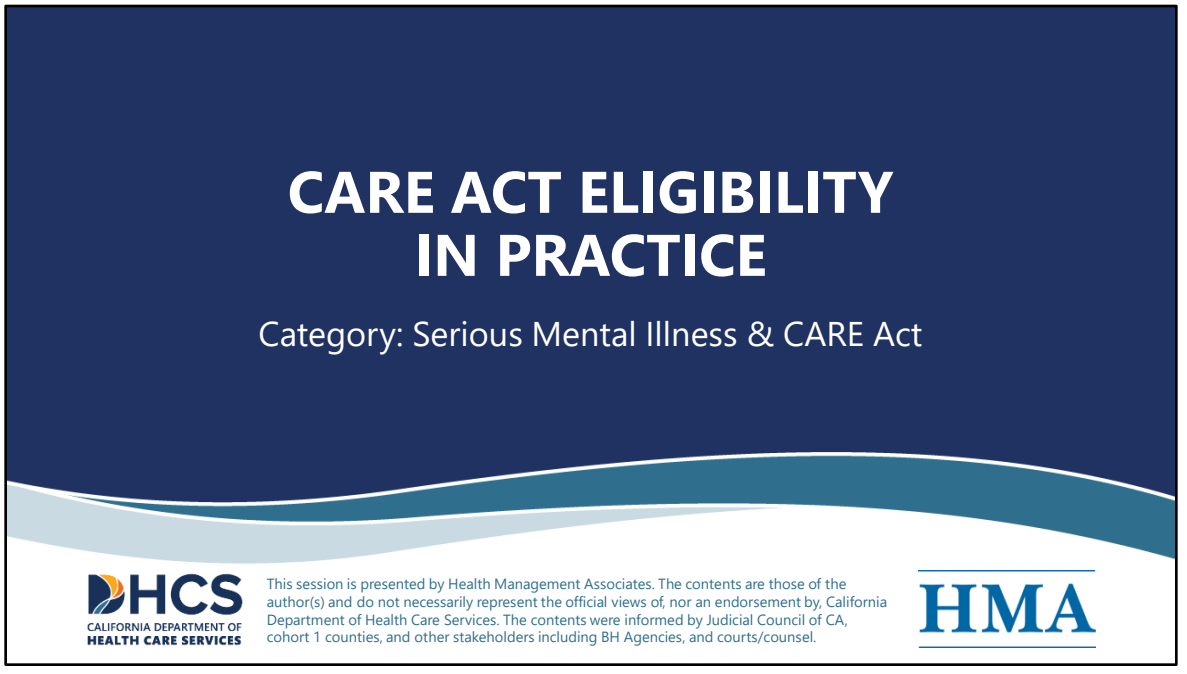

[Slide Image Description: This cover slide introduces the title and category of this training. It contains the logos for the California Department of Health Care Services and Health Management Associates.]

Welcome to this training on CARE Act Eligibility in Practice.

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.

Presenters

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Associate Principal
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DEBORAH ROSE, PSYD

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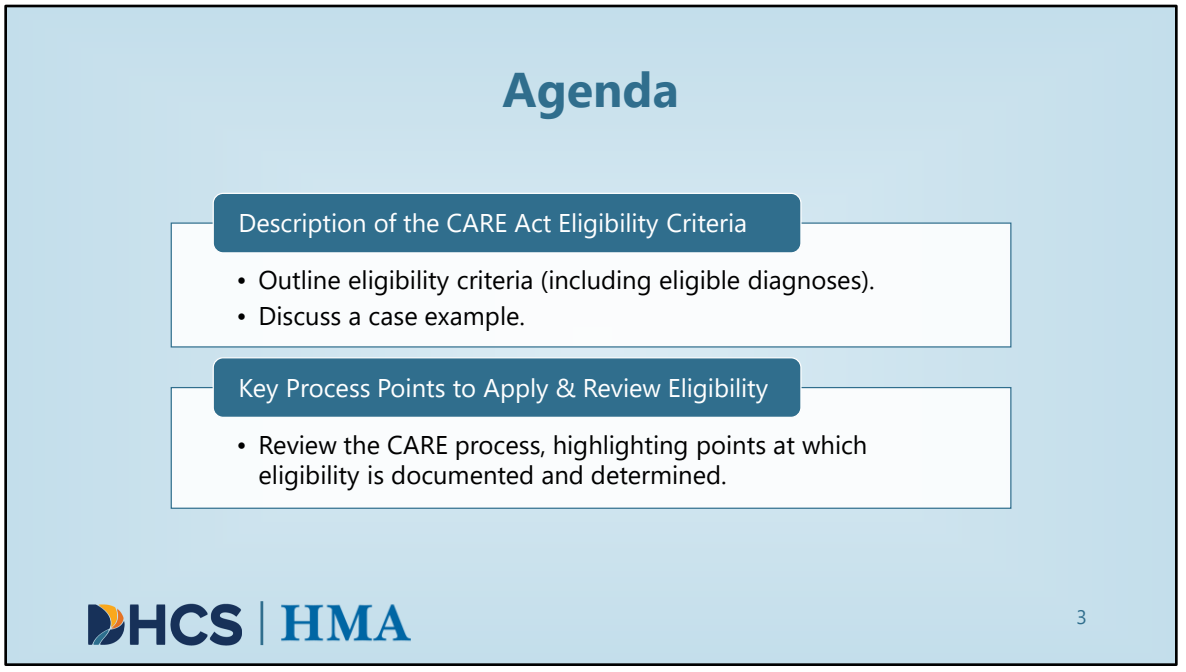
[Slide Image Description: This slide includes images of the presenters of this training on a light blue background.]

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

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.

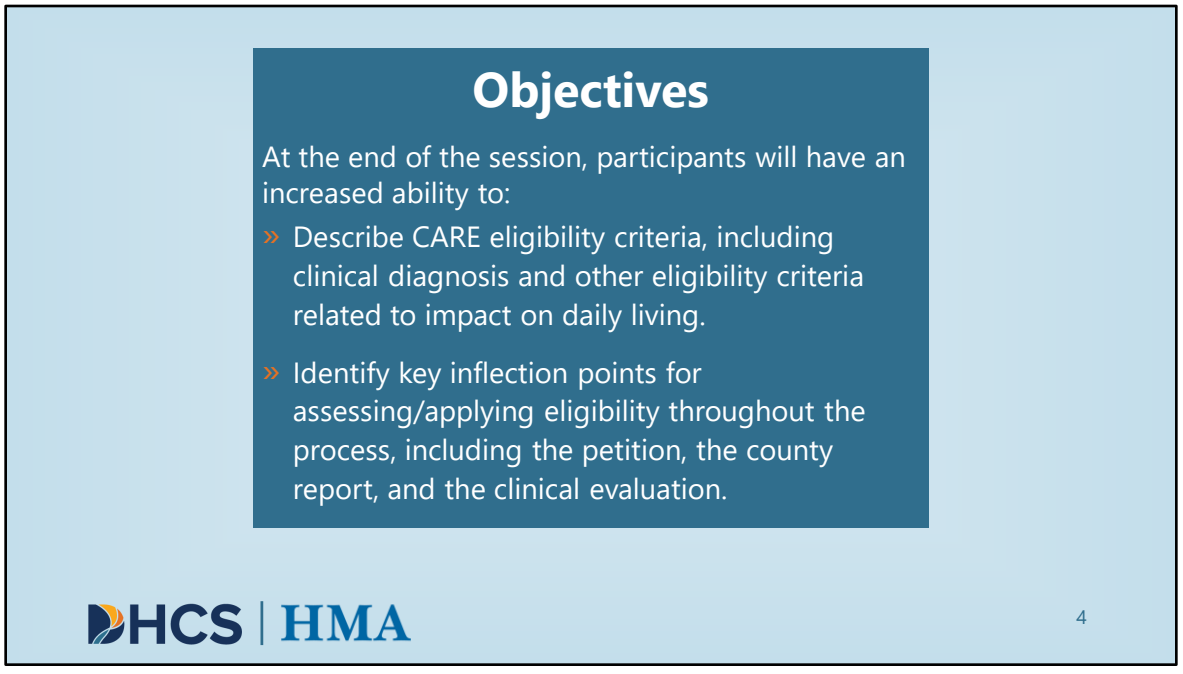
Deborah Rose, PsyD, from Health Management Associates is a licensed clinical psychologist with a history of designing and scaling new initiatives in behavioral health

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.



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

- Description of the CARE Act Eligibility Criteria:
    - Outline eligibility criteria (including eligible diagnoses).
    - Discuss a case example.
- Key Process Points to Apply & Review Eligibility:
    - Review the CARE process, highlighting points at which eligibility is documented and determined.

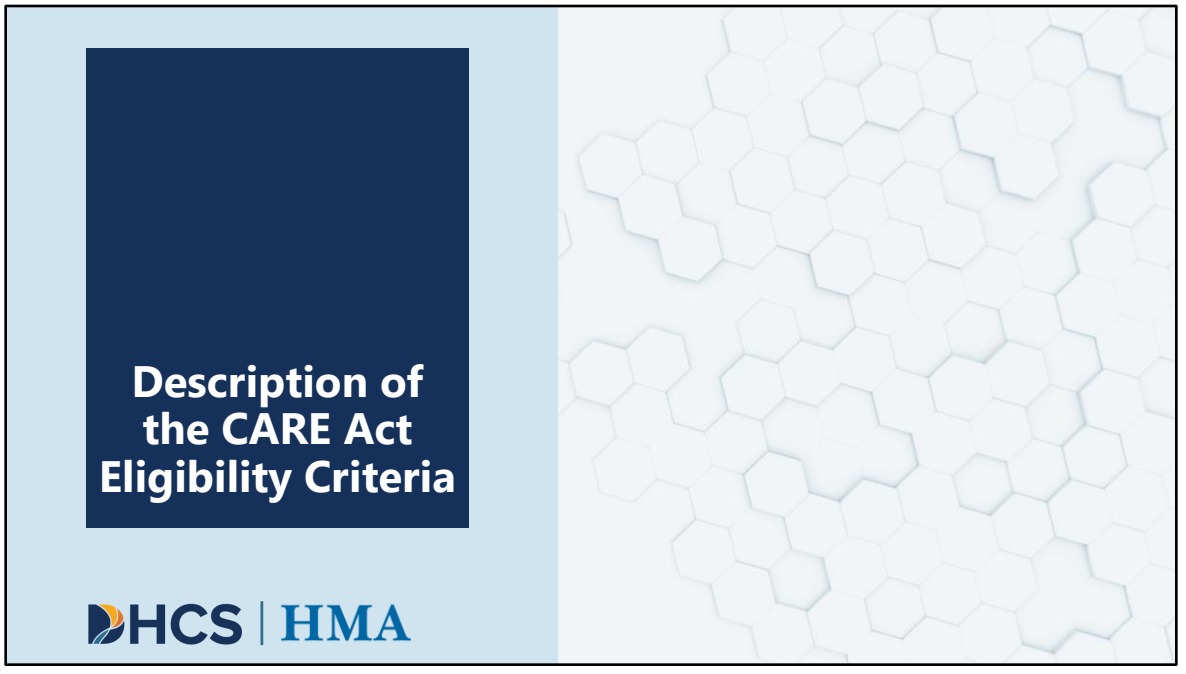


[Slide Image Description: This slide shows the learning objectives for this training with a light blue background.]

