

CARE ACT ELIGIBILITY IN PRACTICE

Category: Serious Mental Illness & CARE Act



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. The contents were informed by Judicial Council of CA, cohort 1 counties, and other stakeholders including BH Agencies, and courts/counsel.



[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.

We want to be really responsive to what your needs are, so please share them with us. Upcoming trainings will be listed on the website, CARE-Act.org, and we will be sending out registration links for each training on the listserv.

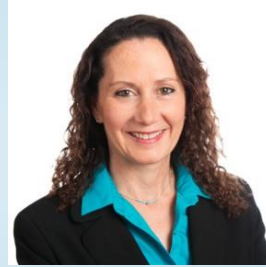
All information shared during this training is effective and accurate as of June 21, 2023.

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Presenters



MARC AVERY, MD
Principal
Health Management Associates



CAROL CLANCY, PSYD, MSW
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 Marc Avery, MD and Carol Clancy, PsyD, MSW from Health Management Associates.

Marc Avery, from Health Management Associates, is a board-certified psychiatrist and a recognized national leader in the subject of person-centered, integrated psychiatric care for high-needs and safety-net patients. He is an expert in delivery system transformation and workforce training in the areas of integrated care, population health, collaborative care, telehealth, person centered care, and measurement-based care. Dr. Avery has played key roles in many large-scale health system transformation efforts, including leadership development of a large California Medicaid health plan's health homes (HHP) and enhanced care management (ECM) programs. He has also served as a subject matter expert and strategic planning partner on several regional behavioral health network development projects.

Carol Clancy, from Health Management Associates, is a licensed clinical psychologist with 20 years of leadership experience in correctional health, recovery services, and

other public and nonprofit mental health settings, including residential treatment and shelter care. Dr. Clancy's experience includes program design, development, implementation, and oversight of service systems, budgets, and policies. She works across and between service teams to develop and implement behavioral health and substance use disorder (SUD) programs from in-custody through re-entry to assure a seamless continuum of care for mentally ill, justice-involved individuals, and other marginalized and at-risk populations.

Agenda

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 major sections of this training on a light blue background.]

In this training, we are giving an overview of CARE Act eligibility in practice. This first section will provide a description of the CARE Act eligibility criteria, focusing on eligible diagnoses.

The second section will go into detail on the points in the CARE process where eligibility is documented and determined.

Objectives

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

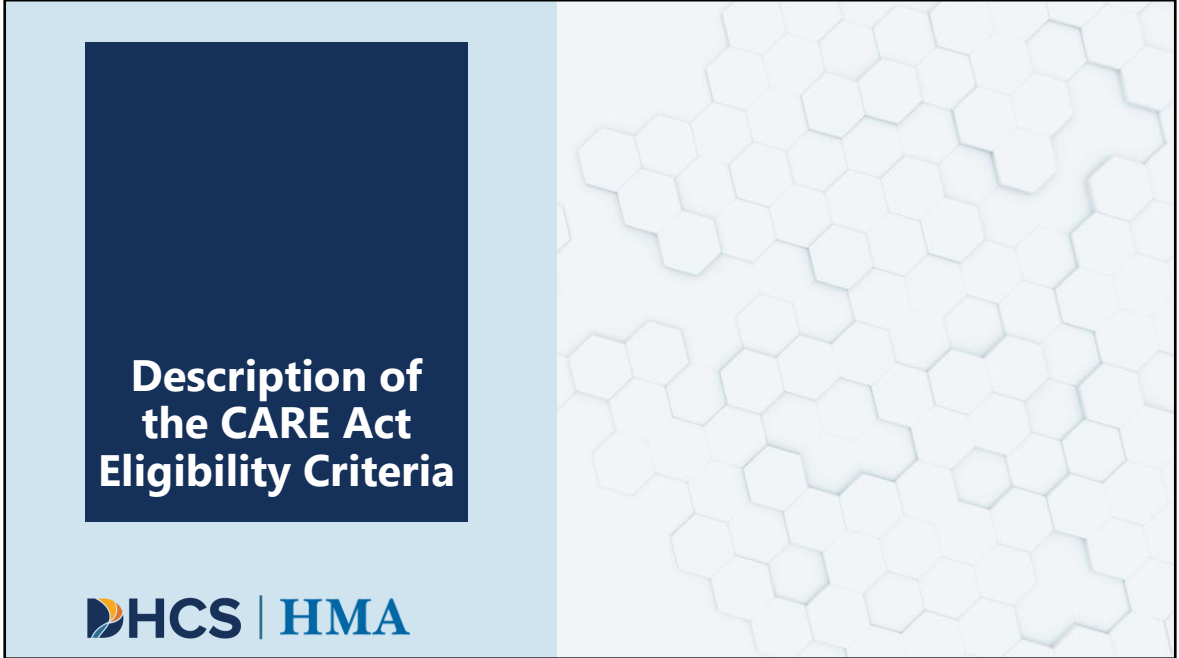
- › Describe the schizophrenia spectrum and other psychotic disorders that are CARE Act eligible (and those that are not eligible).
- › List the functional impairments related to these disorders and other eligibility criteria that qualify an individual for CARE Act.
- › Identify key inflection points for assessing/applying eligibility throughout the process, including the petition, the county report, and the clinical evaluation.

