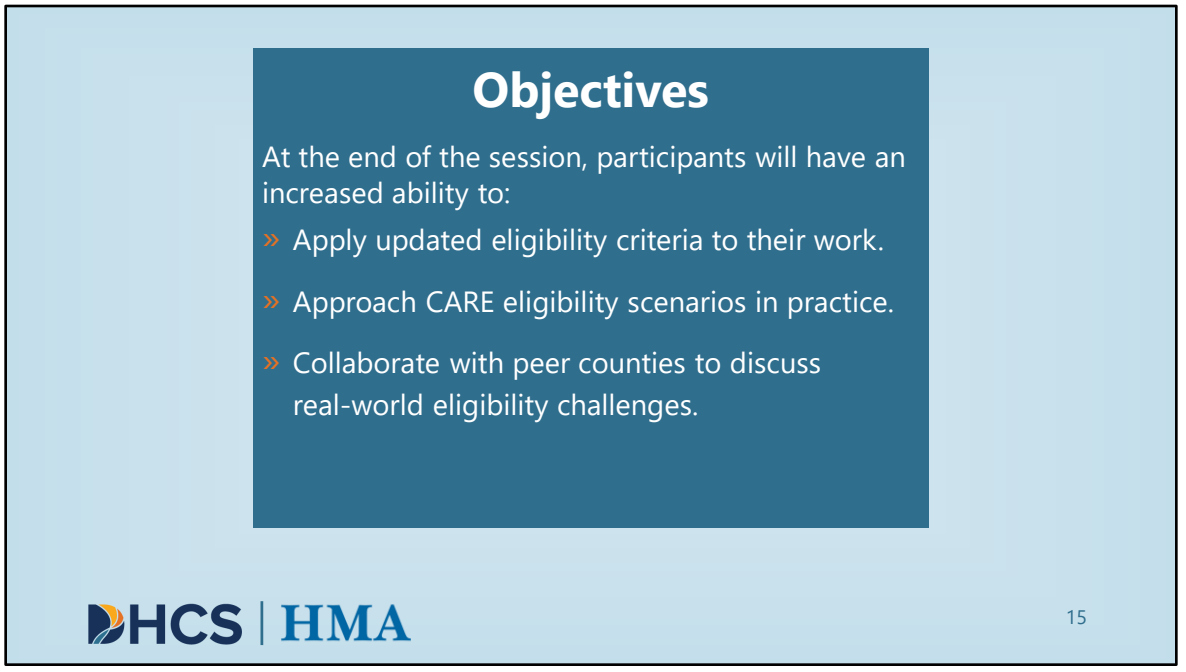
- **Carina** Gustafsson, LMFT - Behavioral Health Services Administrator, Mental Health Collaborative Courts

San Mateo

- **Nick** Zwerdling - Program Specialist AOT and CARE Court, San Mateo County Mental Health

Ventura

- **Levana** Adato, LCSW - Clinic Administrator, ARS/ASSIST/CARE ACT, Ventura County Behavioral Health



[Slide Image Description: This slide shows the learning objectives for this training with a light blue background.]

At the end of the session, participants will have an increased ability to:

- Apply updated eligibility criteria to their work.
- Approach CARE eligibility scenarios in practice.
- Collaborate with peer counties to discuss real-world eligibility challenges.

Again, we don't anticipate that everyone will know exactly what they need to do by the end of this training, but our overall goal is that you have an increased ability to accomplish these objectives.

[Slide Image Description: This slide shows the CARE-act website and the email address.]

We are here to support you and provide you with those opportunities to connect and hear about implementing the CARE Act. The website is **CARE-Act.org,** and our email address is **info@CARE-Act.org.**