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

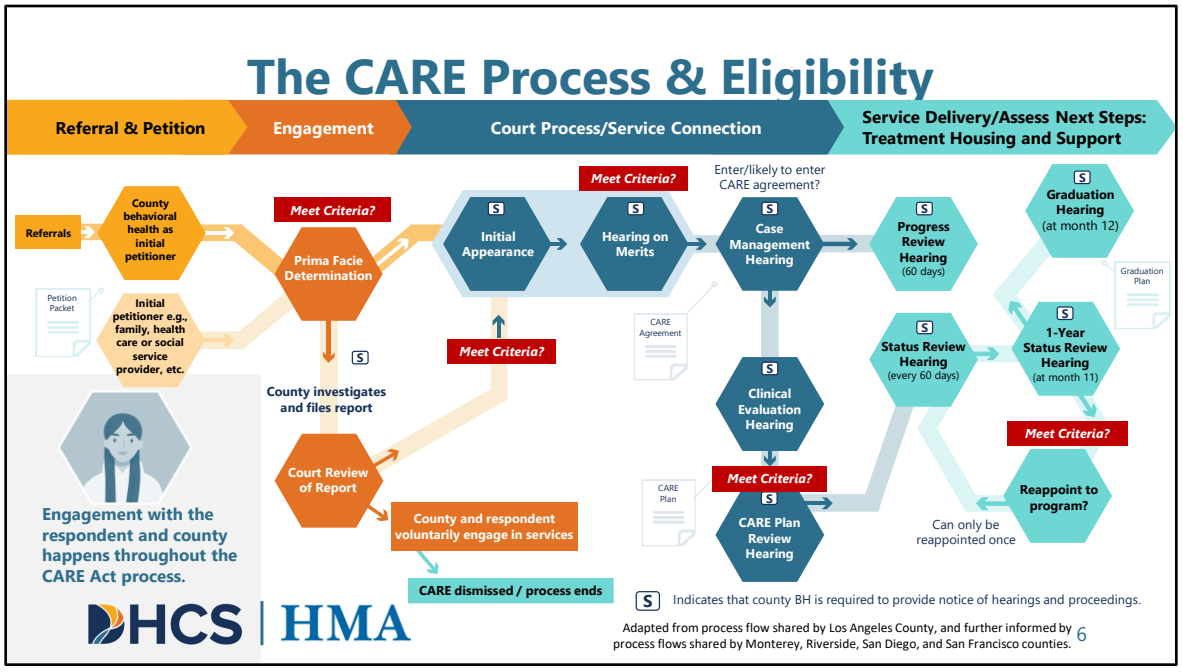
- Describe CARE eligibility criteria, including clinical diagnosis and other eligibility criteria related to impact on daily living.
- Identify key inflection points for assessing/applying eligibility throughout the process, including the petition, the county report, and the clinical evaluation.

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 is a section divider slide to indicate a major section of this training.]

In this section, we will review the Description of the CARE Act Eligibility Criteria.



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

In this training, we are discussing eligibility, and we wanted to start off by seeing where in the process eligibility is assessed.

We are going to highlight the points in which eligibility is determined. We will be discussing these points both during the Engagement phase and then during the Court Process/Service Connection.

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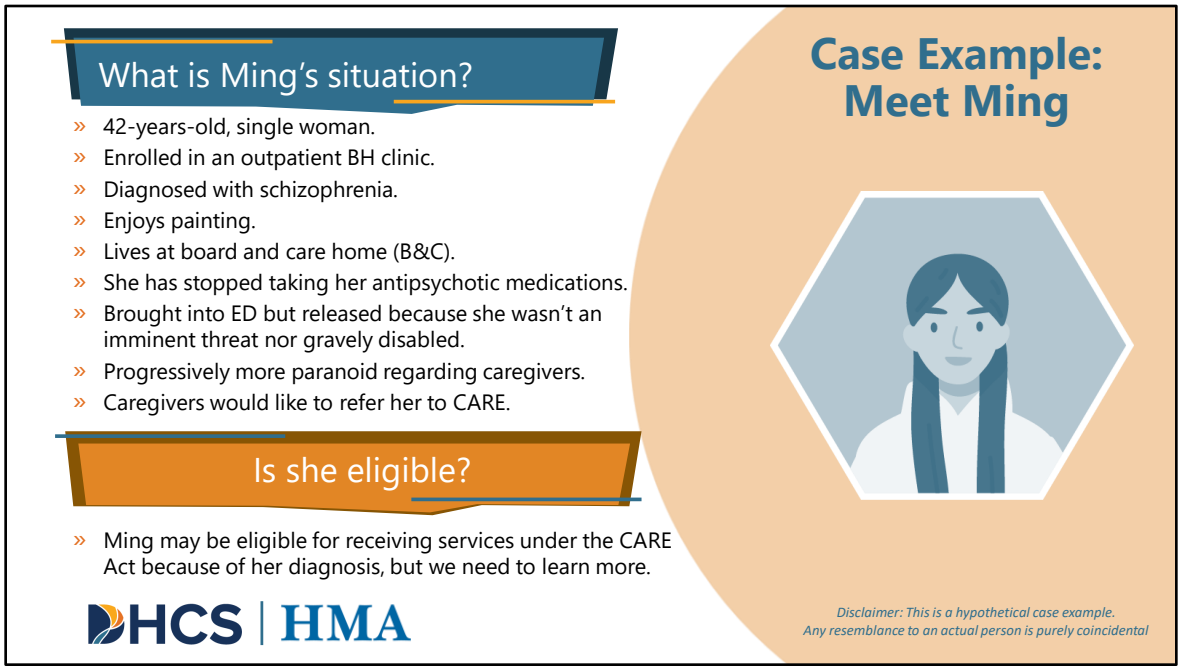
Description of flow:

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.

1. 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).
2. 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).
3. 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.
4. If the clinical evaluation finds that the respondent is eligible, a CARE plan will be developed and then reviewed in a hearing.
5. There will then be a status review hearing at least every 60 days.
6. 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 slide shows a silhouette of a person representing Ming with a description of Ming's situation and eligibility.]

We will be using this vignette to demonstrate the initial petition process for the CARE Act.

Let's meet Ming.

Ming's situation:

- Ming is a 42-year-old single woman enrolled in an outpatient BH clinic, where she has been diagnosed with schizophrenia.
- She enjoys painting.
- She lives at a board and care home (B&C) but has been increasingly "disappearing" for up to days at a time.
- She has stopped taking her antipsychotic medications.
- She was brought into a psychiatric emergency department by police who found her to be threatening others on the street and appearing to be overtly paranoid and psychotic.
- The team at the psychiatric emergency department determined that Ming cannot be

held on a 5150 as is not an imminent threat to herself or others nor is she gravely disabled (as she has a place to live and is willing to return there).
- In the emergency department, she took her antipsychotic medication and stated she will follow up – though the ER staff were skeptical that she would actually do so.
- She has been progressively becoming more paranoid – accusing her caregivers of stealing from her and controlling her thoughts. They would like to refer her to the CARE program.

Ming's eligibility:
- Ming may be eligible for CARE Act because of her diagnosis of schizophrenia, which is covered under the CARE Act.
- We will have to know more about Ming to assess whether she fits the other criteria for eligibility.

Disclaimer: This is a hypothetical case example. Any resemblance to an actual person is purely coincidental.

CARE Eligibility Criteria

All of the following:

- Aged 18 years+.
- Experiencing a serious mental disorder and has a diagnosis of schizophrenia spectrum or another psychotic disorder.
- 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. While it's good to have the eligibility criteria in mind, the petitioner is not responsible for proving diagnosis. Rather, the petitioner should focus on documenting what you observe of someone and consider how they might benefit from the CARE process.

CARE eligibility criteria is defined as:

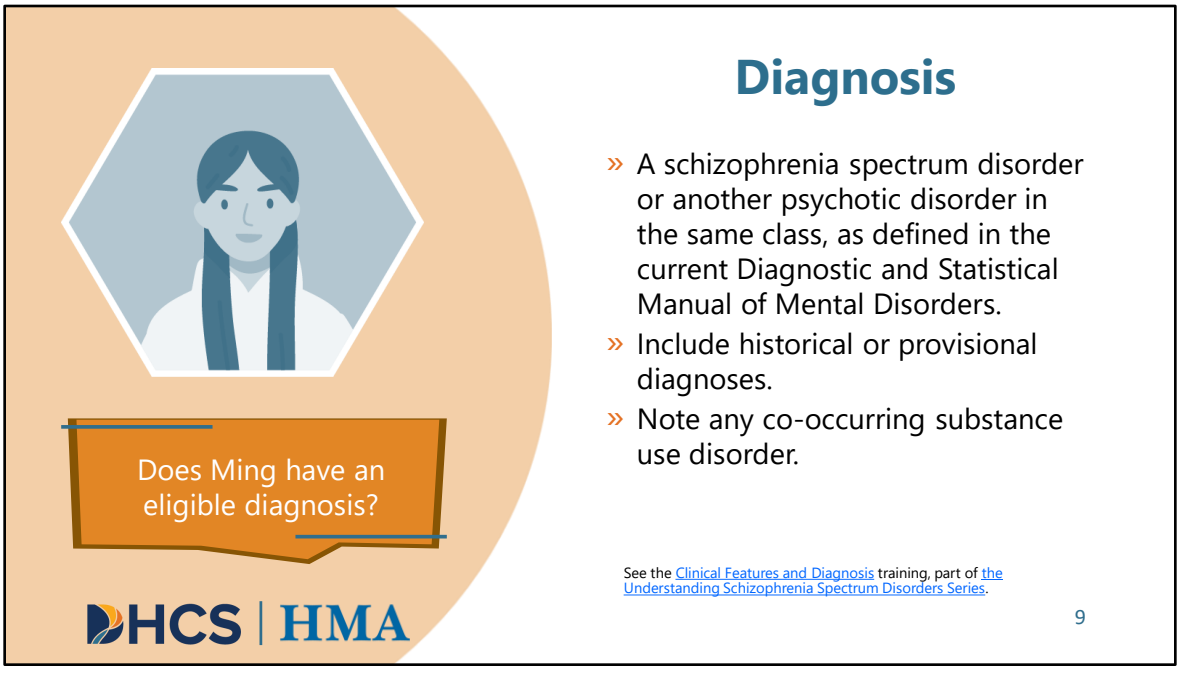
- The person is 18 years of age or older.
- The person is currently experiencing a severe mental disorder, as defined in California Welfare and Institutions Code (W&I Code) section 5600.3, paragraph (2), subdivision(b), and has a diagnosis identified in the disorder class schizophrenia spectrum and other 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 and W&I Code section 5972.



[Slide Image Description: This slide describes what you can include to document diagnosis information.]