[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 the schizophrenia spectrum and other psychotic disorders that are CARE Act eligible (and those that are not eligible).
- List the functional impairments related to these disorders and other eligibility criteria that qualify an individual for CARE Act.
- Identify key inflection points for assessing/applying eligibility throughout the process, including the petition, the county report, and the clinical evaluation.

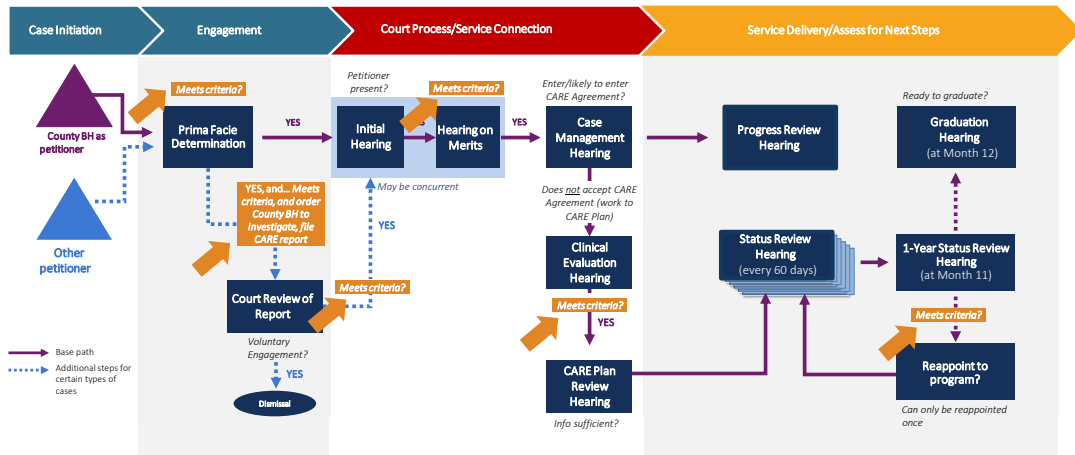
We don't anticipate that everyone will know exactly what they need to do by the end of this training, but our overall goal is that you have an increased ability to accomplish these objectives.



[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.

The CARE Process & Eligibility



Adapted from Los Angeles County's CARE Act Process Map.

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[Slide Image Description: This slide shows the process flow of pathways through the CARE Act process. Arrows indicate the specific points in the process flow where eligibility is determined.]

In this training, we are discussing eligibility, and we wanted to start off by seeing where in the process eligibility is assessed. You're well familiar with this overall CARE Process.

We are going to highlight the points in which eligibility is determined. The CARE Act statute outline points both during the Engagement phase and then during the Court Process/Service Connection you see here.

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.

What is Ming's situation?

- » 42-years-old, single woman
- » Enrolled at Stanislaus County Behavioral Health
- » Diagnosed with schizophrenia
- » Lives at Board and Care Home (B&C), but disappearing for days at a time
- » Brought into ED, but released because she wasn't an imminent threat nor gravely disabled
- » Said would follow up on antipsychotic medication
- » Progressively more paranoid regarding caregivers
- » Caregivers would like to refer her to CARE services

Is she eligible?

- » Ming may be eligible for receiving services under the CARE Act because of her diagnosis, but we need to learn more.



Case Example: Meet Ming



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

[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 at Stanislaus County Behavioral Health, where she has been diagnosed with schizophrenia.
- 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 in to SFGH-Zuckerberg 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 room determined that Ming cannot be held on a 5150 as is not an imminent threat to herself or others nor gravely disabled (as

- she has a place to live and is willing to return there).
- In the ER, she took her antipsychotic medication and stated she will follow up – though the ER staff were skeptical that she would actually do so.
 - 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.

Eligibility Criteria

All of the Following

- » 18 years+
- » Experiencing a severe mental illness and has a diagnosis of schizophrenia spectrum or other psychotic disorders
- » Severe and persistent symptoms, interfering with daily functioning
- » Not stabilized with ongoing voluntary outpatient treatment
- » Participation in the CARE Act is the least restrictive alternative
- » Will benefit from participating in a CARE plan or CARE agreement

At least one of the following

- » Unlikely to survive safely and deteriorating
- » Intervention needed to prevent relapse or deterioration

For more information, visit the [2022 California Welfare and Institutions Code – 5972](#).



[Slide Image Description: This slide shows a silhouette of a person representing Ming with a description of CARE Act eligibility criteria.]

As we start to look at eligibility criteria, let's go back to Ming, and ask ourselves the question: Does Ming qualify for CARE Court?

Statute Definition:

An individual shall qualify for the CARE process only if all of the following are true:

- The person is 18 years of age or older.
- The person is currently experiencing a severe mental illness, as defined in paragraph (2) of subdivision(b) of Section 5600.3 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

paragraph (2) of subdivision (a) of Section 1374.72 of the Health and Safety Code, 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 on-going 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 is 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 Section 5150.

For more information, visit the [2022 California Welfare and Institutions Code – 5972](#).

