

# OVERVIEW OF CARE PROCESS

For Volunteer Supporters



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 content provided in this training by the Judicial Council of CA (JCC) is not legal advice and is for informational purposes only.



[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 an overview of a client's journey through the CARE Act, specifically for volunteer supporters. The goal of this training is to help volunteer supporters feel prepared as they begin to support someone through the CARE Act.

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## Presenters



**DEBORAH ROSE, PSYD**  
Associate Principal  
Health Management Associates



**ANNE HADREAS, JD**  
Supervising Attorney  
Judicial Council of California

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

The presenters today are Deborah Rose, PsyD and Anne Hadreas, JC, the Supervising Attorney for the Judicial Council of California.

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 NYC. 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 cooccurring conditions.

Anne Hadreas, from the Judicial Council of California, is the Supervising Attorney for

the Judicial Council Center for Families, Children, & the Courts. Prior to joining Judicial Council staff, she represented individuals with disabilities, particularly psychiatric disabilities, in state and federal court and worked on legislative policy.

## Agenda

### Overview of the CARE Act

- Discuss the Why and the What of the CARE Act
- Review overall goal and process of the CARE Act

### Introduction to the CARE Act Roles

- Client/Respondent
- Petitioner
- Volunteer Supporter
- County Behavioral Health Agency
- Housing & Community Supports
- Judicial & Legal

### The CARE Act Civil Court Process

- Steps of the CARE Act civil court process

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

In this training, we are giving a high-level overview of the roles and process for providing services under the CARE Act. The first section will provide an overview of the CARE Act, and then the next two sections will go over the roles and the process, respectively.

## Objectives

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

- › Describe the “why” behind the CARE Act.
- › Distinguish the six key roles within the CARE Act.
- › Describe the overall legal process within the CARE Act.

[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 “why” behind the CARE Act.
- Distinguish the six key roles within the CARE Act.
- Describe the overall legal process within the CARE Act.

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.

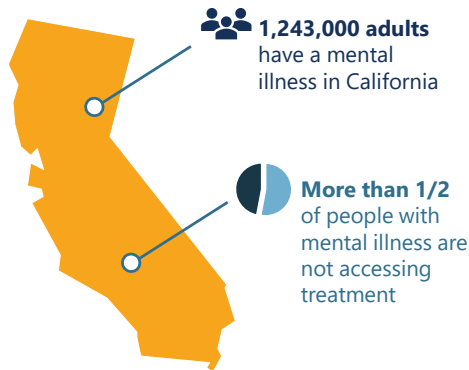
**The Community  
Assistance,  
Recovery, and  
Empowerment  
(CARE) Act:**  
  
***An Overview***



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

In this section, we will be going over some background information about the “why” and the “what” of the CARE Act.

## The “Why” Behind the CARE Act



**The goal of the CARE Act is to provide services upstream, *before* clients are hospitalized, incarcerated, or placed in a conservatorship.**

For more information, visit the [National Alliance of Mental Illness website \(2021\)](#).

[Slide Image Description: This slides shows a graphic of the state of California with mental illness statistics from California listed on the side of the graphic. Additionally, a blue text box lists the goal of the CARE Act.]

We're going to start with a very brief overview of the CARE Act, and we always like to begin with the “why.”

- In California, 1,243,000 adults have mental illness and more than 1/2 of people with mental illness in California are not accessing treatment.
  - SAMHSA. (2020). Key substance use and mental health indicators in the United States: Results from the 2019 National Survey on Drug Use and Health (HHS Publication No. PEP20-07-01-001, NSDUH Series H-55). Rockville, MD: Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration. Retrieved from <https://www.samhsa.gov/data/>
- This can result in unemployment, homelessness, hospitalization, incarceration, and poor quality of life.

The goal of the CARE Act is to provide services upstream, before clients are hospitalized, incarcerated, or placed on a conservatorship. The crux of the CARE Act is really promoting overall access to care and services.

For more information, visit the [National Alliance of Mental Illness website \(2021\)](#).

## What does the CARE Act do?

- » The CARE Act creates a new pathway to deliver mental health and substance use disorder treatment and support services to eligible individuals who have untreated schizophrenia spectrum or other psychotic disorders.
- » The CARE Act allows the court to order the county to provide behavioral health treatment in community-based settings.
- » The individual enters this pathway when a petitioner requests court-ordered treatment, services, supports, and housing resources under the CARE Act, for an eligible individual (or “respondent”).

For more information, visit the [Judicial Branch of California website](#).

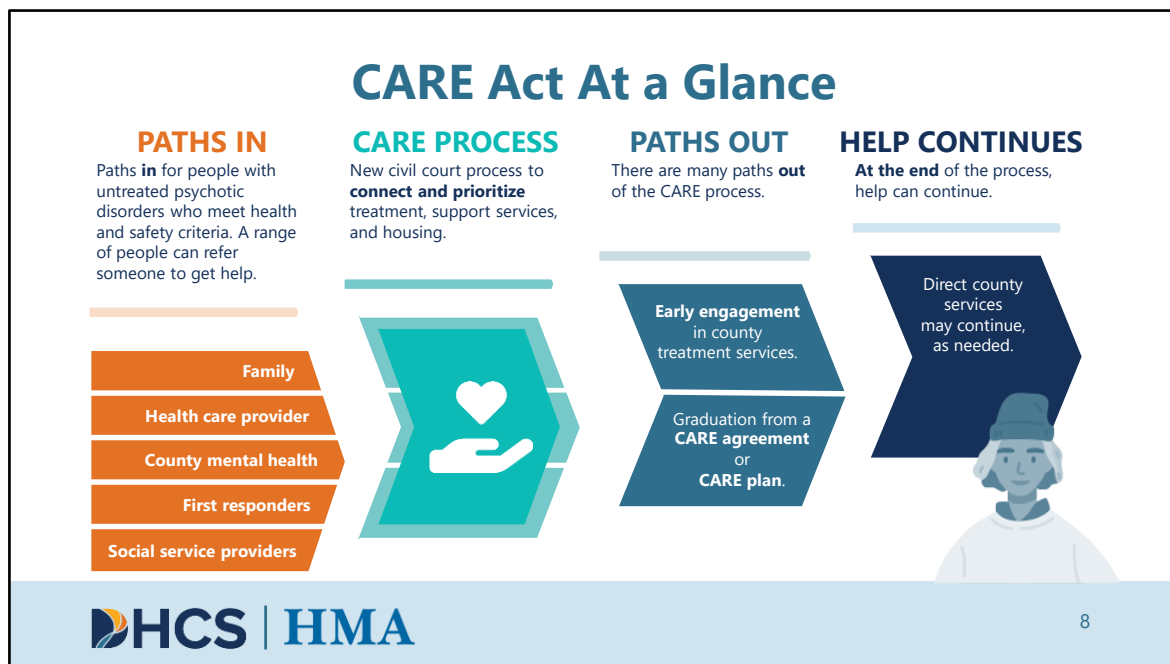


7

[Slide Image Description: This slide shows two bullet points of text and a graphic of a road.]

What does the CARE Act do?

- The CARE Act creates a new pathway to deliver mental health and substance use disorder treatment and support services to eligible individuals who have untreated schizophrenia spectrum or other psychotic disorders.
- The CARE Act allows the court to order the county to provide behavioral health treatment in community-based settings.
- The individual enters this pathway when a petitioner requests court-ordered treatment, services, supports, and housing resources under the CARE Act, for an eligible individual (or “respondent”).



[Slide Image Description: This slide shows the CARE Act at a glance with an icon image of an individual and a heart hovering over a hand.]

Let's take an overall look at the CARE process.

