



CARE AGREEMENT AND CARE PLAN WORKSHEET FOR COUNTY BEHAVIORAL HEALTH

This worksheet is intended as an optional tool to gather information for the development of the CARE agreement or plan. **Note: This document is not a court form. This worksheet can be used by counties to inform their process for developing CARE agreements and plans.**

Per Welfare and Institutions (W&I) Code Section 5982, a CARE plan or CARE agreement includes “an individualized, appropriate range of community-based services and supports, as set forth in this part, which include clinically appropriate behavioral health care and stabilization medications, housing, and other supportive services, as appropriate. For more information, please refer to W&I code 5982 at the end of this document.

A. Behavioral Health Care

1. What symptoms of a psychiatric disorder render the person unlikely to survive safely in the community?
2. What symptoms of a psychiatric disorder require treatment to prevent a relapse or deterioration that would be likely to result in grave disability or serious harm to the person or others?
3. Is the person being referred for 24/7 coordinated care with intensive case management, such as Full Service Partnership (FSP), Assertive Community Treatment (ACT) models (including FACT or PACT), or another similar model of care?
 - a. If so, what is the name of the provider organization?
 - b. If not, why? Please describe why not and how the person will receive intensive case management services that include outreach and wrap-around services with a multidisciplinary approach.
4. What are the recommended types and frequency of services for the person?
5. What is the plan for 24-hour crisis services?
6. How frequently will the person be assessed for stability?
7. How will the person be evaluated for participation and engagement with the treatment plan?
8. What will be done to ensure the ongoing engagement of the person in these services?
 - a. Will the person be offered peer support services? If appropriate and with the support of the person, will the person’s family or social networks be engaged in the implementation of the CARE agreement or plan?
 - b. How will the person receive care coordination activities, including support for access to appointments?

9. Who is the person's point of contact for services (e.g., case manager, prescriber, other treatment team member, etc.)?
 - a. Does the person have this information?
10. Who will communicate with the court about the clinical status of the person?

B. Stabilization Medications

1. What are the person's stated preferences regarding medication?
 - a. What is the person's history with psychotropic medications?
 - i. If known, list the psychotropic medications that the person has taken in the past and the reasons these were stopped.
 - b. If the person is currently on medication, what do they report regarding the benefits and side effects of that medication?
 - c. Does the person have a preferred medication? If so, why?
 - d. Are there medications that the person does not want to take? If so, why?
 - e. Does the person have any allergies to medication?
2. What is the recommended course of medication for the person?
 - a. How will the proposed medication, or class of medications, address the person's symptoms and/or behavior?
 - b. What are the potential side effects of the proposed medication or class of medications? Has anyone explained the possible benefits and side effects?
3. Who is the person's prescriber (name and contact information)?
 - a. What is the frequency of assessment by the prescriber?
 - b. Will the person be assessed by a prescriber at least weekly until stabilized on medication? If not, why not?
4. How will care be coordinated between the psychiatric prescriber and the person's treatment team?

C. Housing

1. What is the housing status of the person?
 - a. Homeless (or unhoused)
 - b. Temporary
 - c. Permanent
 - d. Residing in a licensed behavioral health facility
 - e. At risk of losing housing
2. What are the housing goals of the person?
3. For individuals needing or wanting housing:
 - a. What housing resources were considered? What is the housing plan?

- b. How does the housing plan meet the needs of the person?
- c. Is the housing interim or permanent?
 - i. If interim, how will the housing plan address longer term housing stability?
- d. Is the housing placement a licensed residential care setting?
- e. What kind of clinical and nonclinical services are available on site (e.g., social workers, peer support, case management)?
- f. Will medication support be provided?
- g. Is this site proximate to any key resources/community for the respondent?

D. Other Supportive Services

1. Are there any benefits for which the person may be eligible?
 - a. CalFresh
 - b. CalWORKs
 - c. Medi-Cal
 - d. General Assistance/General Relief (GA/GR)
 - e. Supplemental Security Income/State Supplementary Payment (SSI/SSP), Cash Assistance Program for Immigrants (CAPI)
 - f. In-Home Supportive Services program (IHSS)
 - g. Other supportive services including senior service, education and employment supportive services, and social rehabilitation services, as applicable.
2. Are there other population-specific services that the person may be eligible for, such as tribal, veteran, etc.?
3. How will the person be connected with these services?
4. How will access to these services be monitored?

E. Respondent Involvement

1. In preparing this plan, how has the person been given the opportunity to participate in its development?
2. What are the person's goals related to their participation in the CARE process?
3. Does the person have a Psychiatric Advance Directive? If yes, has it been obtained?