Serious Mental Disorder

- » Severe in degree
- » Persistent in duration
- » May cause behavioral functioning which may:
 - Interfere substantially with activities of daily living
 - Result in an inability to maintain stable adjustment and independent functioning



For more information, visit the [2022 California Welfare and Institutions Code – 5600.3](#).



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[Slide Image Description: This slide shows an image of a person with their arms wrapped around their knees and the CARE Act definition of Serious Mental Disorder.]

Here is the language **referred to in the CARE Act statute** for severe mental disorder in the Welfare and Institutions Code.

For the purposes of this part, "serious mental disorder" means a mental disorder which is severe in degree and persistent in duration, which may cause behavioral functioning which interferes substantially with the primary activities of daily living, and which may result in an inability to maintain stable adjustment and independent functioning without treatment, support, and rehabilitation for a long or indefinite period of time.

Note in particular:

- Severe in degree
- Persistent in duration
- May interfere with activities or independent functioning

For more information, visit the [2022 California Welfare and Institutions Code – 5600.3](#).

Eligible Diagnoses

SCHIZOPHRENIA SPECTRUM DISORDERS

- Schizophrenia
- Schizoaffective Disorder
- Schizophreniform Disorder
- Other Specified Schizophrenia Spectrum and Other Psychotic Disorder
- Unspecified Schizophrenia Spectrum and Other Psychotic Disorder

OTHER PSYCHOTIC DISORDERS

- Brief Psychotic Disorder
- Delusional Disorder
- Schizotypal Personality Disorder
- Substance/Medication Induced Psychotic Disorder
- Catatonia Associated with Another Mental Disorder
- Unspecified Catatonia

DIAGNOSES NOT MEETING ELIGIBILITY*

- Psychotic Disorder Due to A General Medical Condition
- Catatonia Associated with Another Medical Condition
- Major Depression with Psychotic Features
- Bipolar Disorder with Psychotic features
- Any Substance Related Disorder not listed above

*Unless accompanying another eligible diagnoses

For more information, visit [the American Psychiatric Association \(2022\)](https://www.psychiatry.org/) DSM-5 TR.



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[Slide Image Description: This slide shows three boxes that list the diagnoses that are eligible and ineligible to qualify for the CARE Act.]

We have gotten questions asking what **the eligible diagnoses are**. Let's take a look.

First, consider the following:

- Schizophrenia Spectrum or Other Psychotic Disorders (SSOPD) covers a number of diagnoses.
- Only diagnoses SSOPD diagnoses are eligible for CARE Act, and most, but not all, SSOPD diagnoses are covered under CARE Act -- some are not.

Eligible Diagnoses may only include the following:

- Schizophrenia spectrum disorders
 - Schizophrenia
 - Schizoaffective Disorder
 - Schizophreniform Disorder
 - Other Specified Schizophrenia Spectrum and Other Psychotic Disorder
 - Unspecified Schizophrenia Spectrum and Other Psychotic Disorder
- Other psychotic disorders

- Brief Psychotic Disorder
- Delusional Disorder
- Schizotypal Personality Disorder
- Substance/Medication Induced Psychotic Disorder
- Catatonia Associated with Another Mental Disorder
- Unspecified Catatonia
- Diagnoses that do not meet eligibility requirements(unless accompanied by an eligible diagnosis):
 - Psychotic Disorder Due to A General Medical Condition
 - Catatonia Associated with Another Medical Condition
 - Major Depression with Psychotic Features
 - Bipolar Disorder with Psychotic features
 - Any Substance Related Disorder not listed above

For more information, visit [the American Psychiatric Association \(2022\)](#) DSM-5 TR.

Diagnosis alone is not enough!

The petitioner must demonstrate that Ming meets the eligibility requirements.

Ming's symptoms of paranoia and audio hallucinations are severe and persistent.

Ming's symptoms interfere with primary activities of daily life.

Ming is not stabilized with ongoing voluntary outpatient treatment.



Participation in the CARE Act is least restrictive alternative for Ming.

Ming will likely benefit from participation.

Ming is unlikely to survive safely and independently and condition is deteriorating **AND/OR** services and supports are needed to prevent relapse or deterioration. 11



[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.]

We have also gotten questions asking about the other eligibility requirements beyond diagnosis. Keep in mind that diagnosis is not enough.

The petitioner has to demonstrate that 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 the person's condition is substantially deteriorating.
- 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 Section 5150.

For those of us that are clinicians – we would recognize that some of these are functional impairments that are often associated with schizophrenia and related conditions.


Ideas in Action

“

Does Ming meet criteria?

”

- » Is her diagnosis a qualifying diagnosis in the schizophrenia spectrum and other psychotic disorder class?
- » Are her symptoms severe and persistent?
- » Does she appear likely to be at risk for not surviving safely in the community?
- » Is her condition deteriorating?
- » Would this be the least restrictive alternative for her?