#### 1. Paths in

- There are several potential **people who can start the process in** for people with untreated psychotic disorders who meet health and safety criteria. A range of people can refer someone to get help.
- Those that can “petition” for an individual to be considered for CARE Act services include:
- Family member (parent, spouse, sibling, child or grandparent)
  - Health care provider
  - County mental health
  - First responders
  - Social service providers

#### 2. CARE Process

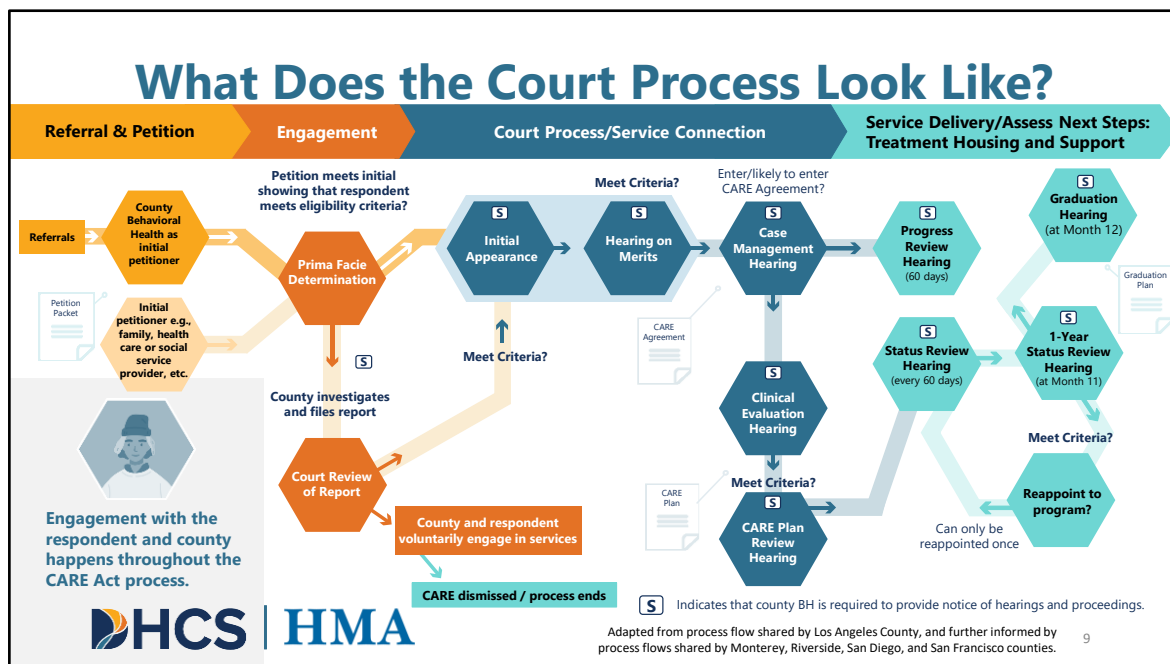
- The CARE process is a new civil court process to **connect and prioritize** treatment, support services, and housing.

#### 3. Paths Out

- There are many paths out of the **CARE** process.
  - Early on in the court process, the BH agency will attempt to engage the individual in treatment services. At this point, it may be possible to divert the respondent from the CARE process through this engagement.
  - Other paths out of the CARE process can include a graduation from a CARE agreement or CARE plan.

1. Help Continues

- At the end of the process, help can continue.
- Direct county services may continue, as needed.



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

The CARE Act court process can take different pathways through the civil court for persons with untreated schizophrenia or other psychotic disorders. Shown on this slide is a general overview of the process, and we are highlighting steps most relevant to the supporter role. We want to highlight that later in the presentation we will be exploring details of this process through the lens of a potential CARE participant: Michael.

It's broken into three major phases:

1. Referral/Petition & Engagement
2. Court Process/Service Connection
3. Service Delivery/Assess for Next Steps

The process begins with the petitioner initiating the case. The assessment and engagement follows with the county behavioral health. Then the case continues to the court process and connection with services. From there, for those who've engaged in a CARE agreement or a CARE plan, there's ongoing service delivery. Finally, there is potential graduation from the CARE Act or assessing for next steps.

During the Court Process/Service Connection phase, the role of the supporter really comes to play at (or before) the initial appearance. Before **that?** point, during Case Initiation & Engagement, there are different types of people who can file the initial petition, and that can impact how the court process flows until the supporter comes into the process.

Two of the paths include:

- Voluntary CARE agreement or
- a court-ordered CARE plan

These can include:

- treatment, including medications & psychosocial interventions
- housing support, and
- other supportive services

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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.
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:
  - The respondent will graduate (and have a graduation hearing at month 12).
  - The respondent will be reappointed to the program, which can only happen once.



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

In this section, we are going to provide an overview of the primary roles in the CARE Act.

## Overview of CARE Act Roles



[Slide Image Description: This slide shows colorful boxes listing the roles included in the CARE Act process.]

These are the primary roles in the CARE process: the client (also known as the respondent), the petitioner, the volunteer supporter, the county behavioral health (or BH) agency, the housing and community support providers, and of course, the CARE court (and the roles within that court).



**“Respondent” is a legal term to refer to the person participating in the CARE Act Process. You’ll hear this term being used in the court room and potentially other settings.**

For more information, visit the [CARE Act Eligibility Criteria](#) brief and [Eligibility in Practice](#) training materials.

## Client/Respondent

- » Potential clients/respondents are adults with a diagnosis of Schizophrenia Spectrum or other psychotic disorders and who:
  - Have severe and persistent symptoms, interfering substantially with primary activities of daily living (ADLs)
    - And an inability to maintain functioning
  - Are not stabilized,
  - Are either unlikely to survive safely/independently and the condition is deteriorating OR services and support are needed to prevent further deterioration,
  - Participation in CARE Act is the least restrictive alternative, AND
  - Will likely benefit from the CARE process

### Case Example: Michael



[Slide Image Description: This slide shows a picture of volunteers distributing food as well as an orange silhouette of a person representing the case example, Michael. The client/respondent description is listed.]

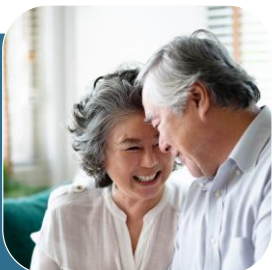
The first role of us to discuss is the client/respondent. Keep in mind that the word “respondent” is a legal term that refers to the person participating in the CARE process.

- This slide gives a summary of the eligibility criteria for folks who may access the CARE process.
  - Potential clients/respondents for the CARE process are adults 18 years and older with a diagnosis of Schizophrenia Spectrum or other psychotic disorders and who:
  - Have symptoms that are severe in degree and persistent in duration, which may cause behavioral functioning which interferes substantially with primary activities of daily life
    - 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,
  - Are not stabilized with ongoing voluntary outpatient treatment,
  - Are either unlikely to survive safely/independently in the community and the

- condition is deteriorating OR services and support are needed to prevent relapse or deterioration,
- Participation in CARE Act is the least restrictive alternative,
    - The CARE process is an alternative to other avenues, such as the LPS process or incarceration
  - The person will likely benefit from participating in a CARE plan or CARE agreement because the process will connect them with those additional services supports and treatment.

In the next section, we will be talking about the process using a case scenario: Michael. For the purpose of this training, we'll be talking about Michael as our client or as a respondent, and we will consider the role of family members, behavioral health providers, and other roles that he intersects as he navigates through the CARE process.

For more information, visit the [CARE Act Eligibility Criteria](#) brief and [Eligibility in Practice](#) training materials.



## Eligible Petitioners

### Lay Individuals

- » Family members (parent, spouse, sibling, child, or grandparent).
- » A roommate/housemate.
- » The client/respondent.

### System Partners

- » A first responder or homeless outreach worker with repeated contact.
- » A licensed behavioral health professional\* involved in respondent's treatment.
- » A public guardian or conservator.\*
- » The director\* of:
  - A hospital in which the respondent is hospitalized.
  - A public or charitable organization, agency, or home.
  - County behavioral health (BH).
  - County adult protective services.
  - A California Indian Health Services program.
- » The judge of a California tribal court.\*

[Slide Image Description: This slide describes eligible petitioners.]

Let's talk about who can file a petition—you may be familiar with this list. This list is broad, and it is possible that more than one person may be eligible to file a petition for Jason.

A petitioner could include lay individuals 18 years or older, such as:

- A person who lives with the respondent.
- A spouse or registered domestic partner, parent, sibling, child, or grandparent of the respondent.
- A person who stands in the place of a parent to the respondent.

A petition can also be filed by a number of system partners, including:

- The director of a hospital\* in which the respondent is hospitalized.
- The director of a public or charitable organization, agency, or home\* who has provided behavioral health services to the respondent within the previous 30 days or in whose institution the respondent resides.
- A licensed behavioral health professional\* who has provided or supervised treatment for the respondent within the previous 30 days.

- The public guardian or public conservator\* of the county.
- A first responder (e.g. a peace officer, firefighter, paramedic, emergency medical technician, mobile crisis response worker, or homeless outreach worker) who has had repeated interactions with the respondent.
- The director of a county behavioral health agency\* of the county.
- The director of county adult protective services\* of the county.
- The director of a California Indian health services program\* or California tribal behavioral health department,\* who has provided behavioral health services to the respondent within the past 30 days.
- The judge of a tribal court\* located in California before which the respondent has appeared within the previous 30 days.

Note that in many instances, the eligible petitioners include a “designee,” indicated by an asterisk. This would include a designee of:

- A licensed behavioral health professional involved in respondent’s treatment.
- A judge of a California tribal court.
- The director of:
  - A hospital in which the respondent is hospitalized.
  - A public or charitable organization, agency, or home.
  - County BH.
  - County adult protective services.
  - A California Indian Health Services program.