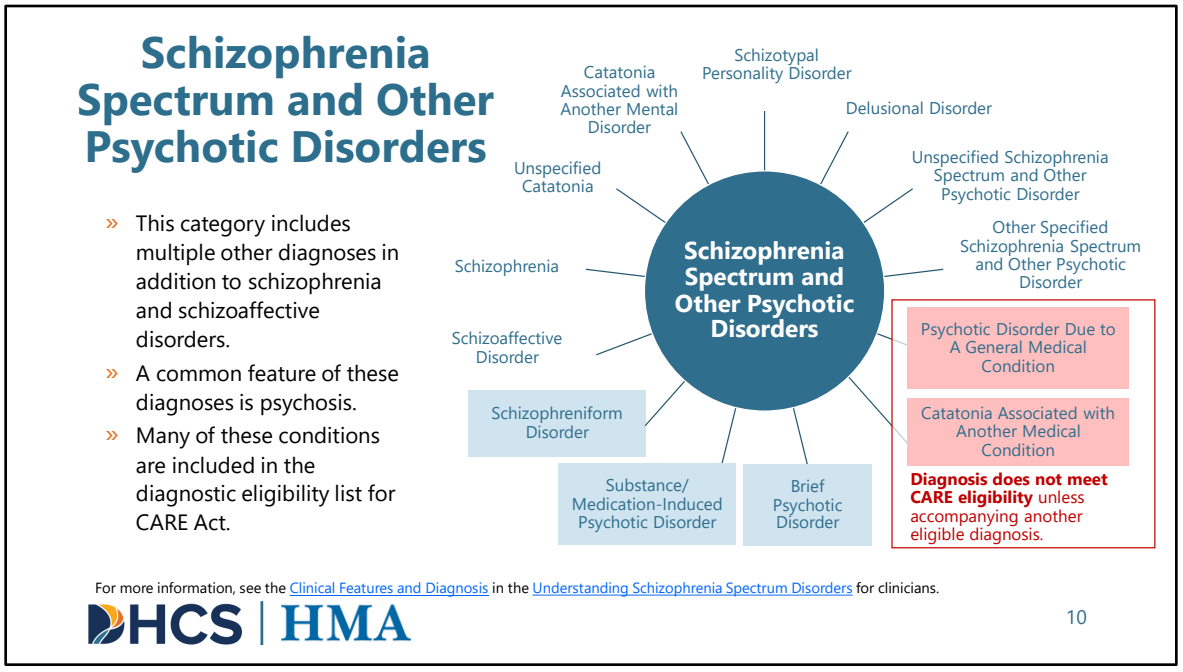
First, let's talk about a diagnosis. The individual must have a diagnosis of a schizophrenia spectrum disorder or another psychotic disorder within the same class, which we will discuss more in detail in the next slide.

If no formal diagnosis is currently documented, historical diagnoses or provisional diagnoses may be considered for eligibility purposes, which could be found in prior medical records, clinician assessments, or relevant documentation to confirm diagnostic history.

Diagnoses must align with evidence of functional impairment that impacts the individual's ability to manage daily life, which we will talk more about in upcoming slides. When evaluating a CARE participant for a diagnosis, mental health professionals should ensure that assessments are thorough, including clinical interviews, standardized tools, and observations. It's also important to recognize the influence of

cultural, linguistic, and social factors when evaluating symptoms, avoiding misdiagnosis by differentiating culturally normative behaviors from clinical symptoms.

See the Clinical Features and Diagnosis training, part of the Understanding Schizophrenia Spectrum Disorders Series.



[Slide Image Description: This slide shows a circle with arrows listing schizophrenia spectrum and other psychotic disorders.]

This slide depicts the Diagnostic and Statistical Manual of Mental Disorders, 5th Edition (DSM-5) conditions that are listed in the schizophrenia spectrum and other psychotic disorders chapter. All the CARE Act eligible diagnoses are contained in this chapter.

The DSM-5 chapter of schizophrenia spectrum disorders includes many different diagnoses with similar sounding names. These diagnoses are clumped into one grouping because psychosis is a feature of all of them. Each of these has somewhat different diagnostic criteria.

As noted, all CARE Act eligible diagnoses are contained in this DSM-5 chapter. However, not all the diagnoses in the chapter are eligible for CARE. The two that are not eligible are psychotic disorder or catatonia that is associated with a general medical condition. These diagnoses must be accompanying another eligible diagnosis to meet criteria for the CARE process. Also consider that a co-occurring substance use disorder (SUD) does not exclude an individual from eligibility, but it is also important to note that the relationship between psychotic symptoms and substance use to ensure proper

diagnosis and treatment planning. Presence of SUD alone would not meet eligibility requirements.

There are other conditions where someone might experience psychosis that are not contained in this chapter (e.g., severe bipolar disorder or depression with psychosis). Even though these conditions may feature psychotic symptoms, they are neither contained in this chapter nor are they eligible for CARE.

Keep in mind that having an eligible diagnosis is just one of the eligibility criteria for CARE. For example, someone diagnosed with brief psychotic disorder, schizophreniform disorder (often associated with early diagnosis), or substance/medication-induced psychotic disorder would also have to meet eligibility criteria related to the "severity and persistent duration" of their symptoms as well.

For more information, see the Clinical Features and Diagnosis in the Understanding Schizophrenia Spectrum Disorders for clinicians.

[Slide Image Description: This slide shows two silhouettes of a people representing Ming and the petitioner in the middle with Ming's unique eligibility criteria for the CARE Act listed to the sides.]

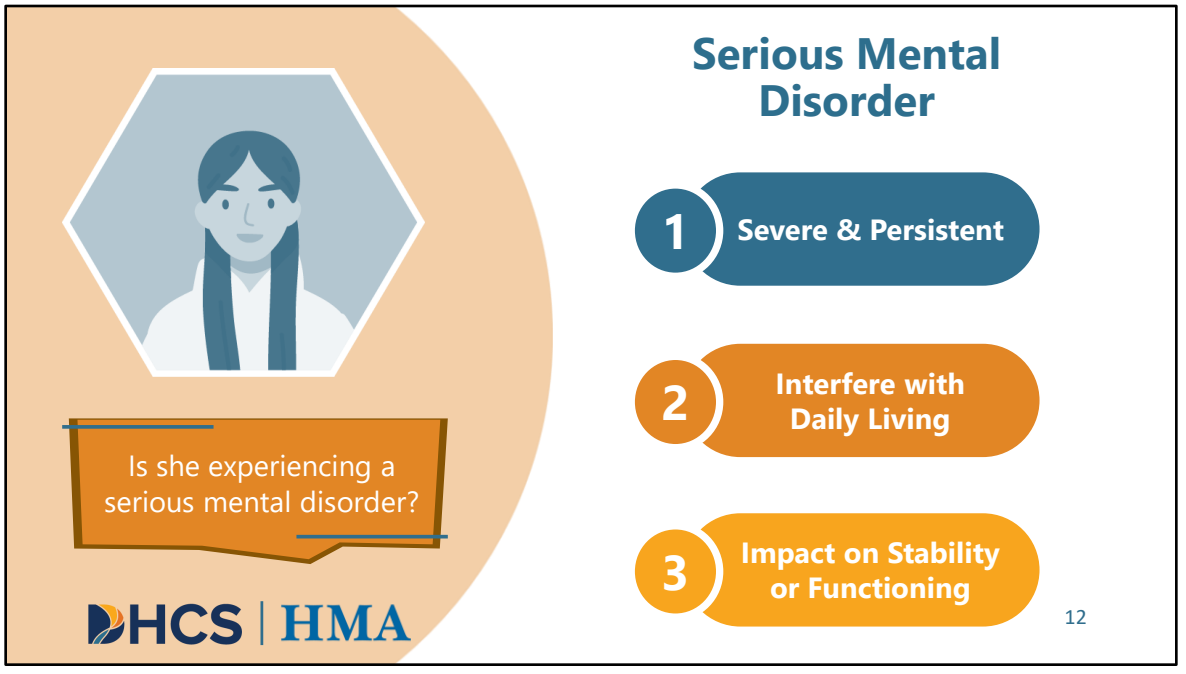
A qualifying diagnosis is only part of the criteria; diagnosis alone is not enough to determine eligibility for CARE. The court will need to determine if Ming meets the eligibility requirements, including:

- Symptoms (paranoia and audio hallucinations) that are severe in degree and persistent in duration.
- Symptoms that may cause behavioral functioning which interferes substantially with primary activities of daily living.
- Symptoms that 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.
- Participation in a CARE plan or CARE agreement would be the least restrictive alternative necessary to ensure Ming's recovery and stability.
- It is likely that Ming will benefit from participation in a CARE plan or CARE agreement.

Also, at least one of the following is true:

- Ming is unlikely to survive safely in the community without supervision, and Ming's condition is substantially deteriorating.
- Or: Ming 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 Ming or others, as defined in W&I Code section 5150.

In the next several slides, we will talk through each of those points.



[Slide Image Description: This slide describes what you can include to document a serious mental disorder.]

A key element that supports eligibility is that the person is experiencing a serious mental disorder.

For this section, 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.

For more information, visit the W&I Code section 5600.3.

So, let's talk about those different components:

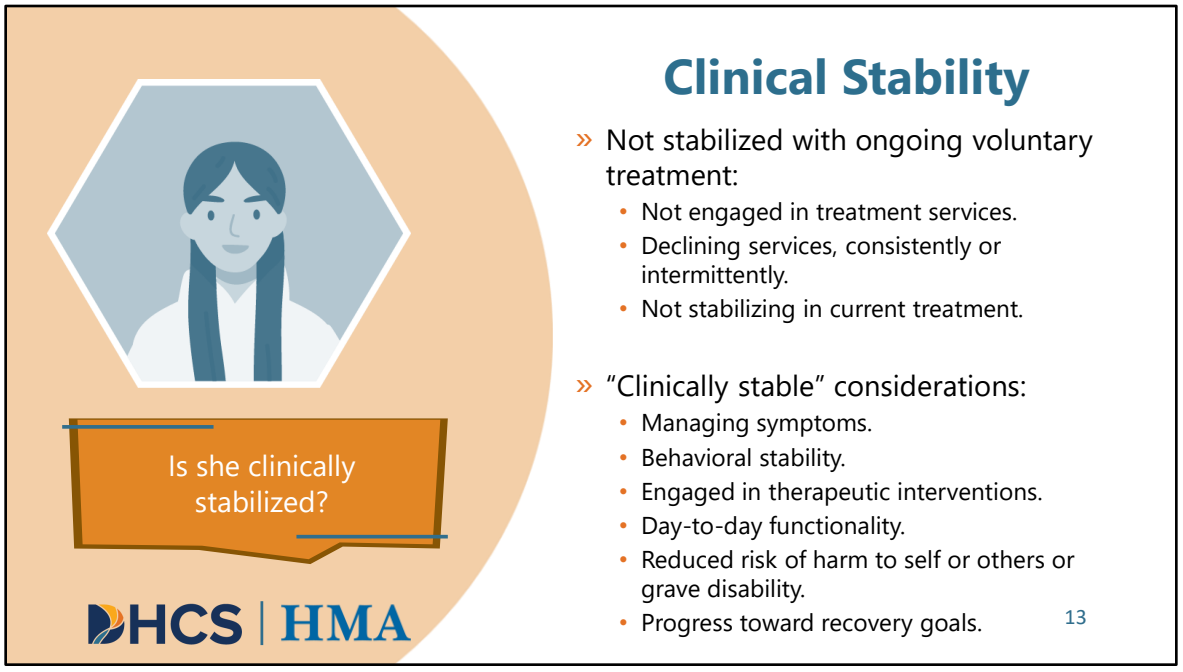
1. Symptoms are severe and persistent.

- Consider the severity of symptoms.
    - Responding to internal voices/audio hallucinations.
    - Paranoid or other delusional beliefs/statements.
    - Disorganized or tangential speech.
    - Disorganized/unsafe behavior (e.g., wandering into traffic).
    - Irritable or aggressive.
    - Isolative/seclusive.
    - Lack of insight/judgement.
- With regard to the mental disorder being persistent in duration, it would be important to determine when their symptoms started, how long symptoms have been observed, and/or when a diagnosis was first made.