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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 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 paranoid 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**

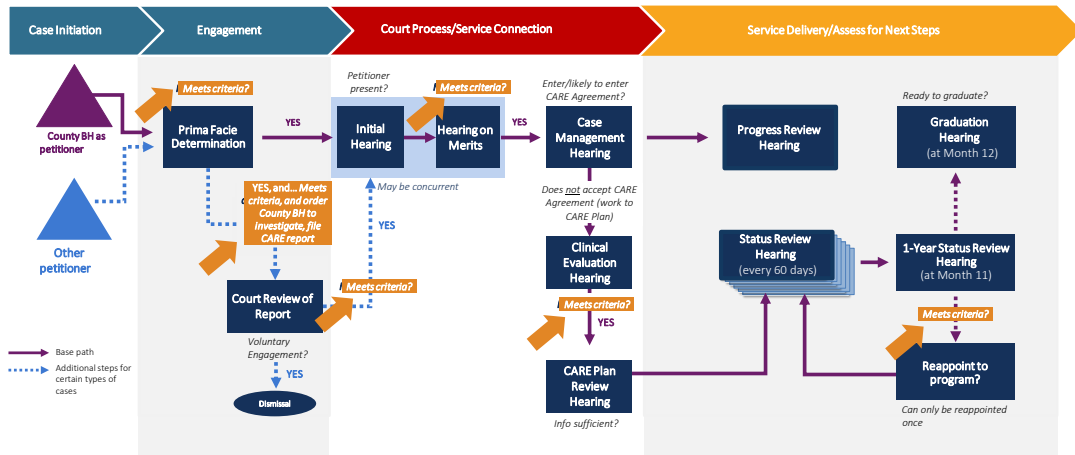
supports to prevent further deterioration in level of functioning, and the CARE Act is a less restrictive alternative for her.



[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.

The CARE Process & Eligibility



Adapted from Los Angeles County's CARE Act Process Map.

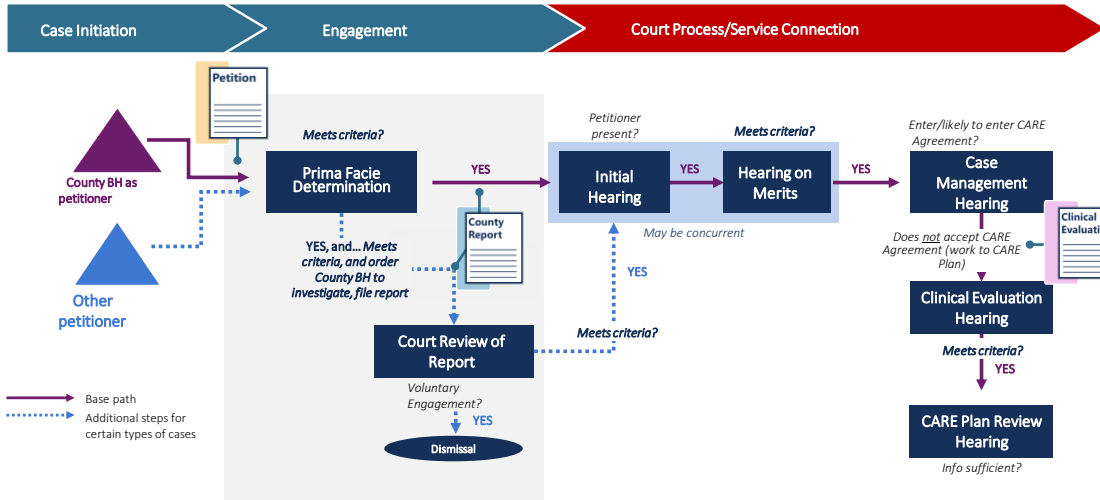
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[Slide Image Description: This slide shows the process flow of pathways through the CARE Act process. Arrows indicate the specific points in the process flow where eligibility is assessed.]

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.

The CARE Process & Eligibility

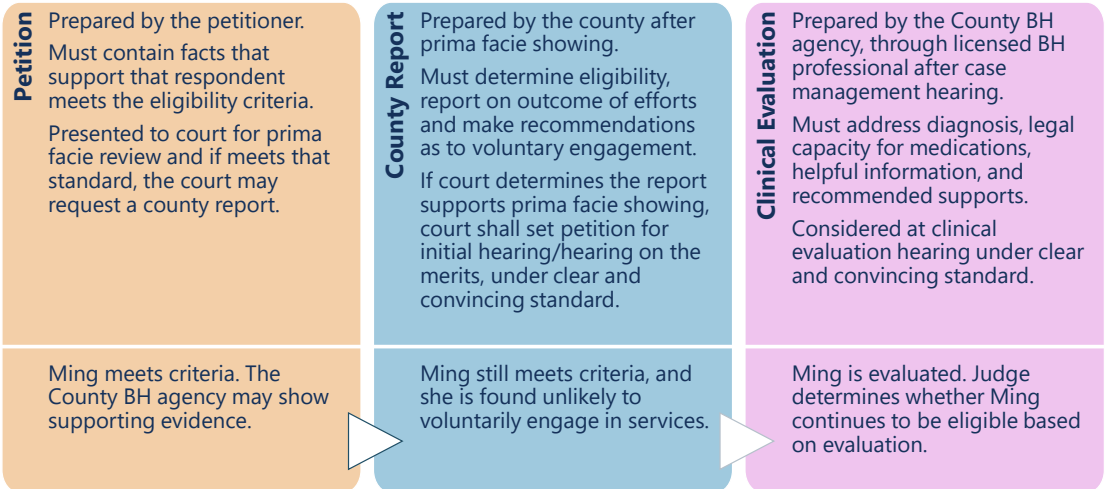


Adapted from Los Angeles County's CARE Act Process Map.