When thinking about filing a petition, consider who is in the best position to file a petition and if there is a way to collaborate to reach that goal.

For more information, visit the [CARE Act Resources For Petitioners](#) webpage. Also, there are specific details included about some of the eligible petitioners that we did not explicitly address in this presentation. Make sure you are familiar with the additional details in [California Welfare and Institutions Code \(W&I Code\) section 5974](#).



## Volunteer Supporter

- » An adult chosen by the respondent to provide support throughout the CARE process and to promote the respondent's preferences, choices, and autonomy.

Work with the client on how to maintain autonomy and decision-making authority over their own life.

This includes navigating a CARE agreement or CARE plan, developing a graduation plan, and establishing a Psychiatric Advance Directive (also known as a PAD).

Work with the client on communicating their own preferences for the plan.

In all instances, respect the client's preferences, values and beliefs.

For more information, visit the [Supporter Role in the CARE Act brief](#) and [The Supporter Role in the CARE Act](#) training materials.

[Slide Image Description: This slide shows a picture of a smiling individual in a colorful shirt, as well as the description of the volunteer supporter role.]

The volunteer supporter role is a person who is identified by the client or respondent. The volunteer supporter is an individual that respects the client's preferences, goals, values, and beliefs.

This is a person that supports the individual's independence, autonomy, and decision-making authority over their own life. This person may be a part of the CARE agreement or the CARE plan to support the follow-through and access to additional services.

There is training and technical assistance regarding the volunteer supporter role. For more information, visit the [Supporter Role in the CARE Act brief](#) and [The Supporter Role in the CARE Act](#) training materials.



## County Behavioral Health Agency

- » County mental health or contracted mental health provider
- » May include Assertive Community Treatment (ACT) team, or a similar model in your county, such as Full-Service Partnership (FSP)
- » Examples of BH Provider team members:
  - Team lead/program manager/supervisor
  - Licensed or waived clinicians (LCSW, LMFT, Psychologist)
  - Psychiatrist
  - Case managers including:
    - Substance use disorder (SUD) specialist
    - Housing specialist
    - Employment specialist
    - Medical caseworkers
  - Occupational therapists
  - Peer Specialists/Community Health Workers
  - Nurses

For more information, visit the [CARE Act Fact Sheet](#) and [2022 California Welfare and Institutions Code](#).

[Slide Image Description: This slide shows a picture of an individual sitting at a computer thinking, as well as a description of the county behavioral health agency role.]

This is the agency that is assigned to engage with the client as they enter into the different pathways of a CARE agreement or CARE plan. The county behavioral health agency will likely engage their assertive community treatment (ACT) teams, or similar wraparound/outreach teams such as Full Service Partnership (FSP).

- FSPs maintain fidelity to the Assertive Community Treatment (ACT) model with low client-to-staff ratios and provide services through a team approach.
- FSPs aim to support individuals in building the skills and supports needed to progress in their recovery and when ready transition to a lower level of care.

County behavioral health agencies and their teams will look different, but regardless, they are a key player in providing outreach, creating an initial report, conducting clinical evaluation, engaging the client in the mental health treatment, and connecting that individual with other services and supports, such as housing.

Examples of BH Provider team members:

- Team lead/program manager/supervisor
- Licensed or waived clinicians (LCSW, LMFT, Psychologist)
- Psychiatrist
- Case managers including:
  - Substance use disorder (SUD) specialist
  - Housing specialist
  - Employment specialist
  - Medical caseworkers
- Occupational therapists
- Peer Specialists/Community Health Workers
- Nurses

For more information, visit the CARE Act Fact Sheet and 2022 California Welfare and Institutions Code.



## Housing & Community Supports Providers

- » Counties each have different types of potential housing providers that may engage with the CARE Act, that may include:
  - Permanent Supportive Housing
  - Interim/transitional Housing Models (bridge housing)
  - Affordable Housing Models
  - Community-based Housing
- » Prioritized for Behavioral Health Bridge Housing (BHBH)

For more information, visit the [CARE Act Fact Sheet](#) and [2022 California Welfare and Institutions Code](#).



16

[Slide Image Description: This slide shows a picture of an individual with prosthetics sitting on stairs, as well as a description of the housing & community supports providers role.]

This is a snapshot of the different potential types of housing that the CARE client or respondent may have access to or be prioritized for. Different community-based housing models will look different by county.

- Examples of housing providers include permanent supportive housing, affordable housing, interim/transitional housing, and Behavioral Health Bridge Housing.
- Examples of community supports providers may offer social services funded through Supplemental Security Income/State Supplementary Payment (SSI/SSP), financial assistance for immigrants, CalWORKs, California Food Assistance Program, In-Home Supportive Services program, and CalFresh.

If you look at code or WIC 5982, there's a multitude of housing programs, funding sources, and other community services that are highlighted as priorities for access for this particular CARE Act population. The other callout in 5982 is that these individuals should be prioritized for any appropriate BRIDGE housing that's funded through the

BRIDGE housing program.

For more information, visit the [CARE Act Fact Sheet](#) and [2022 California Welfare and Institutions Code](#).



## Judicial & Legal

### Counsel for Behavioral Health

- Representing county behavioral health
- County counsel or other designated attorney

### Legal Aid/Public Defender

- Representing the respondent's interests and rights
- Court-appointed regardless of ability to pay

### Judge

- Neutral arbiter
- Will strive to conduct CARE proceedings in informal, non-adversarial atmosphere
- Can provide a "black robe" effect, encouraging adherence

For more information, visit the [CARE Act Fact Sheet](#) and the [Legal Roles in the CARE Act](#) brief.

[Slide Image Description: This slide shows a picture of a gavel, as well as a description of the court role.]

Since this is a legal process, there are legal components.

There will always be representation, usually by County Counsel or another agency for behavioral health.

- The respondent has the right to court-appointed counsel regardless of their ability to pay. This will be either legal aid or a public defender, depending on the county and the availability.
  - The role of respondent's counsel is to represent the respondent's interests and to protect their due process rights.
  - Respondents can hire a private attorney if they are able.
- There is also a judge who will be a neutral arbiter.
  - Unless there's a dispute of fact or law, the judge will try to conduct the case in an informal and non-adversarial atmosphere.
  - If there is a dispute, then it may become a more like a traditional adversarial court process.
  - Create a "black robe" effect. Even though CARE proceedings take place in a

civil court and emphasize self-determination, having a judge involved adds a weight and respect that can help motivate respondents and encourage adherence to the CARE agreement/plan.

For more information, visit the [CARE Act Fact Sheet](#) and the [Legal Roles in the CARE Act](#) brief.

## Ideas in Action

» Review the roles involved in the CARE Act process. Write down where you have questions or need for clarification.



[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.]

Look over the roles and consider where you have additional questions or need clarification. Volunteer supporters can reach out to the case manager at the behavioral health agency or email [info@CARE-Act.org](mailto:info@CARE-Act.org) with questions that they have.



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

In this section, we are going to cover the court flow, and we are going to tie that in with a scenario about a client that's participating in the CARE Act and the different paths that this person may take in the process.

## Case Example: Meet Michael



Disclaimer: This is a hypothetical case example.  
Any resemblance to an actual person is purely coincidental,  
including race, nationality, and gender.

**DHCS | HMA**

### What is Michael's background?

- » 43-year-old
- » Diagnosed with Schizoaffective Disorder at 18 and left home soon after diagnosis
- » Increasingly distrustful of parents
- » Mostly has lived in encampments near home
- » Hospitalized several times, twice in the last 60 days

### What is his current functioning?

- » Appears internally pre-occupied
- » Losing weight, sleeping through the day
- » Intermittent erratic behavior prompted several WIC 5150 holds for Grave Disability, but brief stays
- » Recent assaults from others in the encampment
- » Using methamphetamines
- » Declines help from parents and Homeless Outreach Team

[Slide Image Description: This slide shows an orange silhouette of a person representing Michael with a description of Michael's background and his current functioning.]

The CARE Act is about leveraging a system to help provide support, and we don't want to lose focus on helping an individual. We are going to look at this process through the lens of a respondent, Michael. Michael is not one person; he's a conglomeration of people that many of us have worked with before.

### Background

- Michael is a 43-year-old man who was diagnosed with Schizoaffective Disorder at the age of 18.
- Soon after the diagnosis, Michael dropped out of school and worked at a few odd jobs while living at home. Eventually, however, he left home, and became homeless.
- He had a close relationship with his parents (Brian and Sarah) prior to the diagnosis. However, as the illness became more severe, he became less trusting of his parents.
- He spent years in various homeless encampments but stays in the general area where he grew up. While his parents did their best to keep track of him, he declined to go back home or move into stable housing.