1. Symptoms interfere with daily living.
    - The second area that supports the assertion of serious mental disorder is behavior that is interfering with the individual's activities of daily living. Some key examples of behavior interfering with the person's activities of daily living include:
        - Self-care.
        - Bathing/grooming (e.g., appears disheveled, malodorous).
        - Inappropriate dress for weather/outside.
        - Significant weight loss.
        - Visible medical conditions.
        - Day-to-day functional tasks (e.g., accessing transportation, managing money, getting food, accepting medical care).

2. Impact on stability or functioning.
    - The third supporting assertion for a serious mental disorder is that without treatment, support, and rehabilitation, the individual will not be able to maintain stability or maintain independent functioning. Consider housing instability or challenges with social/community functioning.

A reminder that when considering these areas supporting serious mental illness, it's important to avoid judgement or one's personal preferences, which can lead to a biased assessment.



[Slide Image Description: This slide describes considerations related to clinical stability.]

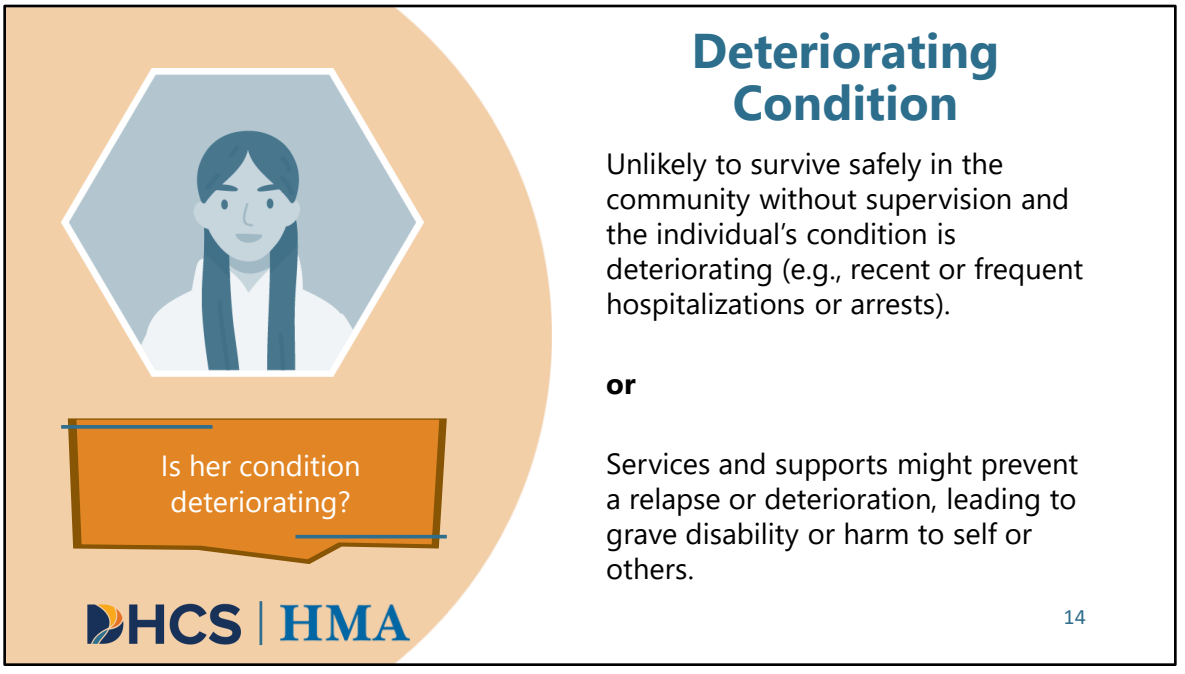
Now let's consider if Ming is stabilized with ongoing treatment. Not stabilized with ongoing voluntary treatment can mean a couple different things. Ming could be declining services, consistently or intermittently, or her current treatment plan is not effectively stabilizing her condition.

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.

Some things to consider to help determine “clinical stability” include:

- **Managing symptoms.** Symptoms are significantly reduced or no longer disruptive and are managed to a degree that the individual can engage in basic activities and maintain housing.
- **Behavioral stability.** Reduced frequency or intensity of acute episodes and improved ability to regulate emotions and behavior.
- **Engaged in therapeutic interventions.** The individual is engaged in treatment and managing symptoms through therapeutic interventions, which may include medication.
- **Day-to-day functionality.** The person can participate in daily activities such as self-care, work, education, or social interactions at a functional level relative to their abilities.
- **Reduced risk of harm to self or others or grave disability.**
- **Progress toward recovery goals.** Progress is made toward personal recovery goals.



[Slide Image Description: This slide describes what you can include to document additional eligibility.]

Now let's talk about if their condition is deteriorating, and there are two options to consider for eligibility.

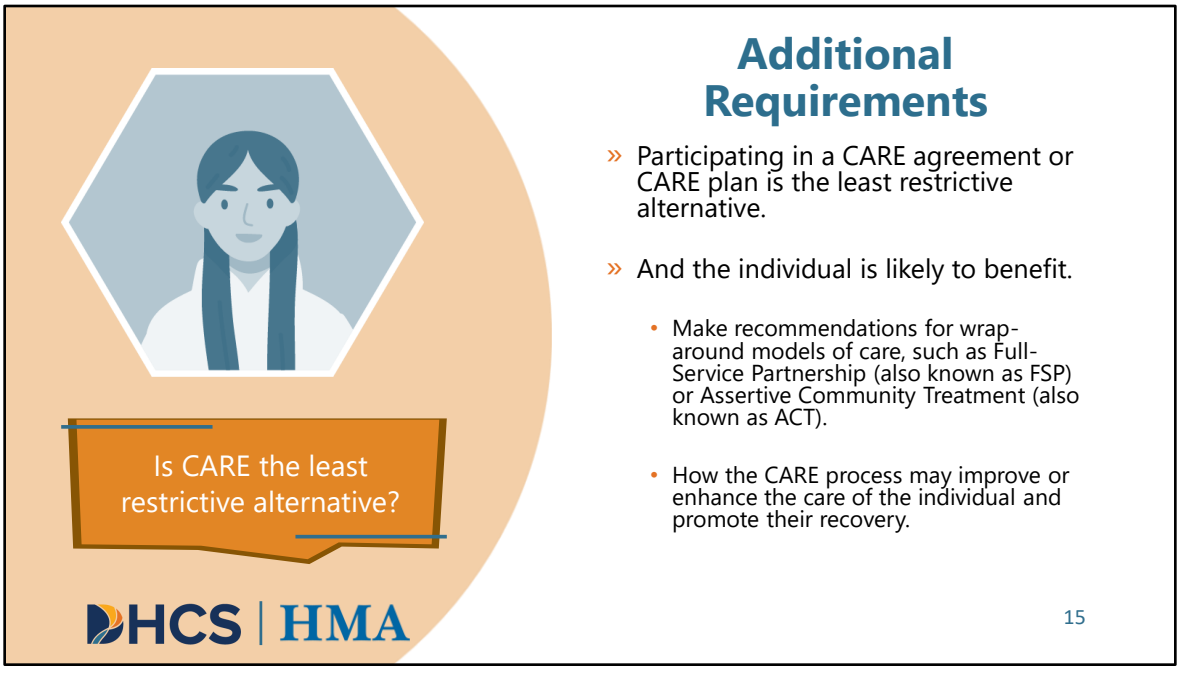
One option is that the individual is unlikely to survive safely in the community without supervision, and their condition is actively deteriorating. This means the person's symptoms are severe enough that they cannot meet basic needs—such as securing food, shelter, or medical care—without consistent, structured support.

- For instance, Ming is experiencing frequent hospitalizations due to psychiatric crises, indicating that her current outpatient treatment is insufficient.
- Alternatively, repeated arrests linked to behaviors associated with their mental disorder may show that they are unable to function safely in the community.

Such patterns suggest that the individual's condition is worsening, and without proper supervision or intervention, they could face escalating risks, such as homelessness,

injury, or further justice involvement. CARE aims to step in and provide a structured support system to stabilize the individual before these crises worsen.

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. For example, an individual with untreated schizophrenia might experience a worsening of symptoms like paranoia or hallucinations, leading to behavior that puts themselves or others at risk. Without proper intervention, these conditions could result in long-term disability or crisis situations that are difficult to reverse. Again, the goal of CARE is to intervene proactively, providing treatment and support to prevent such outcomes. Services might include medication management, case management, housing assistance, or therapy, all designed to support an individual's stability and prevent further harm.



[Slide Image Description: This slide describes what you can include to document additional eligibility.]

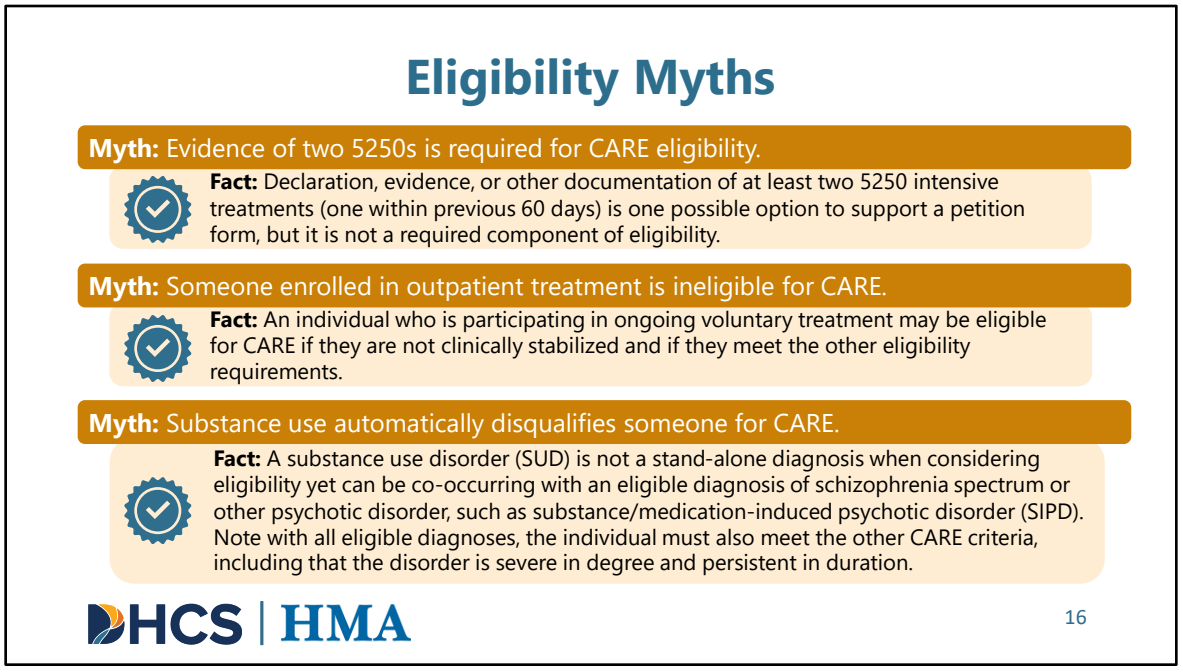
One of the CARE eligibility criteria is that participating in a CARE agreement or CARE plan is the least restrictive alternative. This means that the CARE process offers a solution that provides necessary support and intervention without resorting to more restrictive measures, such as involuntary hospitalization or conservatorship. A CARE agreement and CARE plan emphasizes collaboration and choice, allowing the individual to participate in their recovery while living in the community, provided they receive appropriate services and support.