[Slide Image Description: This slide shows the process flow of pathways through the CARE Act process. Icons of a report indicate where the petition, county report, and clinical evaluation happen in the process to assess eligibility.]

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

Assessment of Eligibility at Multiple Points



[Slide Image Description: This slide shows three boxes that describe the petition, county report, and clinical evaluation as well as descriptions of how Ming meets eligibility criteria for each.]

On this slide, we are highlighting those three inflection points (petition, the county report, and the clinical evaluation) that are important steps in assessing for eligibility. We will be going over each of these steps in the next slides, but for now we wanted to call out specific information about who prepares this information, what it must contain, and where it is presented/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.

Petition

- Details

- Prepared by the petitioner.
- Must contain facts that support that respondent meets the eligibility criteria.
- Presented to court for prima facie review and if meets that standard, the court may request a county report.
- Case Example
 - Ming meets criteria. BH agency may show supporting evidence.

County Report

- Details
 - Prepared by the County BH agency after prima facie showing.
 - Must determine eligibility, report on outcome of efforts and make recommendations as to voluntary engagement.
 - If court determines the report supports prima facie showing, court shall set petition for initial hearing/hearing on the merits, under clear and convincing standard.
- Case Example
 - Ming still meets criteria, and she is found unlikely to voluntarily engage in services.

Clinical Evaluation:

- Details
 - Prepared by the County BH agency, through licensed BH professional after case management hearing.
 - Must address diagnosis, legal capacity for medications, helpful information, and recommended supports.
 - Considered at clinical evaluation hearing under clear and convincing standard.
- Case Example
 - Ming is evaluated. Judge determines whether Ming continues to be eligible based on evaluation.

Petition Information



- » The petition must contain the following information:
 - Respondent name and last known address
 - The petitioner's relationship to the respondent
 - Facts to support that the respondent meets the eligibility criteria
- » Must contain one of the following:
 - An affidavit of a licensed BH professional stating that the respondent has been examined (or has made multiple attempts to examine), and believes the respondent meets the diagnostic criteria for CARE proceedings
 - Evidence that the respondent was detained for a minimum of two intensive treatments

[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.]

We have gotten questions asking about the information needed for the initial petition. The petition is to contain the following information:

- The name of the respondent and, if known, the respondent's address.
- The petitioner's relationship to the respondent.
- Facts that support the petitioner's assertion that the respondent meets the CARE criteria in Section 5972. Likely the form petition will need to address each of the six eligibility factors listed in section 5972, discussed in section III(A), *supra*.

Either of the following:

- An affidavit of a licensed behavioral health professional stating that the licensed behavioral health professional or their designee has examined the respondent within 60 days of the submission of the petition, or has made multiple attempts to examine, but has not been successful in eliciting the cooperation of the respondent to submit to an examination, within 60 days of the petition, and that the licensed behavioral health professional had determined that the respondent meets, or has

reason to believe, explained with specificity in the affidavit, that the respondent meets the diagnostic criteria for CARE proceedings.

- 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. The Act clearly distinguishes the 14-day hold for intensive treatment authorized under section 5250 required by the Act from the 72-hour hold authorized by section 5150.
 - The statute does not specify what qualifies as evidence. For example, the petitioner can attest to the fact that they are aware of the 5250's, even if they do not have the records from the hospitalization.

Let's look at Ming's petition:

- In Ming's case, the licensed behavioral health clinician completes her petition.
- However, what would be the process if Ming's B&C manager were to complete the referral?
 - The B&C manager may not have access to an assessment completed by a licensed behavioral health clinician.
 - However, if the B&C manager (or a family member) can attest to two hospitalizations (5250) in the last 60 days, Ming can meet criteria.

Petition Location

“
How does a referral take place across county lines?
”

- » Ming lives in Stanislaus County but is being referred to CARE Court from San Francisco.
- » The petition can be filed:
 - in Ming’s county of residence,
 - in the county where she is found,
 - and/or in the county where she is facing criminal or civil proceedings.
- » If Ming is not a resident of the county where the proceedings are initiated, then the proceedings are to be transferred* as soon as reasonably feasible to her county of residence if:
 - The CARE Act is operative in Ming’s county of residence, and
 - Ming consents to the transfer
- » If she does not consent to the transfer, the proceedings are to remain in the county where the respondent was found.

For more information, visit the [2022 California Welfare and Institutions Code – 5982](#) and the [2022 California Welfare and Institutions Code – 5973](#).



*Unless the county is voluntarily providing its own services.

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[Slide Image Description: This slide shows an orange quote box and a description of how a Petition is formed for Ming across county lines.]

We have gotten questions asking what happens if a respondent is not in their home county. Let’s look at this example.

Ming lives in Stanislaus County but is being referred to CARE Court from San Francisco. How does a referral take place across county lines?

Answer:

Section 5973, subdivision (a), permits the petition to be filed in the respondent’s county of residence, in the county where the respondent is found, and in the county where the respondent is facing criminal or civil proceedings.