- He was hospitalized several times in his life – including 2x the last 60 days - but would be discharged after a brief hold. He learned that in order to be discharged, he would have to agree to take medication until he was back out on the streets.

#### Current Functioning

- He often appears internally preoccupied (hearing voices).
- He has been losing weight and sleeping through the day. Not to the point where it's a medical emergency, but those around him have noticed that he's losing weight and seems to be sleeping more.
- There were several times in his life where his behavior was so erratic, he was placed on a Welfare and Institution Code (WIC) 5150 hold for Grave Disability. However, he is seldom in the hospital beyond 72 hours. Once he is medicated, his symptoms are stabilized, and he is released with a prescription for antipsychotics which he seldom fills.
- He goes to the local Soup Kitchen daily for a meal and has a sleeping bag he sleeps in at night.
- His parents sometimes go to the encampment to try to persuade him to move back to their home. They fear for his safety, as he is paranoid.
- Michael yells at people in the encampment. This has resulted in a few recent assaults from others who are in the encampment. Sometimes he will yell at the staff at the Soup Kitchen because he believes they mean him harm after the recent assaults from others in the encampment. However, when police are called, Michael leaves before they arrive, only to return the next day.
- Michael has been misusing methamphetamines for the past five years, which exacerbates his psychotic symptoms.
- Brian and Sarah, his parents, have contacted the Homeless Outreach Team who work with people who are unhoused and living in the encampment. When they see Michael there, they attempt to engage him in treatment, however he declines any help they offer him.

*Disclaimer: This is a hypothetical case example. Any resemblance to an actual person is purely coincidental, including race, nationality, and gender.*

## What is the Supporter's Role?



- » The role a supporter plays will be different depending on the needs and preferences of each respondent. Consider roles such as:
  - Helping the respondent prepare for a stressful situation.
  - Helping the respondent visualize the people and the setting in advance of the meeting/hearing.
  - Talking through options with the respondent.
  - Helping the respondent understand next steps.
  - Ensure that the respondent's needs and preferences are known and respected.
- » The supporter should make a plan with the respondent on how they would like the supporter to participate.
- » The supporter is not responsible for tracking hearing dates or documenting decisions.

For more information, visit the [Supporter Role in the CARE Act brief](#) and [The Supporter Role in the CARE Act](#) training materials.

[Slide Image Description: This slide shows an image of Michael and his supporter, his mother Sarah. It also lists some potential roles for the supporter during the CARE proceedings.]

Before we jump into the court process, we wanted to share what the supporter's role is throughout. Although the supporter is not responsible for tracking hearing dates or documenting decisions, they may appreciate knowing what the process looks like and know how to best help the respondent.

There are different roles the supporter can play in each step of the CARE proceedings, depending on the needs and preferences of the respondent.

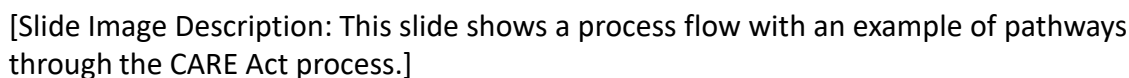
Consider roles such as...

- Helping the respondent prepare for a stressful situation.
- Helping the respondent visualize the people and the setting in advance of the meeting/hearing.

- Talking through options with the respondent.
- Helping the respondent understand next steps.
- Ensure that the respondent's needs and preferences are known and respected.

The supporter should make a plan with the respondent on how they would like the supporter to participate. This plan should be revisited with the respondent throughout the CARE Act process.

For more information, visit the [Supporter Role in the CARE Act brief](#) and [The Supporter Role in the CARE Act](#) training materials.



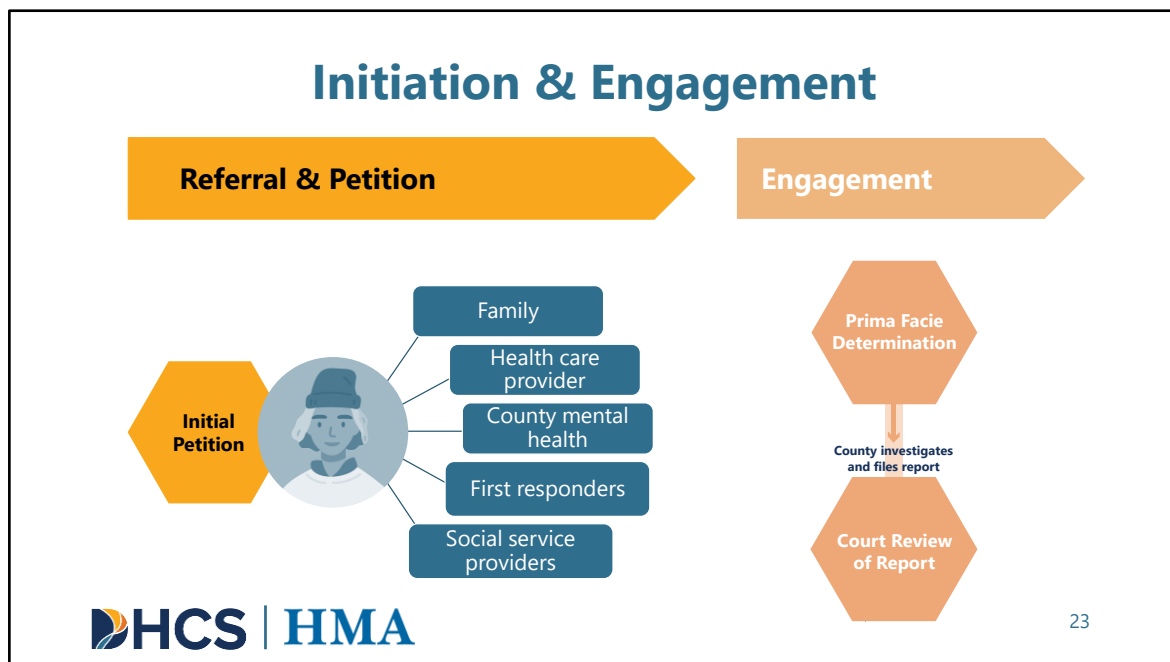
We want to return to the overall CARE process flow. At first, this process can seem complicated, so we want to break it down into steps to help you understand Michael's journey and how his supporter could help him through the process. We will briefly touch on what happens during the CARE process referral/petition and engagement, and then discuss in slightly more detail the parts of the process that the supporter will be a part of (at the respondent's request), including the development of a CARE plan or CARE agreement, service delivery, and then potential next steps.

Keep in mind that engagement with the respondent and county BH happens throughout the CARE Act process.

Description of flow:

1. Informal and formal referrals can be made to the county behavioral health (BH) agency.
2. Petitioner files a petition. This can be county BH or another initial petitioner.

3. There will be a Prima Facie Determination to see if the respondent meets the criteria.
  - If someone other than the county BH agency is the petitioner, and if the respondent is found to meet the criteria, the county BH agency will investigate and file a CARE report.
  - If they do not voluntarily engage in services and the county BH report finds that the respondent meets the criteria, they will progress to the initial hearing.
4. If the respondent meets the criteria, there will be an initial appearance (with the petitioner present). There will also be a hearing on the merits (which can be combined with the Initial Appearance).
5. If the respondent still meets the criteria, then there will be a Case Management Hearing.
  - If it is determined in this hearing that a CARE agreement is likely to be reached, then there will be at least one progress review hearing (but potentially there could be more).
6. If it is determined at the Case Management Hearing that a CARE agreement is not likely to be reached, the court will order a Clinical Evaluation and then a hearing to review. That evaluation is required to include an assessment of respondent's capacity to make an informed decision around psychiatric medications.
7. If the clinical evaluation finds that the respondent is eligible, a CARE plan will be developed and then reviewed in a hearing.
8. There will then be a status review hearing at least every 60 days.
9. At month 11, there will be a one-year status review hearing to determine next steps:
  - The respondent will graduate (and have a graduation hearing at month 12).
  - The respondent will be reappointed to the program, which can only happen once.



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

Unless the volunteer supporter is also the original petitioner that initiated this process, the initial petition happened before the supporter is involved.

This first step is when an eligible petitioner asks the court, through a petition, to consider an individual’s eligibility for the CARE process. It can also happen as a referral to county BH.