Another key element is that the individual is likely to benefit from CARE, meaning 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. These approaches align well with CARE's goals of providing the least restrictive, effective care to stabilize individuals and support long-term recovery.

By emphasizing collaboration and early intervention, CARE aims to support individuals as they:

- **Stabilize symptoms** through supported treatment and monitoring.
- **Avoid crises,** such as hospitalizations, arrests, or housing instability.
- **Move toward recovery** by addressing essential needs like housing, employment, and social support.
- **Promote autonomy** by fostering recovery in the least restrictive setting, empowering individuals to engage actively in their care.



[Slide Image Description: This slide describes three myths related to CARE Act eligibility.]

There are a few common myths or misunderstandings related to CARE Act eligibility.

- The first one is the belief that if someone hasn't been held on two 5250s intensive treatments, or involuntary hospitalizations, they are ineligible for CARE.
    - Fact: Declaration, evidence, or other documentation of at least two 5250 intensive treatments (one within previous 60 days) is one possible option to support a petition form, but it is not a required component of eligibility.
- The second common myth is that someone enrolled in outpatient treatment is ineligible for CARE.
    - Fact: 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.
- The third common myth is that substance use automatically disqualifies someone for CARE.
    - Fact: A substance use disorder (SUD) cannot be a stand-alone diagnosis when

considering eligibility yet can be co-occurring with an eligible diagnosis of schizophrenia spectrum or other psychotic disorder, such as substance/medication-induced psychotic disorder (SIPD). Note with SIPD (and all eligible diagnoses) that the individual must also meet the other CARE criteria, including that the disorder is severe in degree and persistent in duration.

[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.]

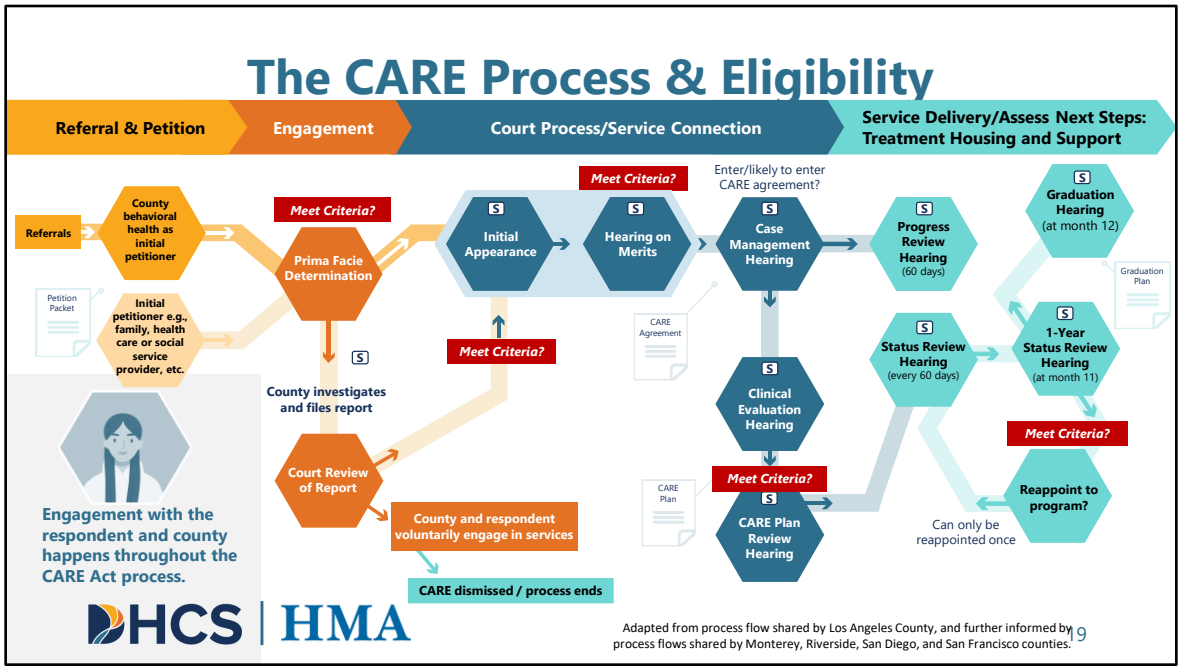
Consider if Ming meets the criteria for the CARE Act:

- Is her diagnosis a qualifying diagnosis in the schizophrenia spectrum and other psychotic disorder class? ***Yes, Ming was diagnosed with schizophrenia, an eligible diagnosis, at the age of 18.***
- Are her symptoms severe and persistent? ***Yes, her symptoms have been persistent for the past ten years whenever she is unmedicated, and her behavior is erratic.***
- Does she appear likely to be at risk for not surviving safely in the community? ***Yes, she wanders sometimes through the night due to delusional beliefs about the B&C owners.***
- Is her condition deteriorating? ***Yes, she has been increasingly paranoid and is at risk of losing her B&C placement due to her symptoms, which result in her leaving home for long periods of time without sharing where she is going. Ming's functioning has deteriorated in the past few months, when she has been increasingly paranoid.***
- Would this be the least restrictive alternative? ***Yes, Ming is in need of services and***

supports to prevent further deterioration in level of functioning, and the CARE Act is a less restrictive alternative for her.

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

In this section, we will review the key process points to apply and review eligibility.



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

Let's go back to the CARE process to see where eligibility is assessed and by whom.

Note: The client/respondent will still need to meet criteria if they are reappointed to the program. Our focus today however is the earlier portion of this process.

_____

Description of flow:

1. Informal and formal referrals can be made to the county 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

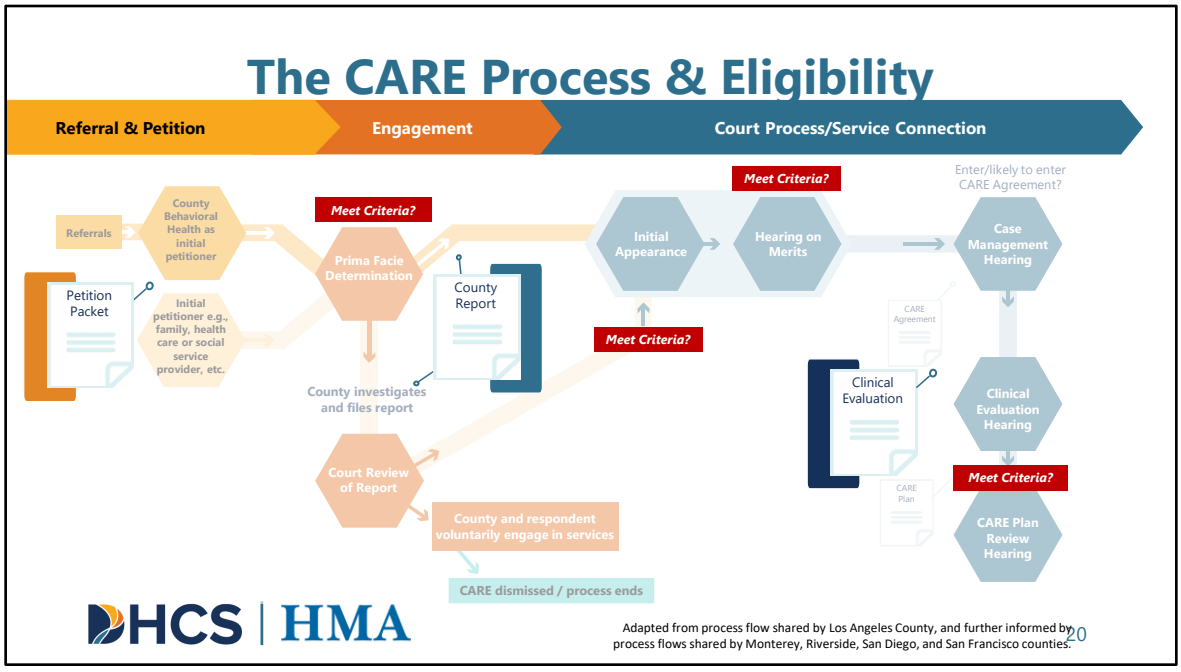
hearing.

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.



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

First, we are going to look at the role of the petition, the county report, and the clinical evaluation in documenting eligibility. We will also discuss the parts in the process in which the court will use this documentation to determine if the respondent meets or may meet eligibility.

_____

Description of flow:

1. Informal and formal referrals can be made to the county 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

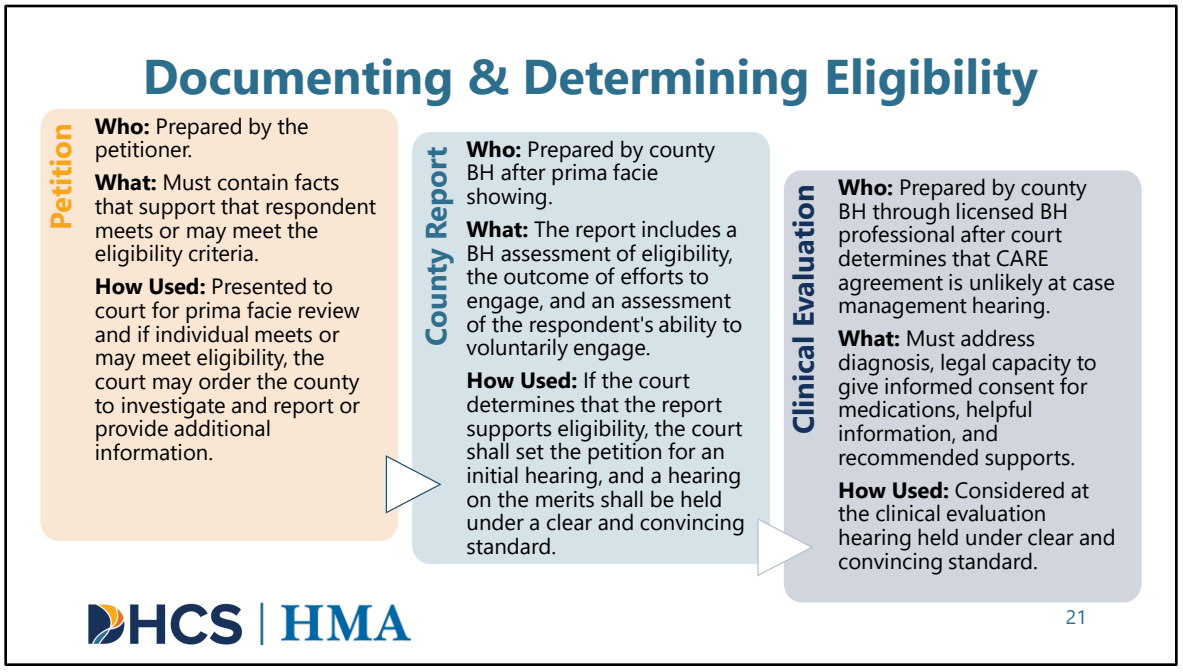
hearing.

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.



[Slide Image Description: This slide shows three boxes that describe the petition, county report, and clinical evaluation]

On this slide, we are highlighting the petition, the county report, and the clinical evaluation, documentation that will help the court assess eligibility. We will be going over each of these in the next slides, but for now we wanted to call out specific information about who prepares this information, what it must contain, and how it is presented and considered. There is a lot of information on the slide (and more we could include) but keep in mind that we are highlighting information related to eligibility and how the information in the petition, county report, and clinical evaluation play a role in establishing eligibility and the standard of evidence they must meet. We will go through each of these in more detail in this training.