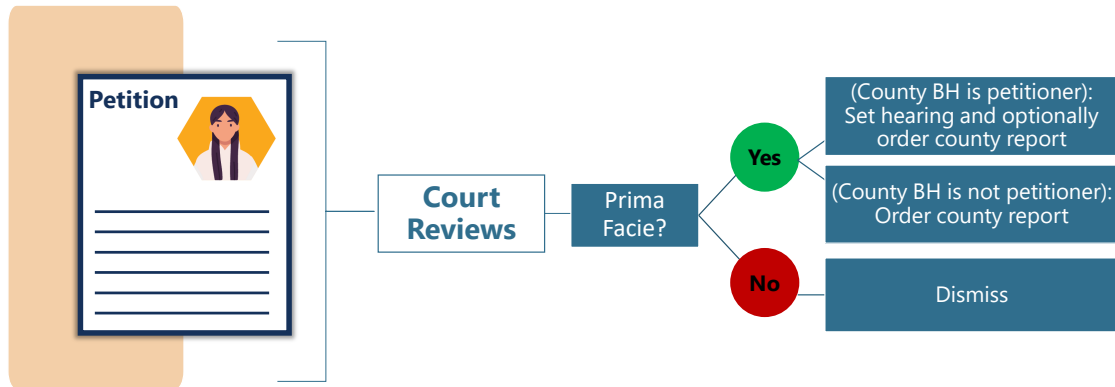
If the respondent is not a resident of the county where the proceedings are initiated, unless the county is voluntarily providing its own services under section 5982, subdivision (e), the proceedings are to be transferred “as soon as reasonably feasible” to the respondent’s county of residence if:

- The CARE Act is operative in respondent’s county of residence, and
- The respondent consents to the transfer.

If the respondent does not consent to the transfer, the proceedings are to remain in the county where the respondent was found. (§ 5973, subd. (b).)

For more information, visit the [2022 California Welfare and Institutions Code – 5982](#) and the [2022 California Welfare and Institutions Code – 5973](#).

Potential Actions by Court



For more information, visit the [2022 California Welfare and Institutions Code – 5977](#).



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[Slide Image Description: This slide shows an icon of a Petition with a silhouette of a person representing Ming. A flow chart shows the possible outcomes when a petition is reviewed by the court.]

Section 5977, subdivision (a)(1), requires the court to “promptly review the petition to determine if the petitioner has made a prima facie showing that the respondent is, or may be, a person described in section 5972” as qualifying for CARE services.

If the court determines the respondent meets 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 BH agency will investigate and file a county report.

If the court determines the respondent does not meet the criteria based on the prima facie determination, the case “may” be dismissed. One interpretation is that there is no mandate to dismiss, and that a court can dismiss a ruling.

The failure to include all the elements of the petition required by section 5975 may also result in the dismissal of the case because the prima facie showing has not been made.

For more information, visit the [2022 California Welfare and Institutions Code – 5977](#).

County Report



- » A county report is ordered if:
 - The petitioner was other than the County BH agency
 - The petitioner was the County BH agency, but the original petition doesn't include all the required information for the report
- » The county report should contain:
 - Determination if respondent meets criteria
 - Outcomes of efforts to voluntarily engage the respondent
 - Conclusions and recommendations about the respondent's voluntary engagement
- » The County BH agency has 14 days to file the report
 - The County BH agency can request a 30-day extension in order to engage individual in voluntary services.

[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.]

If the court finds that the petitioner has made a prima facie showing that the respondent meets eligibility requirements, the court may order a report under the following circumstances:

- If the petitioner was other than the County BH agency
- If the petitioner was the County BH agency, but the petition didn't include information required in the report
 - Note that a county report is not required when the necessary information is included in the original petition

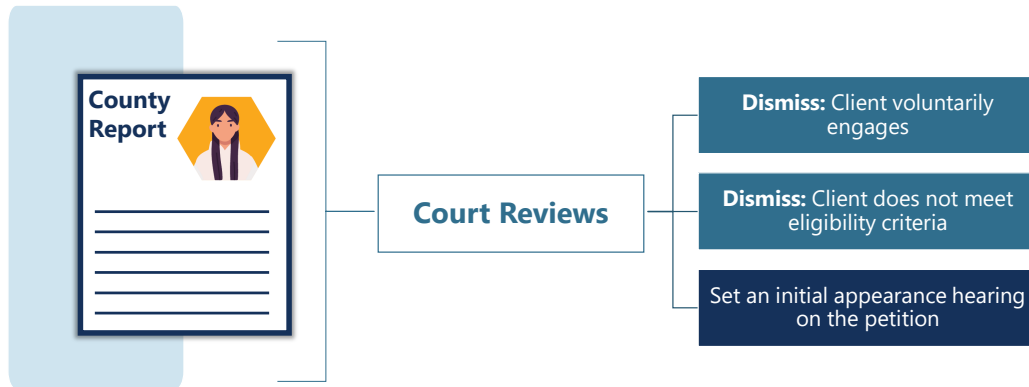
The county report should contain the following information:

- A determination as to whether the respondent meets, or is likely to meet, the criteria for the CARE process.
- The outcome of efforts made to voluntarily engage the respondent prior to the filing of the petition.
- Conclusions and recommendations about the respondent's ability to voluntarily

engage in services.