The petition can be filed by a group of individuals known to the respondent. Eligible petitioners are:

- First responder who has had repeated contact with the respondent
- Director of County Behavioral Health
- Public guardian
- A roommate and close relatives
- Directors of public service agencies
- Public guardian
- The respondent

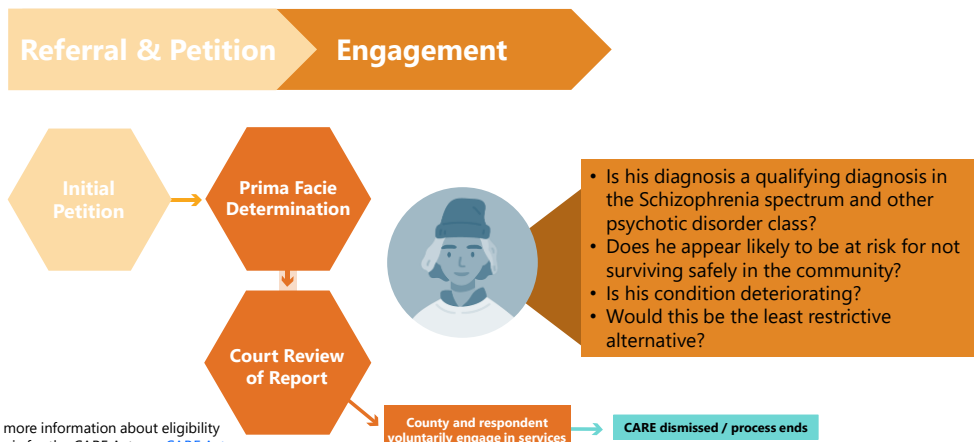
- Mental health professionals
- Director of a hospital in which the respondent was recently or is hospitalized

The petition must provide specific information and support for the court to consider in determining if the respondent is eligible for the process.

In Michael's case, let's imagine that the petition was filed by his parents, Brian and Sarah.

- Brian and Sarah are in their 70's and on a fixed income. They are concerned about paying an attorney to file a petition with the court.
- However, they learn family members are able to petition the court themselves, without having to pay an attorney.
- Brian and Sarah visit the county court Self-Help Center in order to develop and file the petition.

## Petition & Engagement



[Slide Image Description: This slide shows how Michel would go through the Engagement portion of the CARE process.]

During this next step, after the initial petition, the court decides if Michael, our respondent, meets the eligibility requirements to go through the CARE process.

- **Prima Facie:**
  - Once the petition is filed, the court will decide if the petitioner (in this case Brian and Sarah) has shown that Michael meets criteria for CARE.
  - There will be what's called a "prime facie determination," which just means that the "first look" impression that Brian and Sarah are able to demonstrate through their petition that Michael is or may be eligible for CARE services.
- **County Report**
  - If the original petitioner was someone other than the county agency, the county agency will then be asked to file a report that determines whether Michael meets criteria for CARE Act.
  - This report will include:
    - A determination if Michael does meet criteria for the CARE process.

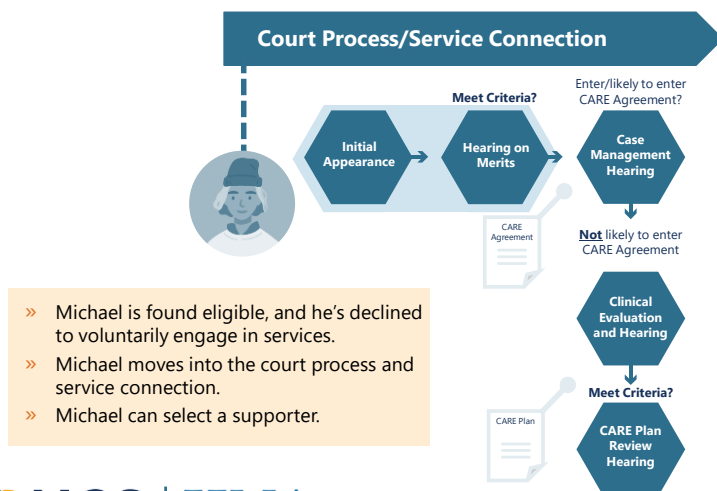
- The outcome of efforts made to voluntarily engage Michael in services.
- Conclusions and recommendations about the respondent's ability to voluntarily engage in services.

While assessing for Michael's eligibility, a few questions will be asked:

- Is his diagnosis a qualifying diagnosis in the Schizophrenia spectrum and other psychotic disorder class? ***Yes, Schizoaffective disorder is an eligible diagnosis.***
  - Michael is currently using methamphetamines. Keep in mind that Substance Use Disorder does not qualify a person for CARE services on its own, but Michael can still qualify based on his primary diagnosis: schizoaffective disorder.
- Does he appear likely to be at risk for not surviving safely in the community? ***Yes, he has been assaulted and is using the Soup Kitchen less frequently.***
- Is his condition deteriorating? ***Yes, he is not engaged in treatment, appears to be responding to voices, agitated and is losing weight.***
- Would this be the least restrictive alternative? ***Yes, this is a less restrictive alternative to a 5150 for Michael.***

During this process, if the court or the county finds Michael as ineligible or he voluntarily engages in services, the court will dismiss the petition and terminate all further court proceedings on the matter. Michael may still be eligible for services, and the county can still engage Michael, it just wouldn't be through the CARE process.

## Court Process/Service Connection

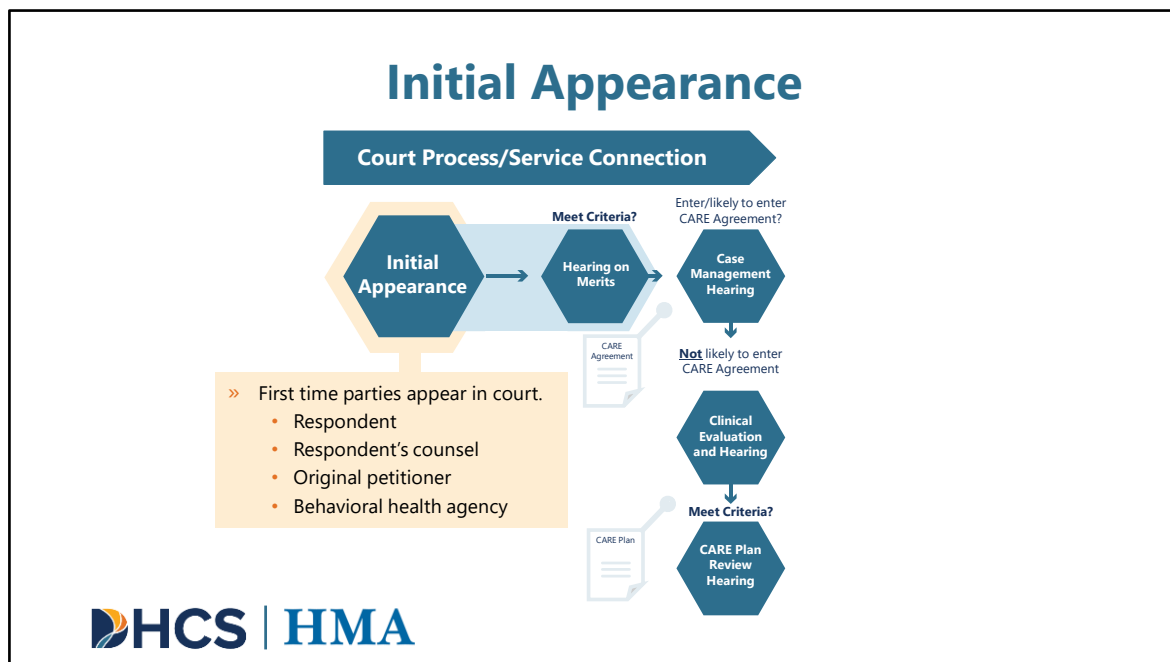


**DHCS | HMA**

[Slide Image Description: This slide shows the Court Process/Service Connection portion of the CARE process.]

For the purposes of our flow, let's consider that Michael is found to be eligible, he declined to engage voluntarily in services. At that point, he will move into the court process and service connection, and this is also when Michael will have the opportunity to select a supporter, and he selects his mother, Sarah. Let's take a closer look.

We will now focus on the court process, which is when the respondent (in our case, Michael). Keep in mind that the supporter is not be responsible for tracking these steps, but it can be helpful for the supporter to know what's happening so they can help the respondent prepare and help clarify how the supporter should be involved beforehand.



