

CARE Act Training & Technical Assistance

**CONSIDERATIONS FOR
PETITIONING IN THE CARE
ACT PROCESS**

CARE Act Process



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.



[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.]

This training will revisit eligibility criteria and court referrals to CARE, with a focus on areas relevant to the petition process. Most time will be spent on current considerations and strategies with regard to the petition process in CARE. This training is primarily targeted for behavioral health (BH) agencies. That said, the content may be relevant for courts/counsel, family and peer organizations, volunteer supporters, and other stakeholder groups involved in the CARE Act implementation process. If you are a family member who would like more information about filing a petition, there are great resources available to you through Self-Help Centers. To connect with a Self-Help Center for completing a petition, please see the Judicial Council of California's **Self-Help Center locator**

We also have a training on the family's role in the CARE process, which can help you have additional context. That training is available here: <https://care-act.org/training-material/role-of-the-family-in-the-care-process/>

We want to thank Glenn, Tuolumne, Orange, San Diego, and Los Angeles counties for contributing thoughts about the petition process (and how they are problem-solving through challenges), and we look forward to hearing from the panelists in the open-forum discussion.

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Agenda

Revisiting Eligibility Criteria

- Introduce case study and explore questions around determining eligibility.

Petition Filing Process Overview

- Discuss eligible petitioners.
- Go over the who, what, and where of filing petitions.
- Discuss practical, cultural, and accessibility considerations for petitions.

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

In this training, we will discuss the following:

- Revisiting Eligibility Criteria
 - Introduce case study and explore questions around determining eligibility.
- Petition Filing Process Overview
 - Discuss eligible petitioners.
 - Go over the who, what, and where of filing petitions.
 - Discuss practical, cultural, and accessibility considerations for petitions.

Objectives

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

- » Understand eligibility criteria in the petition process.
- » Identify potential pathways to access the CARE process.
- » Understand the petition filing process.
- » Identify and address practical considerations related to the petition process.

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

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Presenters



DEBORAH ROSE, PSYD

Associate Principal
Health Management Associates



LEELA KAPUR, JD

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

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

Leela Kapur, JD is a subcontractor with more than 30 years of public service as an attorney representing Los Angeles County and the City of Los Angeles and has experience as counsel for the County's Departments of Health and Mental Health.



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

In this first section, we will revisit the eligibility criteria and introduce a case study.

What is Jason's background?

- » 29 years old; from Sacramento but spends time in Fresno.
- » First episode of psychosis during first year of college.
- » History of substance and alcohol use.
- » Significant vision impairment.
- » Multiple inpatient psychiatric hospitalizations.
- » Likes military history and talk radio.

What is his current situation?

- » Living on the street and experiencing food insecurity.
- » Currently experiencing paranoid delusions and auditory hallucinations.
- » Sporadic contact with his family.
- » Upon discharge from hospitals, stops taking medications.
- » Multiple contacts with homeless outreach workers and first responders.



Case Example: Meet Jason



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

[Slide Image Description: This slide shows a silhouette of a person representing Jason with some aspects of his history listed.]

As we go through the discussion, we will refer to Jason, so keep his history in mind. There are factors in his history that will be relevant to not only determining whether he is eligible, but also to some of the practical considerations that come into play leading up to and during the filing of a petition. Please recognize that there may be multiple petitioners, including his parents and first responders.

What is Jason's background and current situation?

- 29 years old; from Sacramento but spends time in Fresno.
- First episode of psychosis during first year of college.
- History of substance and alcohol use.
- Significant vision impairment.
- Multiple inpatient psychiatric hospitalizations.

- Likes military history and talk radio.
- Living on the street and experiencing food insecurity.
- Currently experiencing paranoid delusions and auditory hallucinations.
- Sporadic contact with his family.
- Upon discharge from hospitals, stops taking medications.
- Multiple contacts with homeless outreach workers and first responders.

Let's move to the next slide and talk about Jason and consider if he may be eligible and benefit from CARE and the services that can be offered.