The county has 14 days to file a report, but can request for an extension for no more than 30 days in order to “work with, engage, and enroll the individual in voluntary treatment and services.”

Potential Actions by Court

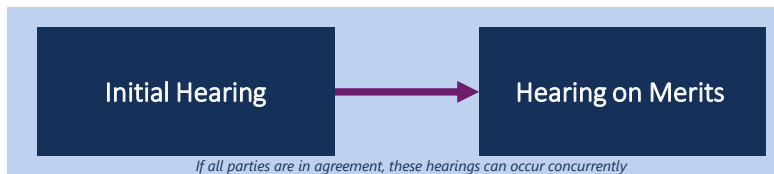


[Slide Image Description: This slide shows an icon of a County Report with a silhouette of a person representing Ming. A flow chart shows the possible outcomes when a county report is reviewed by the court.]

Within 5 days of 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 Act services.
3. Set a hearing on the initial appearance on the petition within 14 court days.
 - Appoint counsel for the respondent.
 - Order the county to provide notice of the hearing to the petitioner, the respondent the appointed counsel, the county BH agency in the county where Ming resides, and if different, the county where the CARE court proceedings have commenced.

Initial Appearance & Hearing on the Merits



- » Petitioner (in Ming's case, hospital social worker) and County BH must be present
- » Ming may waive appearance
- » Initial petitioner relieved; County BH or designee becomes petitioner
- » Court sets a Hearing on the Merits
- » Within 10 calendar days of the initial hearing
- » Consider evidence in the **petition, county report**, and any additional evidence
- » Court **determines Ming is eligible**

For more information, visit the [2022 California Welfare and Institutions Code – 5977](#).



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[Slide Image Description: This slide shows a process flow from the initial hearing to the hearing on the merits. Descriptions of what occurs at each hearing is listed.]

At the initial appearance:

- The petitioner (in this case the hospital social worker) 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.
- Initial petitioner is relieved and the director of the County BH agency, or their designee, becomes petitioner.
- The court sets a Hearing on the Merits of the petition.

At the Hearing on Merits (set within ten calendar days of the initial appearance):

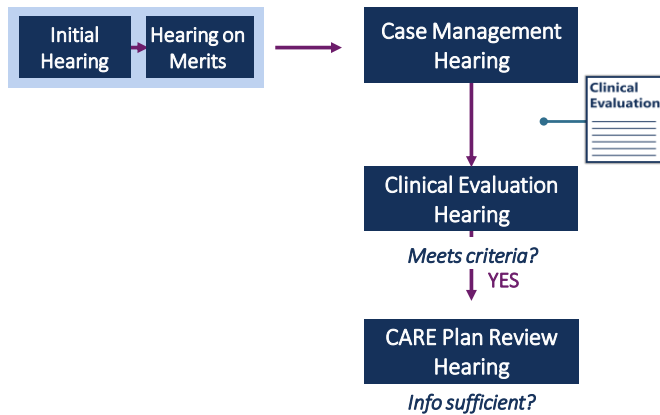
- Court should determine “by clear and convincing evidence” that the respondent meets the eligibility criteria (section 5977, subdivision (c)(8)(A)).
- Consider evidence in the petition, the county report, and any additional evidence presented by the parties

Note that at the agreeance of the petition, response, and court the initial

appearance and the hearing on merits can occur concurrently.

For more information, visit the [2022 California Welfare and Institutions Code – 5977](#).

Case Management Hearing



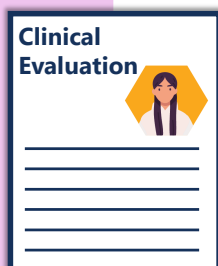
DHCS | HMA Adapted from Los Angeles County's CARE Act Process Map.

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[Slide Image Description: This slide shows a process flow from the initial hearing to the case management hearing.]

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.

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 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 [2022 California Welfare and Institutions Code – 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 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:

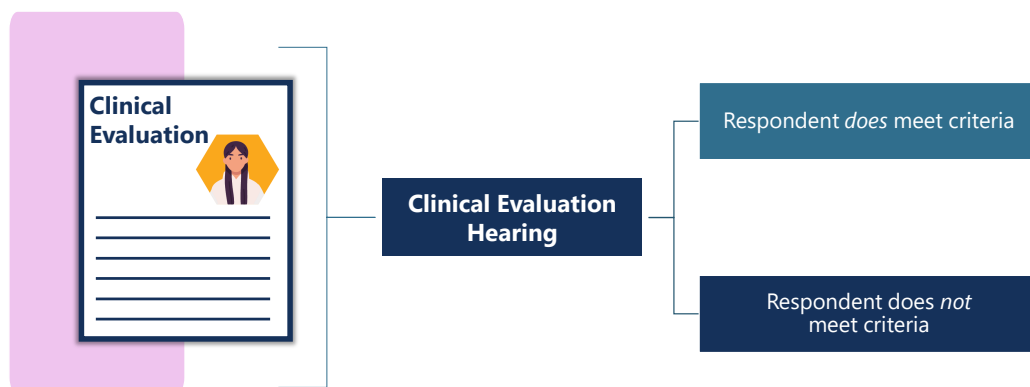
- A clinical diagnosis of the respondent.
- Whether the respondent has the legal capacity to give informed consent regarding psychotropic medication.
- Any other information as ordered by the court or that the licensed behavioral health

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. (§ 5977.1, subd. (b).)