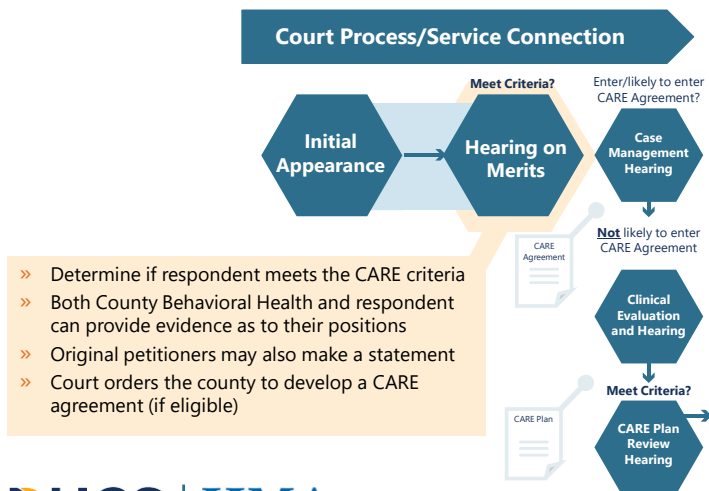
[Slide Image Description: This slide focuses on what happens during the Initial Appearance.]

The Initial Appearance is the first time the parties appear in court. Counsel for the respondent will have been appointed prior to this appearance, and this counsel will let the respondent know that they have the right to a supporter. The respondent (along with their chosen supporter) can choose to be at this court hearing, or they can allow their attorney to appear for them. The behavioral health agency will be substituted in as petitioner if the petition was filed by another individual.

So, in Michael's case, Brian and Sarah (the original petitioners) are there, along with Michael, his attorney, and the BH agency. The BH agency will now take over as the petitioner in determining if Michael meets the CARE criteria.

As mentioned, there is also the potential for a volunteer supporter to be selected. In Michael's case, he chooses his mom, Sarah, to be his supporter.

## Hearing on the Merits



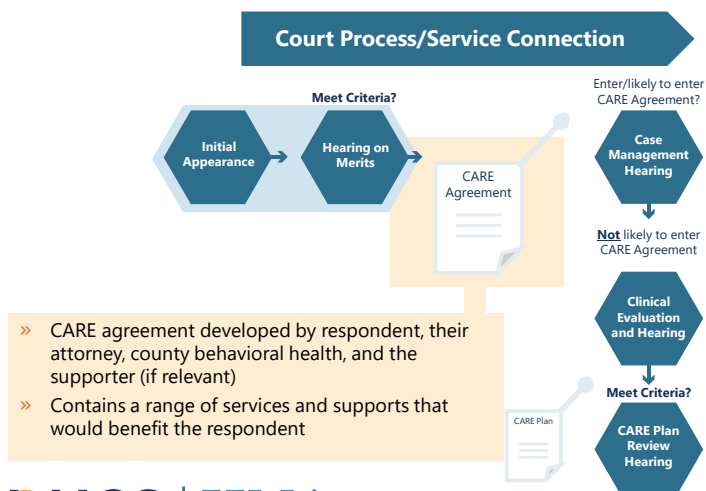
[Slide Image Description: This slide focuses on what happens during the Hearing on the Merits.]

The Hearing on the Merits is next, although it can happen at the same time as the Initial Appearance, if everyone agrees. At the Hearing on the Merits, the court will determine if the respondent meets the CARE eligibility criteria. If so, the court will order the behavioral health agency to work with the respondent (and their counsel and supporter) to engage in treatment and develop a CARE agreement.

At the prima facie stage discussed earlier, that is an “is or maybe” standard, meaning it is much lower. The hearing on the merits will require a clear and convincing evidence standard to determine whether Michael meets the CARE Act criteria. If the court does not find that Michael meets the criteria, it will dismiss the case.

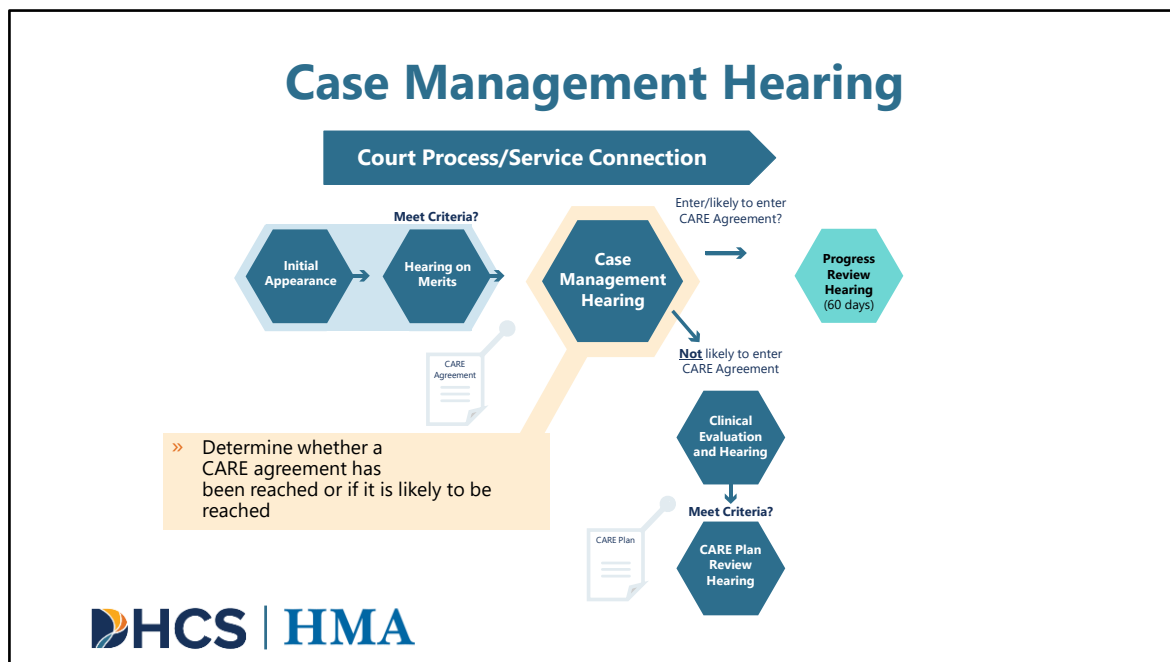
In this scenario, the court finds that by clear and convincing evidence, Michael does meet the criteria and needs to enter into a CARE agreement.

## Development of a CARE Agreement



[Slide Image Description: This slide focuses on what happens during the development of CARE agreement.]

Next, the court will order Michael, his attorney, county behavioral health, and his supporter (if he has one) to attempt to develop a CARE agreement. A CARE agreement is a voluntary agreement developed by the parties, setting out a range of services and supports which would benefit the respondent.



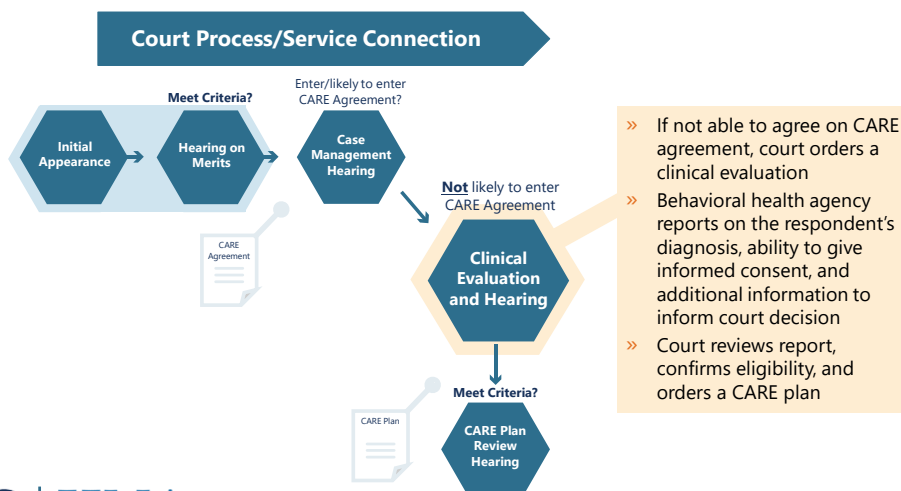
[Slide Image Description: This slide focuses on what happens during the Case Management Hearing.]

A Case Management Hearing is held within 14 days and will determine whether a CARE agreement has been reached or if it is likely to be reached.

There are two options:

1. If yes, the CARE agreement was reached:
  - The CARE agreement will be solidified, and the court can approve their settlement agreement or modify and approve it. The court will also set the CARE agreement for a Progress Hearing in sixty days.
2. If a CARE agreement was NOT reached:
  - In this instance, Michael does not agree with the CARE agreement, as he does not want to take medication, and is comfortable living outside in a homeless encampment.
  - The court will order county behavioral health—through a licensed mental health professional—to conduct a clinical evaluation, which we will cover on the next slide.