Petition

- Who: Prepared by the petitioner.
- What: Must contain facts that support that respondent meets or may meet the

eligibility criteria.

- How Used: Presented to court for prima facie review and if meets or may meet eligibility, the court may request a county report.
- Case Example: Court determines that Ming may meet criteria. The county will investigate, as necessary, and report to the court.

County Report

- Who: Prepared by the county BH agency after prima facie showing (if county BH was not the original petitioner).
- What: The report includes a BH assessment of eligibility, the outcome of efforts to engage, and an assessment of the respondent's ability to voluntarily engage.
- How Used: If the court determines that the report supports eligibility, the court shall set the petition for an initial hearing, and a hearing on the merits shall be held under a clear and convincing standard.
- Case Example: Court finds report supports that Ming meets or is likely to meet criteria and is unlikely to voluntarily engage in services or enter into a CARE agreement.

Clinical Evaluation

- Who: Prepared by county BH through licensed BH professional after court determines that CARE agreement is unlikely at case management hearing.
- What: Must address diagnosis, legal capacity to give informed consent for medications, helpful information, and recommended supports.
- How Used: Considered at clinical evaluation hearing under clear and convincing standard.
- Case Example: Ming is evaluated. Judge determines Ming meets eligibility and orders parties to work together on a CARE plan.

Now let’s take a look at each of these in more depth.

Petition Information

- Petitioner must include facts to support that the respondent meets the eligibility criteria.
  - Diagnosis of schizophrenia spectrum or other psychotic disorders.
  - Observed behaviors and symptoms.
  - Declining mental/physical state and inability to meet basic needs.
  - Difficulty with self-care or following medical advice.
  - Difficulty maintaining a residence, using transportation, or managing money.
  - Difficulty creating and maintaining relationships.
  - Declining to engage in treatment or treatment isn't effective at stabilizing symptoms.
- Petition must contain **one** of the following:
  - A declaration of a licensed BH professional stating that the respondent has been examined (or has made multiple attempts to examine) and that they believe the respondent meets the diagnostic criteria for CARE proceedings.
  - Evidence that the respondent was detained for a minimum of two intensive treatments.

For more information on petitioning, see CARE Act Resources for Petitioners.

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[Slide Image Description: This slide shows an icon of a petition with a silhouette of a person representing Ming. A description of what needs to be included in a petition is listed.]

The petitioner must document in the petition facts to support that the respondent meets or may meet the eligibility criteria. Think about the different eligibility criteria we discussed in the first half of this training and what facts might support that someone like Ming meets those eligibility criteria.

Consider facts such as:

- Diagnosis of schizophrenia spectrum or other psychotic disorders.
- Observed behaviors and symptoms.
- Declining mental/physical state and inability to meet basic needs.
- Difficulty with self-care.
- Difficulty maintaining a residence, using transportation, or managing money.
- Difficulty creating and maintaining relationships.
- Declining to engage in treatment or treatment isn't effective at stabilizing symptoms.

Each petitioner can bring a unique perspective and could approach completing a

petition that leverages their strengths. Petitioners with a clinical background will have a unique ability to document clinical factors that could help determine eligibility (e.g., qualifying diagnosis, impact on activities of daily living, clinical stability, etc.). First responders and justice system partners might have a unique insight into patterns impacting an individual's ability to survive in the community. Family members may have more information about historical diagnosis, deterioration over time, and effective services and supports.

Although those completing a petition need to attest that they believe the individual meets or may meet all of eligibility criteria, they do not need to know the exact diagnosis or have all the information to demonstrate eligibility when filing a petition. Instead, petitioners should document behaviors and interactions they observe that may inform a diagnosis and possible eligibility.

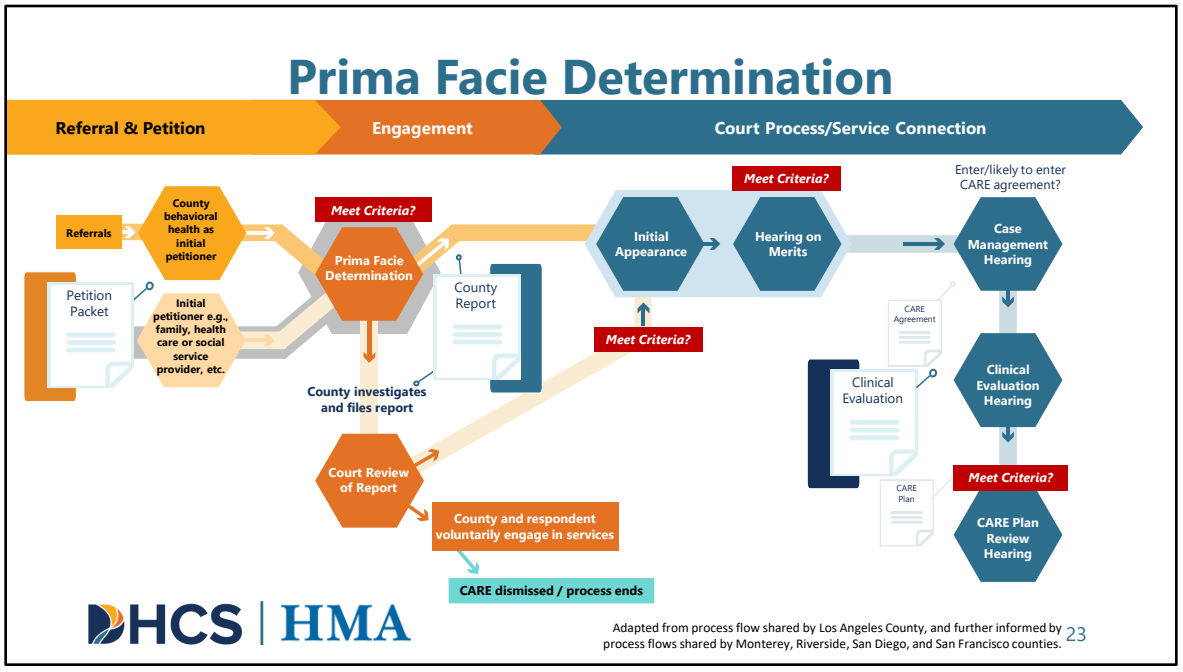
Note that documentation requirements for the petition indicate that the petitioner must include one of two things:

1. A declaration of a licensed behavioral health professional stating that they believe the respondent meets, or has reason to believe, meets the diagnostic criteria for CARE proceedings.
2. Evidence that the respondent was detained for a minimum of two intensive treatments pursuant to Article 4 (commencing with Section 5250) of Chapter 2 of Part 1, the most recent one within the previous 60 days. This evidence can come in a few ways but note that it is not an eligibility requirement that the individual needs to have been detained for at least two intensive treatments to quality for CARE; rather, this is an administrative tool to help determine eligibility.

Let's look at Ming's petition:

- In Ming's case, a licensed behavioral health clinician from her B&C facility completes her petition.
- However, what would be the process if a first responder that interacts with Ming frequently were to complete the petition?
    - The first responder may not have access to an assessment completed by a licensed behavioral health clinician.
    - However, if the first responder can attest to two hospitalizations (5250) in the last 60 days—for example, the officer provided transportation—the petition could include that information.

For more information on petitioning, see CARE Act Resources for Petitioners.



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

So, let's look at how the petition is used by the court to assess for eligibility. The court will face a "prima facie determination" (or "at first glance") of the petition to see if the individual does or may qualify to receive services through CARE.

If the court determines the respondent ***does*** meet the criteria based on the prima facie determination, one of two things can occur.

1. If the county BH agency is the petitioner, the court ***can*** set the hearing and optionally order a county report.
2. If someone other than the county BH agency is the petitioner, the court ***will*** ask county BH to investigate and file the county report.

If the court determines the respondent ***does not*** meet the criteria based on the prima facie determination, the case "may" be dismissed. The court can also request for additional information, and county BH may choose to connect the respondent with services that they are eligible for.

Description of flow:

1. Informal and formal referrals can be made to the county 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.

County Report

- If county BH agency *is not* the petitioner, the court will order the county to investigate and report as to:
  - Determination if respondent meets or may meet eligibility criteria.
  - Outcomes of efforts to engage the respondent voluntarily prior to the filing of the petition.
  - Conclusions and recommendations about the respondent's voluntary engagement.

If county BH is the petitioner, the court *may* request the county BH agency to provide more information, as needed.

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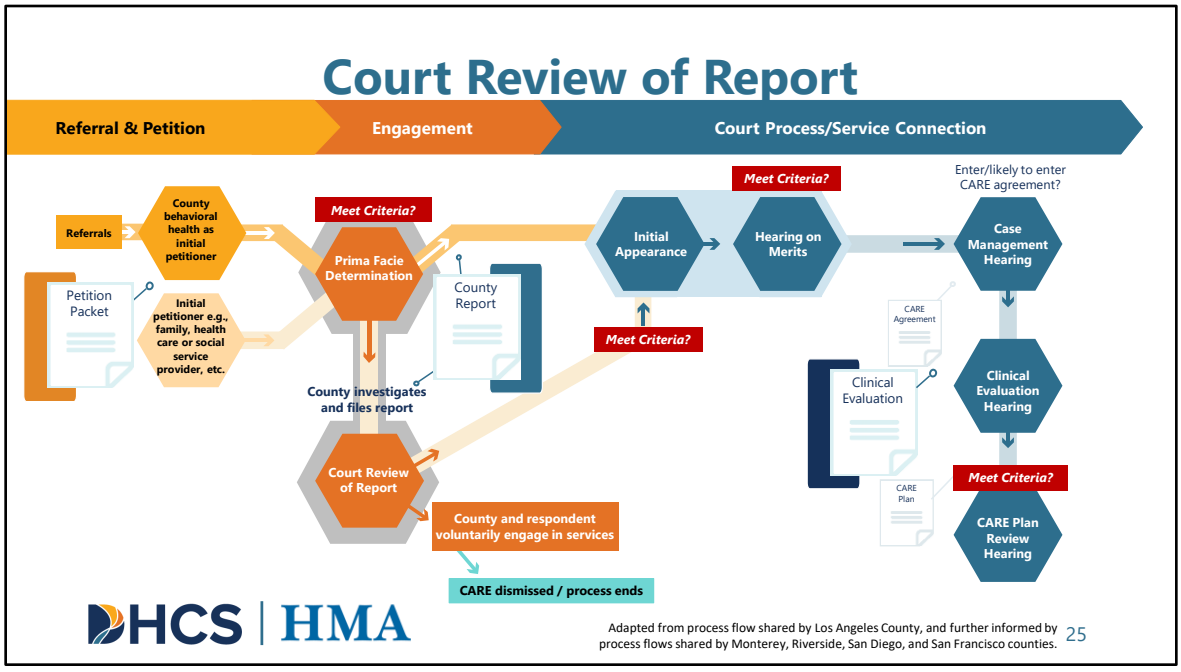
[Slide Image Description: This slide shows an icon of a county report with a silhouette of a person representing Ming. A description of when a county report is ordered and what a county report should contain is listed.]