For more information, visit the [2022 California Welfare and Institutions Code – 5977](#).

Clinical Evaluation



For more information, visit the [2022 California Welfare and Institutions Code – 5977.1](#).



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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 flow chart shows the possible outcomes when a clinical evaluation is reviewed by the court.]

At the clinical evaluation review hearing, the court shall review the evaluation and any other evidence from the county behavioral health agency and the respondent. The county behavioral health agency 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.” (§ 5977.1, subd. (c)(2).)

At the conclusion of the hearing, the court must make one of the following orders: (§ 5977.1, subd. (c)(3).)

(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 the 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

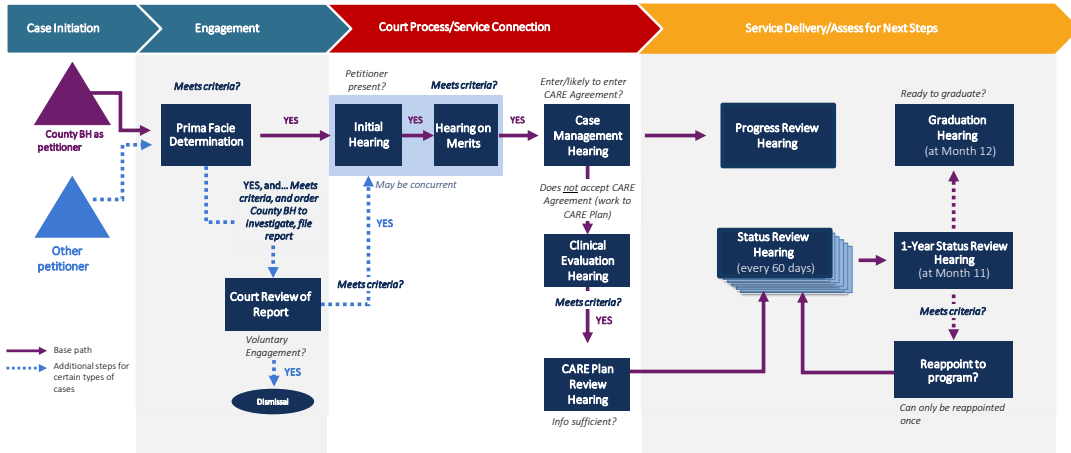
the parties are directed to develop the plan

(A) *Respondent does not meet criteria.*

If the court finds, in reviewing the evaluation, that respondent does not meet criteria, the case is dismissed

For more information, visit the [2022 California Welfare and Institutions Code – 5977.1](#).

Review of CARE Process



Adapted from Los Angeles County's CARE Act Process Map.


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

We are going to zoom back out for a moment to position these key inflection points for assessing eligibility throughout the CARE process (including the petition, the county report, and the clinical evaluation) and the court hearings/reviews in which eligibility is determined.

Ideas in Action

The diagram illustrates a three-step process. At the top, a document labeled 'Petition' is shown. Below it is a 'County Report' document, and at the bottom is a 'Clinical Evaluation' document. Each document features a small icon of a person. To the left of the 'Clinical Evaluation' document is a blue square containing a large yellow checkmark. Dashed blue lines connect the top of the 'Petition' to the top of the 'County Report', the top of the 'County Report' to the top of the 'Clinical Evaluation', and the bottom of the 'Clinical Evaluation' to a horizontal dashed arrow pointing to the right. A vertical dashed line also descends from the top of the 'Petition' to the checkmark box.

- » 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, BH agency, and courts/counsel). **Is it clear what role these individuals should have?**


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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, BH agency, and courts/counsel). **Is it clear what role these individuals should have?**

Objectives

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

- » Describe the schizophrenia spectrum and other psychotic disorders that are CARE Act eligible (and those that are not eligible).
- » List the functional impairments related to these disorders and other eligibility criteria that qualify an individual for CARE Act.
- » Identify key inflection points for assessing/applying eligibility throughout the process, including the petition, the county report, and the clinical evaluation.

[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 the schizophrenia spectrum and other psychotic disorders that are CARE Act eligible (and those that are not eligible).
- List the functional impairments related to these disorders and other eligibility criteria that qualify an individual for CARE Act.
- 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.

Next Steps

- » Visit [CARE-Act.org](https://www.CARE-Act.org) for resources (including recordings of past trainings) and to submit questions/TA requests.
- » Receive notifications of trainings, TA, and other engagement opportunities by [completing the form](#) to join the communication listserv.



[Slide Image Description: This slide shows bullets with next steps. It contains decorative arrows.]

Please let us know how we can best support your teams. Contact info@CARE-Act.org with questions, join the communications listserv, and submit requests and feedback for CARE Act TTA. Please also visit the CARE Act Resource Center website for training decks and recordings, which will be added two weeks after each training.

Questions?

[CARE-Act.org](https://www.care-act.org) | info@CARE-Act.org



[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](https://www.care-act.org) and our email address is info@CARE-Act.org.