## Clinical Evaluation and Hearing



**DHCS | HMA**

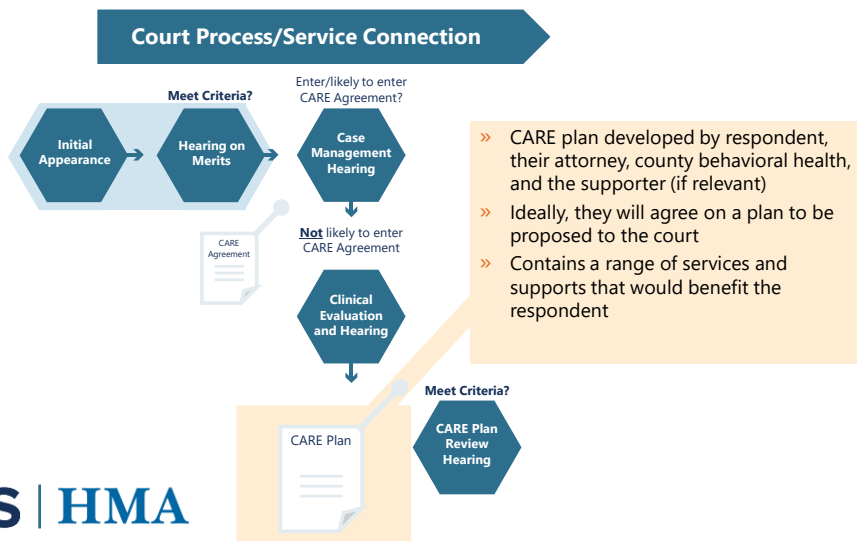
[Slide Image Description: This slide focuses on what happens during the Clinical Evaluation and Hearing.]

If they weren't able to agree on the CARE agreement, the court will order a clinical evaluation (although if there was a clinical evaluation completed within the last 30 days, they can potentially use it).

In this evaluation, the behavioral health agency reports to the court on the respondent's clinical diagnosis, whether the respondent has the legal capacity to give informed consent regarding psychotropic medications, and any additional information and recommendations for services and supports that would assist the court in making informed decisions.

The court will then review the clinical evaluation and other evidence presented. If the court determines that respondent continues to meet the CARE criteria, it shall order the parties to jointly develop a CARE plan.

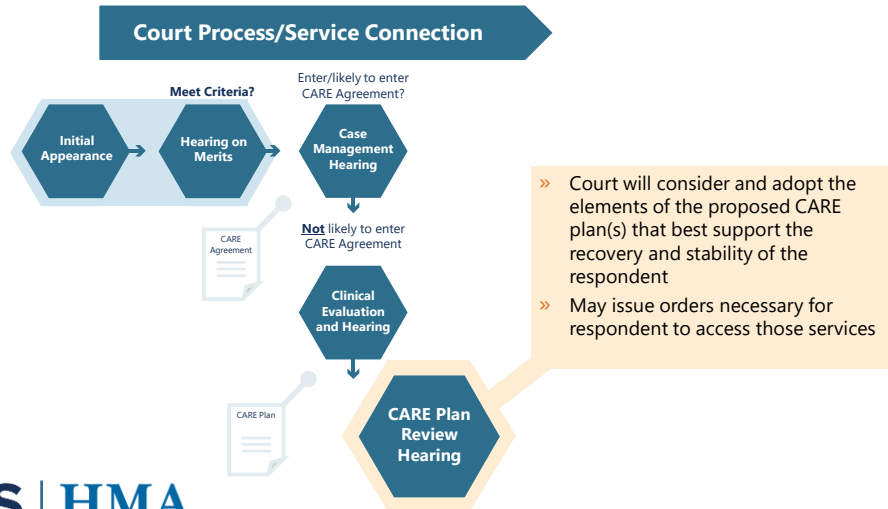
## Development of a CARE Plan



[Slide Image Description: This slide focuses on what happens during the development of a CARE plan.]

Like a CARE agreement, a CARE plan identifies a range of services and supports for the respondent. The respondent, their attorney, the behavioral health agency and the volunteer supporter (if so desired by the respondent) will coordinate together to create a CARE plan. Ideally, they will agree on a plan to be proposed to the court. If they cannot agree, the behavioral health agency and the respondent may propose separate plans.

## CARE Plan Review Hearing



[Slide Image Description: This slide focuses on what happens during the CARE plan review hearing.]

The court will then consider and adopt the elements of the proposed CARE plan(s) that best support the recovery and stability of the respondent and may issue orders necessary for respondent to access those services.

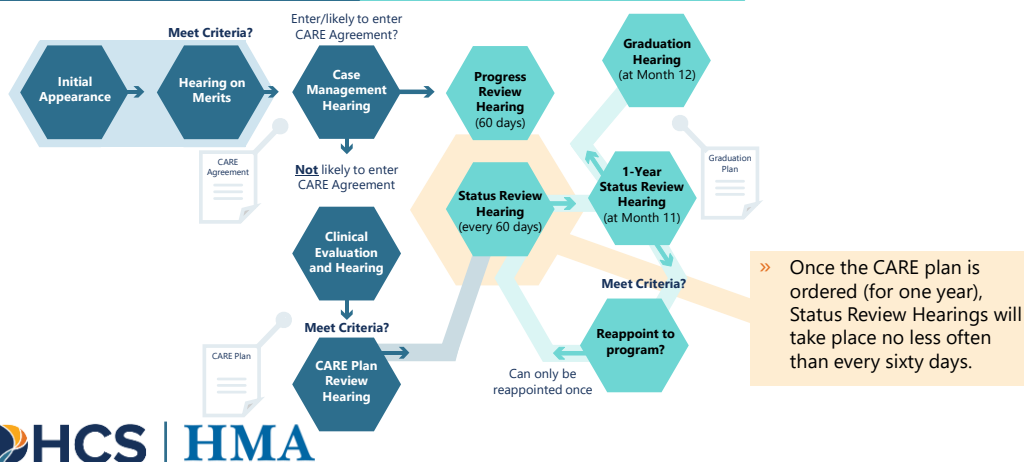
If the court finds that Michael lacks capacity to provide informed consent, the CARE plan can include medically necessary stabilization medication.

- Unlike an involuntary medication order, this cannot be forcibly administered – only offered.
- Michael may be willing to talk to a psychiatrist, and they could work together on a medication option.
- There is no penalty if Michael declines to take the medication.

## CARE Plan Review Hearing

### Court Process/Service Connection

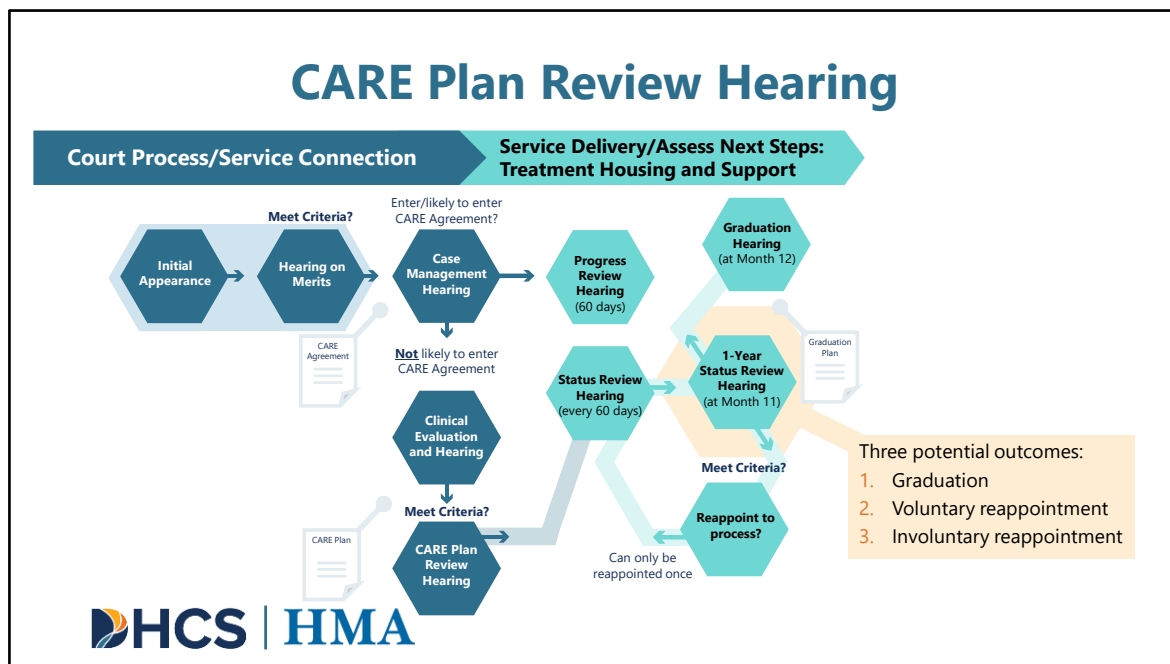
### Service Delivery/Assess Next Steps: Treatment Housing and Support



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

Once the CARE plan is ordered (for one year), Status Review Hearings will take place no less often than every sixty days. They can also happen more often than every sixty days.