Like just mentioned, if the county BH agency *is not* the petitioner, the court will order the county to investigate and report as to:

- Determination if respondent meets or may meet eligibility criteria.
- Outcomes of efforts to engage the respondent voluntarily prior to the filing of the petition.
- Conclusions and recommendations about the respondent's voluntary engagement.

If the petitioner was the county BH agency, the courts *may* request more information, as needed. The court could request similar information noted above, or other information that would help make a determination on eligibility.



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

After receiving the receipt of the report, the court must take on three actions:

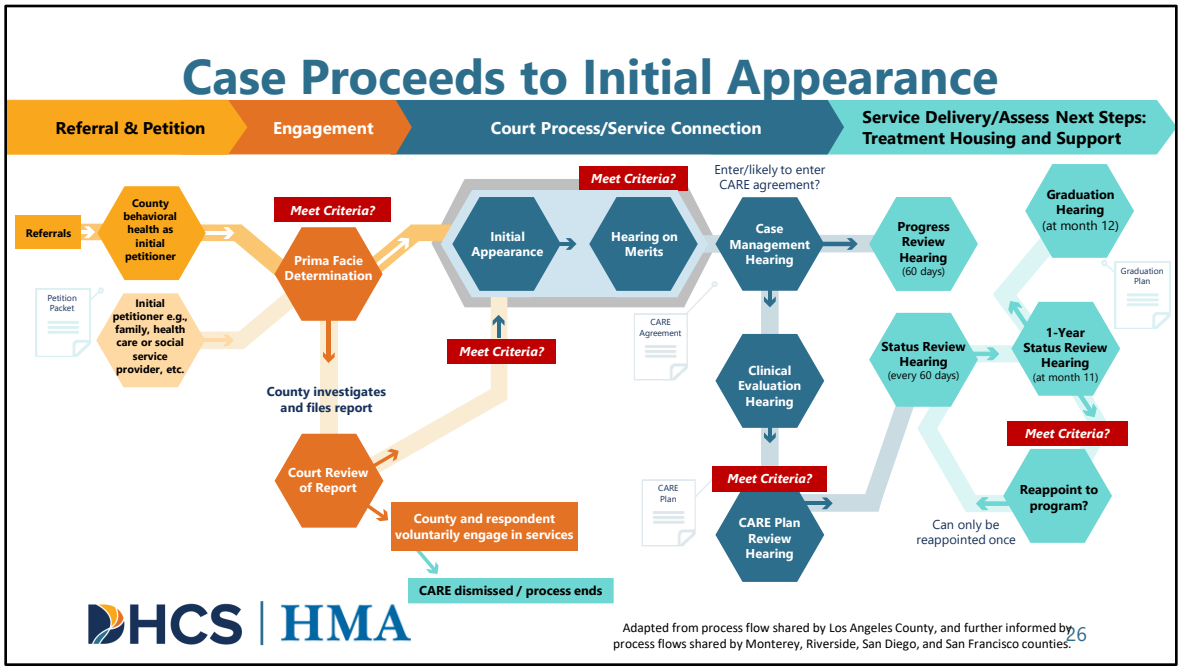
1. Dismiss the case if voluntary engagement has been effective; must enroll or be likely to enroll in voluntary services.
2. Dismiss the case if the court determines that the county report does not support the prima facie showing that Ming meets criteria for CARE.
3. Set a hearing on the initial appearance on the petition.
    - Appoint counsel for the respondent.
    - Order the county to provide notice of the hearing to the (1) petitioner, (2) the respondent the appointed counsel, (3) the county BH agency in the county where Ming resides, and (4) if different, the county where the CARE court proceedings have commenced.

Description of flow:

1. Informal and formal referrals can be made to the county 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.



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

At the initial appearance:

- The petitioner and a county BH agency representative must be present; the respondent, Ming, may waive personal appearance and appear through counsel.
    - The petition may be dismissed if the petitioner is not present. Many county BH agencies have established flexible and responsive strategies for making it easier for the petitioner, including allowing them attend virtually or over the phone.
    - At this appearance, the initial petitioner is relieved and the director of the county BH agency, or their designee, becomes petitioner. Many courts do this early on in the hearing, so that the original petitioner can minimize their time.
- The court sets a hearing on the merits of the petition.

At the hearing on merits:

- Court should determine “by clear and convincing evidence” that the respondent meets the eligibility criteria (W&I Code section 5977, subdivision (c)(8)(A)).

- Consider evidence in the petition, the county report, and any additional evidence presented by the parties.

Note that the hearing on merits can occur concurrently with the initial appearance if all parties agree.

Description of flow:

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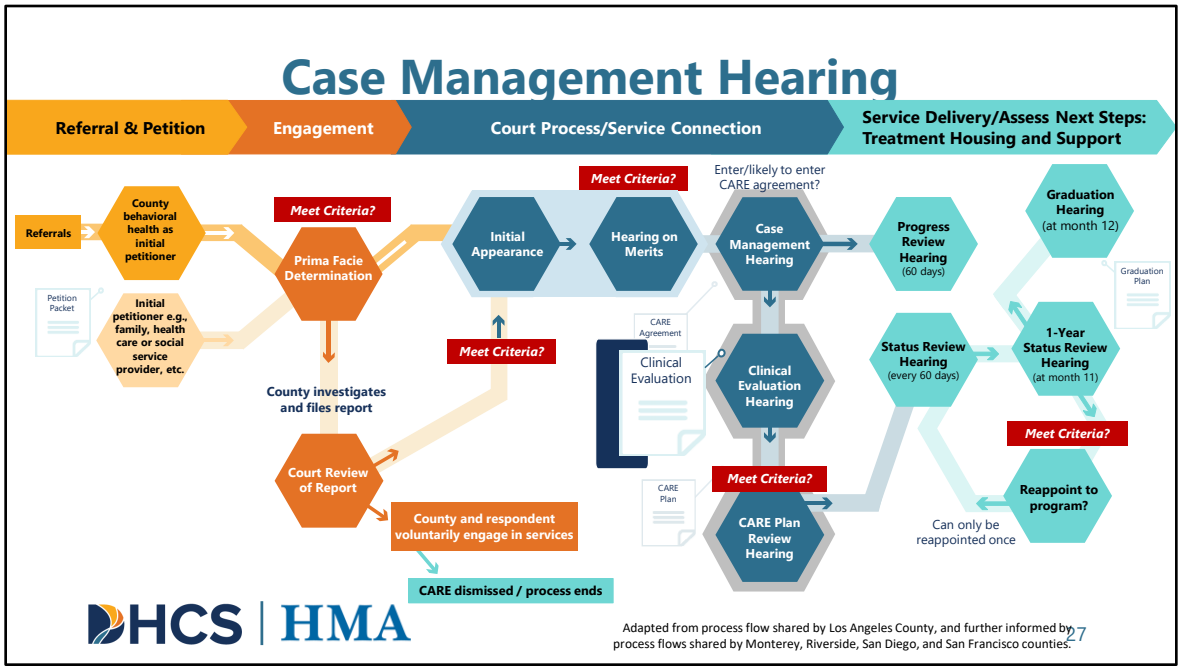

[Slide Image Description: This slide shows the process flow of pathways through the CARE Act process.]

The next step in the process is the case management hearing, which we won't spend a lot of time on in this training. The goal of this hearing is to determine if a CARE agreement can or can not be reached. If it isn't or is unlikely to be reached, the court will order a clinical evaluation.

_____

Description of flow:

1. Informal and formal referrals can be made to the county BH agency.
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    - 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.
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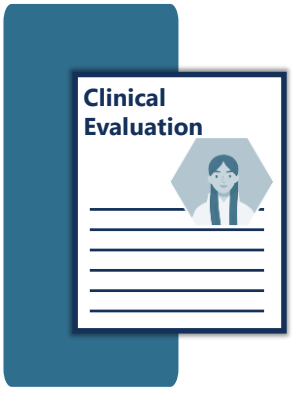
Clinical Evaluation



- A clinical evaluation is ordered if:
  - CARE agreement is unlikely.
  - There is no existing clinical evaluation in the last 30 days.
  - The parties do not stipulate to the use of an existing clinical evaluation conducted within the last 30 days.
- The evaluation must address:
  - A clinical diagnosis.
  - Respondent's legal capacity to give informed consent regarding psychotropic medication.
  - Other information, as ordered by the court, helpful in determining care and services.
  - Recommended services, programs, housing, medications, and interventions that support the recovery and stability of the respondent.

For more information, visit the W&I Code section 5977.

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[Slide Image Description: This slide shows an icon of a clinical evaluation with a silhouette of a person representing Ming. A description of when a clinical evaluation is ordered and what a county report should address is listed.]

At this time, the court will order a county BH agency, through a licensed professional, to conduct a clinical evaluation of Ming. A clinical evaluation is ordered if:

- CARE agreement is unlikely.
- There is no existing clinical evaluation in the last 30 days.
- The parties do not stipulate to the use of an existing clinical evaluation conducted within the last 30 days.

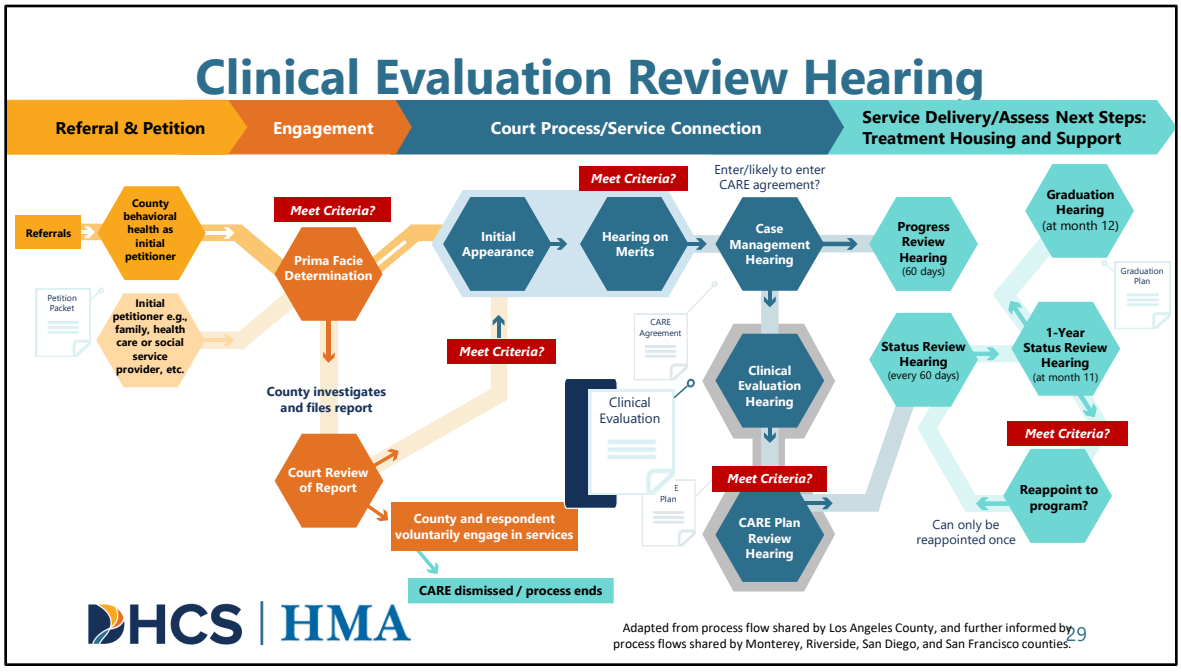
Alternately, parties may stipulate to an existing clinical evaluation completed on Ming during the last 30 days.