F. Requested Volunteer Supporter Information

If the person has identified an individual they would like to serve as their Volunteer Supporter, please provide the following:

1. Name and contact information:
2. Relationship to person:
3. How was the supporter engaged in the development of the plan?
4. Additional comments:

W&I CODE 5982 CARE PLAN

(a) The CARE plan may include only the following:

(1) Behavioral health services funded through the 1991 and 2011 Realignment, Medi-Cal behavioral health, health care plans and insurers, and services supported by the Mental Health Services Act pursuant to Part 3 (commencing with Section 5800).

(2) Medically necessary stabilization medications, to the extent not described in paragraph (1).

(3) Housing resources funded through the No Place Like Home Program (Part 3.9 (commencing with Section 5849.1) of Division 5 of the Welfare and Institutions Code); California Housing Accelerator (Chapter 6.6 (commencing with Section 50672) of Part 2 of Division 31 of the Health and Safety Code); the Multifamily Housing Program (Chapter 6.7 (commencing with Section 50675) of Part 2 of Division 31 of the Health and Safety Code); the Homeless Housing, Assistance, and Prevention Program (Chapter 6 (commencing with Section 50216) of Part 1 of Division 31 of the Health and Safety Code); the Encampment Resolution Funding Program (Chapter 7 (commencing with Section 50250) of Part 1 of Division 31 of the Health and Safety Code); the Project Roomkey and Rehousing Program pursuant to Provision 22 of Item 5180-151-0001 of the Budget Act of 2021 (Ch. 21, Stats. 2021); the Community Care Expansion Program (Chapter 20 (commencing with Section 18999.97) of Part 6 of Division 9 of the Welfare and Institutions Code); the CalWORKs Housing Support Program (Article 3.3 (commencing with Section 11330) of Chapter 2 of Part 3 of Division 9 of the Welfare and Institutions Code); the CalWORKs Homeless Assistance pursuant to clause (i) of subparagraph (A) of paragraph (2) of subdivision (f) of Section 11450 of Article 6 of Chapter 2 of Part 3 of Division 9 of the Welfare and Institutions Code; the Housing and Disability Advocacy Program (Chapter 17 (commencing with Section 18999) of Part 6 of Division 9 of the Welfare and Institutions Code); the Home Safe Program (Chapter 14 (commencing with Section 15770) of Part 3 of Division 9 of the Welfare and Institutions Code); the Bringing Families Home Program (Article 6 (commencing with Section 16523) of Chapter 5 of Part 4 of Division 9 of the Welfare and Institutions Code); the Transitional Housing Placement program for nonminor dependents (Article 4 (commencing with Section 16522) of Chapter 5 of Part 4 of Division 9 of the Welfare and Institutions Code); the Transitional Housing Program-Plus pursuant to subdivision (s) of Section 11400 and paragraph (2) of subdivision (a) of Section 11403.2 of Article 5 of Chapter 2 of Part 3 of Division 9 of the Welfare and Institutions Code and Article 4 (commencing with Section 16522) of Chapter 5 of Part 4 of Division 9 of the Welfare and Institutions Code; the Behavioral Health Continuum Infrastructure Program (Chapter 1 (commencing with Section 5960) of Part 7 of Division 5 of the Welfare and Institutions Code); the Behavioral Health Bridge Housing Program; HUD-Veterans Affairs Supportive Housing Program (Section 8(o)(19) of the United States Housing Act of 1937 [42 U.S.C. Section 1437f(o)(19)]); Supportive Services for Veteran Families (Section 604 of the Veterans' Mental Health and Other Care Improvements Act of 2008 [38 U.S.C. Sec. 2044]); HUD Continuum of Care program (Section 103 of the McKinney-Vento Homeless Assistance Act [42

U.S.C. Sec. 11302]); the Emergency Solutions Grant (Subtitle B of Title IV of the McKinney-Vento Homeless Assistance Act [42 U.S.C. Secs. 11371-11378]); HUD Housing Choice Voucher program (Section 8 of the United States Housing Act of 1937 [42 U.S.C. Sec. 1437f]); the Emergency Housing Vouchers (Section 3202 of the American Rescue Plan Act of 2021 [Public Law 117-2]; Section 8(o) of the United States Housing Act of 1937 [42 U.S.C. Sec. 1437f(o)]); HOME Investment Partnerships Program (Title II of the Cranston-Gonzalez National Affordable Housing Act [42 U.S.C. Sec. 12721 et seq.]); the Community Development Block Grant Program (Title 1 of the Housing and Community Development Act of 1974 [42 U.S.C. Sec. 5301 et seq.]); housing supported by the Mental Health Services Act pursuant to Part 3 (commencing with Section 5800); community development block grants; and other state and federal housing resources.

(4) Social services funded through Supplemental Security Income/State Supplementary Payment (SSI/SSP), Cash Assistance Program for Immigrants (CAPI), CalWORKs, California Food Assistance Program, In-Home Supportive Services program, and CalFresh.