- The status hearings are not just for the support people and treatment providers to report on how Michael is doing.
- Michael can say if there are services in his CARE plan that he is not getting and ask the court to enforce those services.



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

There are three potential outcomes from the 1-Year Status Review:

1. Michael elects graduation
  - This means that Michael is doing well, and he will work together with county behavioral health to develop a graduation plan, including the services he will continue to engage in.
2. Michael voluntarily elects to stay in CARE.
  - The court may permit Michael's extension for up to one year.
  - Reasons Michael may want to extend – better access to services, accountability/structure is helpful for him.
3. The court orders Involuntary continuation in CARE.
  - Maybe Michael just started to engage towards the end of the year, so it appears it would benefit him to stay with the CARE plan.
  - This extension may happen only for one year.

## What if Michael doesn't want to participate?

- » Although Michael's CARE plan is court-ordered, there are limits on what can happen to Michael if he does not want to participate, and there are no criminal consequences.
- » The role of professionals providing CARE plan services and the role of the volunteer supporter is vitally important, especially when there is not initial agreement. Engaging with the client will require the volunteer supporter to:



### Respect

Respect Michael's autonomy and right to self-determination.



### Encouragement

Encourage Michael to engage in psychosocial treatment which will increase his ability to maintain autonomy.



### Training

Engage in training on the topics of mental illness, treatment options, Trauma Informed Care, and Motivational Interviewing techniques.

[Slide Image Description: This slide shows a description of what occurs if Michael doesn't want to participate.]

It's important to remember that while Michael's CARE plan is court ordered, it is not criminal court. Meaning, there are limits to what can happen to Michael if he does not want to participate, and there are no criminal consequences. He will not suddenly have a probation officer or something to that effect.

The role of the supporter is vitally important when someone is not in initial agreement but is clearly in need of the services to avoid things from getting worse.

Engaging with the client will require respecting Michael's autonomy and right to self-determination. On some levels, Michael knows what's best for him, but he may not have the insight to have the full picture of the direction he is going in.

It's important to respect Michael's autonomy and at the same time encourage him to engage in psychosocial treatment which will increase his chances at maintaining that autonomy. This is a complex process, but there are many opportunities to engage and allow for the impact of the black-robe effect.

There will be a lot of training available:

- Training in mental illness is important – what do we know about the diagnosis that he has? What do we know about co-occurring disorders, and how do we work with them?
- Treatment options - what are the evidence-based treatment options that will most benefit Michael and how do we talk to him about them?
- This will also take Trauma Informed Care.
- Motivational Interviewing (MI) techniques will be essential to respect Michael's wishes and work with him on some of these healthier choices. This is essential for clients who are not in initial agreement with elements of their CARE plan.

## Implications of Michael's Non-Participation



- » The court can terminate his participation in the CARE process.
- » If LPS proceedings (i.e., 5150/5250, conservatorship) occur within the next 6 months of the termination of CARE plan, information regarding Michael's non-participation will be included to inform this process.
  - Information about non-adherence to medications cannot be included
- » The county behavioral health and community supports providers can continue outreach to Michael to offer treatment and services.

[Slide Image Description: This slide shows a graphic of a paper with the title “CARE Plan: DECLINE.” An orange silhouette of a person representing Michael and a description of the process if Michael declines to participate in the CARE plan is detailed.]

If Michael declines to comply with, or participate in the CARE agreement or plan:

- With the exception of not complying with the medication plan, the court can terminate his participation in the CARE process if Michael does not participate.

What are the consequences?

- If LPS proceedings (i.e., 5150/5250, conservatorship) occur within the next 6 months of the termination of CARE plan, information regarding Michael's non-participation will be included to inform this process.
  - The termination of a CARE plan doesn't *automatically* trigger LPS proceedings.
  - Information about non-adherence to medications cannot be included.
- If the services can continue, county behavioral health and community supports providers can continue **outreach** to Michael to **offer treatment and other services/supports**.

## County Responsibility



» CARE process is more than just about court hearings and legal proceedings.



» CARE is about the county and court working together to support the respondent.

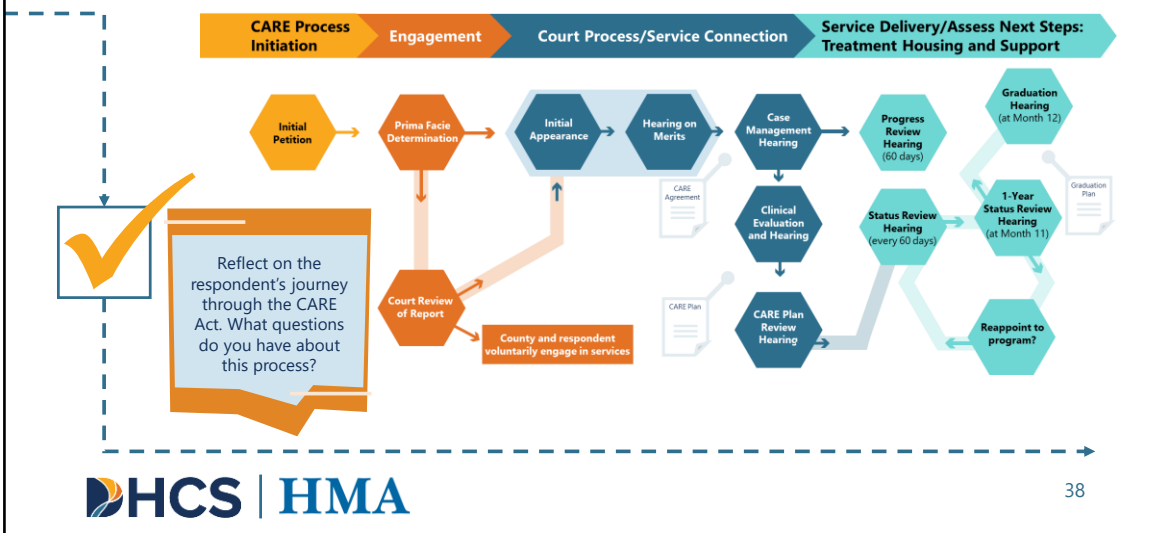


» While the respondent has the ability to refuse services, the county is obligated to provide these services.

[Slide Image Description: This slide shows a graphic of a paper with the title “CARE Plan: DECLINE.” An orange silhouette of a person representing Michael and a description of the process if Michael declines to participate in the CARE plan is detailed.]

This presentation has focused on the court process so that a volunteer supporter can feel prepared for their role in the process. We have also shared information about the voluntary nature of the court proceedings. However, keep in mind that CARE process is more than just about court hearings and legal proceedings. It’s about the county and court working together to support the respondent. And while the respondent has the ability to refuse services, the county is obligated to provide these services.

## Ideas in Action



[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.]

Reflect on the respondent's journey through the CARE Act. What questions do you have about this process? Consider addressing these questions with the respondent's assigned case manager from the BH agency or the respondent's legal counsel. You can also email [info@CARE-Act.org](mailto:info@CARE-Act.org).

## Objectives

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

- Describe the “why” behind the CARE Act.
- Distinguish the six key roles within the CARE Act.
- Describe the overall legal process within the CARE Act.

[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 “why” behind the CARE Act.
- Distinguish the six key roles within the CARE Act.
- Describe the overall legal process within the CARE Act.

Hopefully you feel more oriented on some of the roles in the process and the journey through the CARE Act. We’ll go over some potential next steps in the next slide.

## Questions?

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

## Resources/Source Information

- [California Health and Human Services Agency \(CalHHS\) CARE Informational Webinar Video and Slides](#)
- [CalHHS Fact Sheet](#)
- [CalHHS FAQs](#)
- [DHCS CARE Act Webpage](#)
- [JCC CARE Act Overview](#)
- [CARE Act Fact Sheet](#)
- [CARE Act 101: Overview of the Court's Role in Implementation](#)
- [National Alliance on Mental Illness California website](#)
- [2019 National Survey on Drug Use and Health Report](#) from the Substance Abuse and Mental Health Services Administration

[Slide Image Description: This slide shows a list of hyperlinked resources.]

Resources and Source Information Include:

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