The evaluation must address:

- A clinical diagnosis of the respondent.
- Whether the respondent has the legal capacity to give informed consent regarding psychotropic medication.
- Any other information as ordered by the court or that the licensed behavioral health

professional conducting the evaluation determines would help the court make future informed decisions about the appropriate care and services the respondent should receive.
- An analysis of recommended services, programs, housing, medications, and interventions that support the recovery and stability of the respondent.

For more information, visit the W&I Code section 5977.



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

At the clinical evaluation review hearing, the court will review the evaluation and any other evidence from county BH and the respondent. County BH and the respondent may present evidence and call witnesses, including the person who conducted the evaluation. Only relevant and admissible evidence that fully complies with the rules of evidence may be considered by the court.

At the conclusion of the hearing, the court must make one of the following orders:

(A) Respondent meets criteria.

If the court finds—after reviewing the clinical evaluation and any other evidence—that Ming meets criteria, the court will order county BH agency, Ming, her counsel and supporter to jointly develop a CARE plan within 14 days. The court will also set a CARE plan review hearing no later than 14 days after the parties are directed to develop the plan.

(B) Respondent does not meet criteria.

If the court finds, in reviewing the evaluation, that respondent does not meet

criteria, the case is dismissed. Again, county BH can continue to engage Ming in other services.

Description of flow:

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2. Petitioner files a petition. This can be county BH or another initial petitioner.
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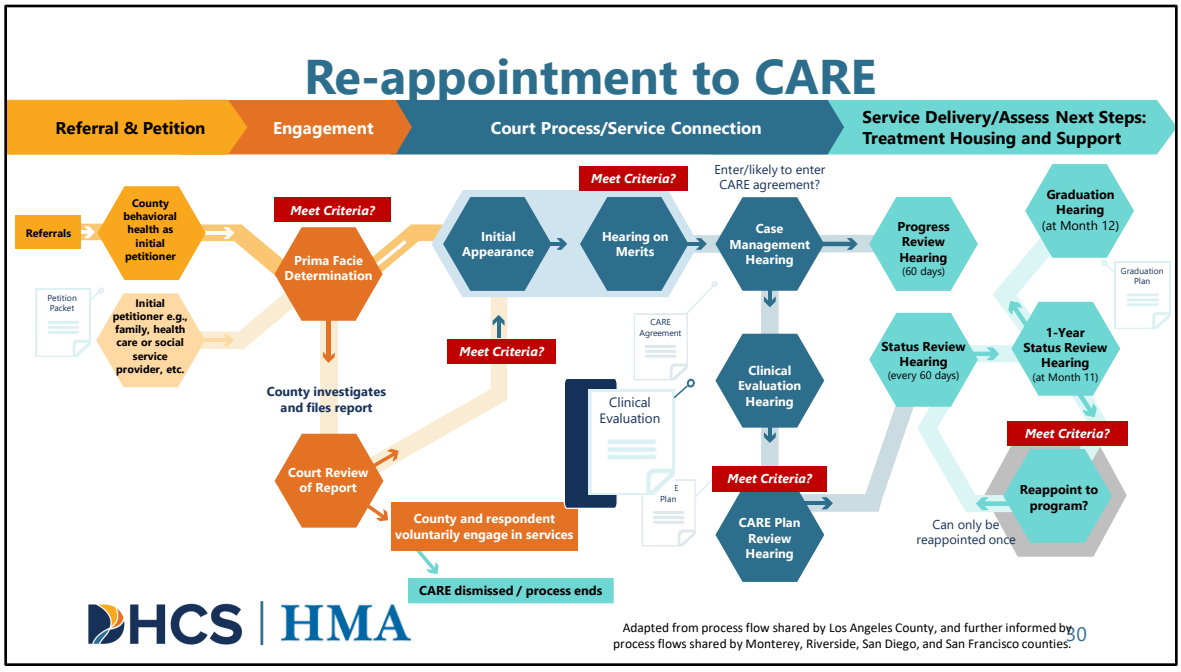

[Slide Image Description: This slide shows the process flow of pathways through the CARE Act process.]

We have been discussing eligibility criteria and the tools that county BH will use to make their recommendations and the court will use to make eligibility determinations during referral/petition, engagement, and the court process (including when connection is made to services). Keep in mind that at the one-year status review hearing, a determination will be made if the individual will graduate from the program or be reappointed for up to one additional year. The same eligibility criteria apply at this point.

_____

Description of flow:

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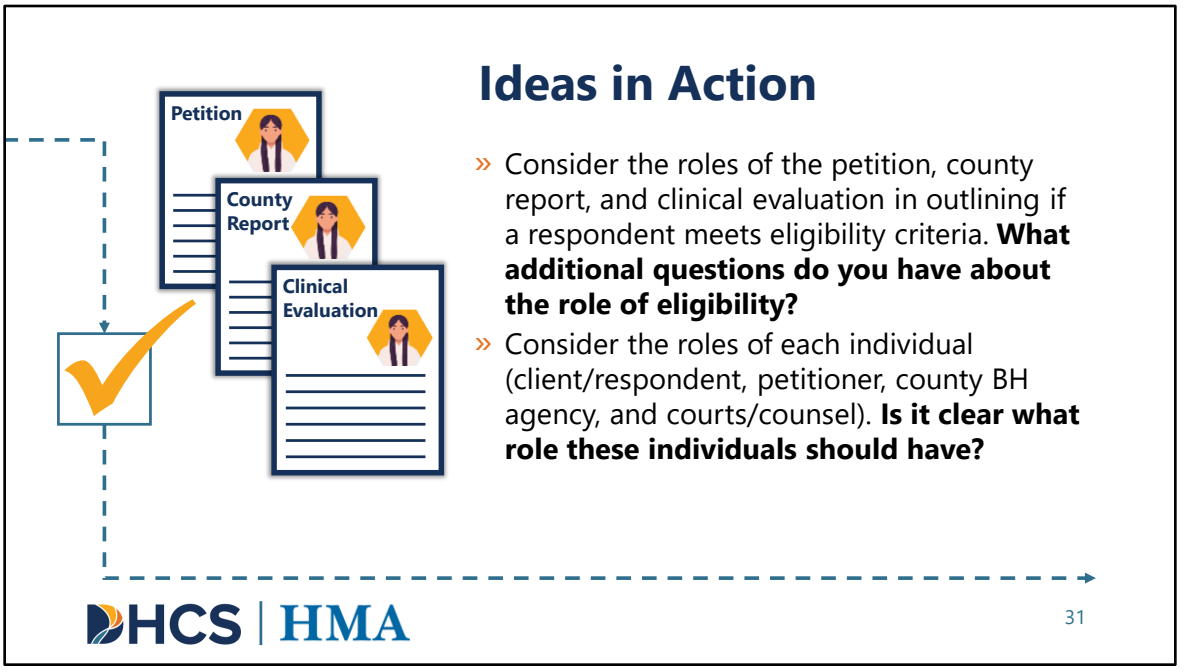


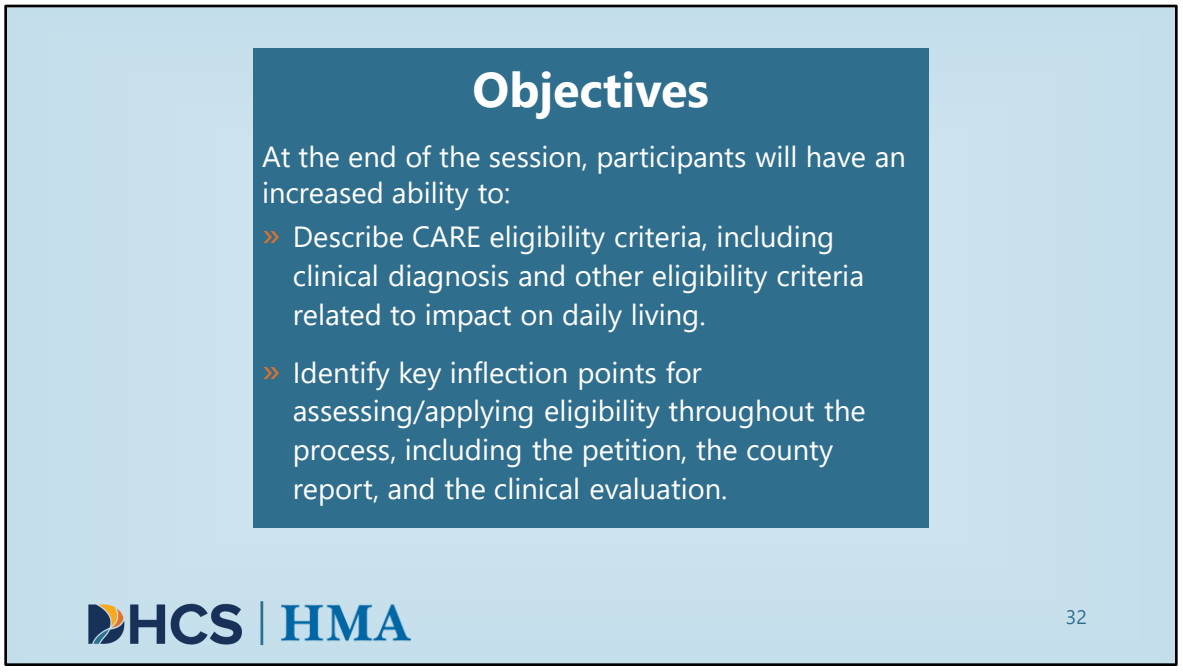
[Slide Image Description: This is an Ideas in Action slide that provides an opportunity for participants to practice using the information. It contains a checkbox and an arrow.]

Consider the roles of the petition, county report, and clinical evaluation in outlining if a respondent meets eligibility criteria. What additional questions do you have about the role of eligibility?

Consider the roles of each individual (client/respondent, petitioner, county BH agency, and courts/counsel). Is it clear what role these individuals should have?

- **Client/Respondent**: This is the individual who is the subject of the CARE Act proceedings. They are someone experiencing a serious mental disorder, such as schizophrenia or other psychotic disorders, and are not stabilized with ongoing voluntary treatment. The respondent is an eligible petitioner, meaning that they can file a petition on their own behalf and include elements which they believe makes them eligible to receive services and support through CARE. During the proceedings, the respondent may also speak to their own eligibility, on their own or through their attorney (provided free of charge).

- **Petitioner**: The petitioner initiates the CARE Act process by filing a petition that includes facts supporting the respondent's eligibility. They are responsible for providing sufficient information in the petition that will help the court make an initial prima facie determination that the individual is or may be eligible.
- **County BH Agency**: The county BH agency can act as the initial petitioner and would therefore need to provide in the petition sufficient evidence that the respondent meets eligibility criteria. County BH is also responsible for investigating and filing a report if the petitioner was anyone other than the county BH agency or if the court requests more information. County BH would also be responsible for conducting the clinical evaluation and, again, making a recommendation regarding eligibility.
- **Judicial Officer**: The courts oversee the CARE Act proceedings. The judicial officer will review reports, determine eligibility, and ensure that the process is followed correctly.



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

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

- Describe CARE eligibility criteria, including clinical diagnosis and other eligibility criteria related to impact on daily living.
- Identify key inflection points for assessing/applying eligibility throughout the process, including the petition, the county report, and the clinical evaluation.

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.**