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

CARE Eligibility Criteria



All of the following:

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

At least one of the following:

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

For more information, visit the [CARE Act Eligibility Criteria Fact Sheet](#), the [Eligibility in Practice](#) training materials, and the [California Welfare and Institutions Code \(W&I Code\) section 5972](#).

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

Let's refresh ourselves on CARE eligibility criteria. And, as we look at eligibility criteria, let's remember Jason, and ask ourselves the question: could Jason qualify for CARE?

CARE eligibility criteria is defined as:

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

California Health and Safety Code section 1374.72, paragraph (2), subdivision (a), but who does not meet the required criteria in this section shall not qualify for the CARE process.

- The person is not clinically stabilized in ongoing voluntary treatment.
- Participation in a CARE plan or CARE agreement would be the least restrictive alternative necessary to ensure the person’s recovery and stability.
- It 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 W&I Code section 5150.

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

Does Jason Appear to Meet CARE Criteria?

A judge will determine if the petition shows that Jason meets or may meet the eligibility requirements.

Are Jason's symptoms of paranoia and audio hallucinations severe and persistent?

Do Jason's symptoms interfere with primary activities of daily life?

Is Jason stabilized with ongoing voluntary treatment?



Is participation in CARE the least restrictive alternative for Jason?

Will Jason likely benefit from CARE participation?

Is Jason unlikely to survive safely and independently? Is his condition deteriorating **AND/OR** are services and supports needed to prevent relapse or deterioration?

[Slide Image Description: This slide shows a silhouette of Jason with his unique eligibility criteria for the CARE Act listed to the sides.]

Let's take a closer look at Jason and raise the questions related to CARE criteria. Let's ask ourselves does he meet the eligibility requirements? Keep in mind that ultimately a judge will determine if the petition shows that Jason meets or may meet the eligibility requirements.

- Are Jason's symptoms of paranoia and audio hallucinations severe and persistent?
 - It appears that Jason is responding to internal stimuli. He is seen talking to himself. Because he often believes that radio announcers are speaking directly to him and about him, he frequently talks back to the radio. The police have been called on multiple occasions because of concerns regarding his behavior, and Jason has had frequent contact with homeless outreach workers and first responders.
- Do his symptoms interfere with his daily life?
 - His paranoia and hallucinations interfere with his self care and activities of daily living, and they prevent him from receiving medical care, behavioral health care, and housing supports.

- Is he currently involved in outpatient services?
 - We have no knowledge that Jason is involved in outpatient behavioral health.
- Would CARE be the least restrictive alternative for Jason?
 - CARE will allow for the provision of ambulatory services, housing, medication, and other community supports based on his individualized CARE plan or CARE agreement. These services are less restrictive than other interventions.
- Would he likely benefit from CARE and the services that are afforded to him through a CARE agreement or CARE plan?
 - Jason would likely benefit from the wraparound services that can be provided through a CARE agreement or CARE plan. CARE may help him access housing, treatment services, and recovery supports.
- And is he unlikely to survive safely and independently in the community? Is his condition deteriorating? Or are the services needed to prevent his condition from deteriorating?
 - He is experiencing more frequent and intense hallucinations, and he is avoiding family because of his paranoid beliefs. Also, as a result of his delusions, he is unwilling to stay in a shelter or housing among other people. Because he is not receiving medical services, his eyesight is rapidly deteriorating. In addition, his activities of daily living (ADLs) are compromised. CARE may provide him with outpatient treatment services that can help Jason survive safely in the community. CARE may provide Jason with supports that help him identify behavioral health recovery goals and identify pathways to recovery.
- A question remains open related to Jason's diagnosis. At this point, we do not definitively know that he is living with a diagnosis of schizophrenia. But based on his history and presentation, it appears that he may meet the diagnostic criteria for CARE. Additional information may be necessary to establish if Jason has been diagnosed with schizophrenia. County BH agencies may find it helpful to receive information from his family or others who have interacted with him, such as outreach workers and first responders.

Ideas in Action

“
What are situations in which someone’s eligibility may not be clear?
”

DHCS | HMA 9

[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, an arrow, and an image depicting Jason.]

What are situations in which someone’s eligibility may not be clear?

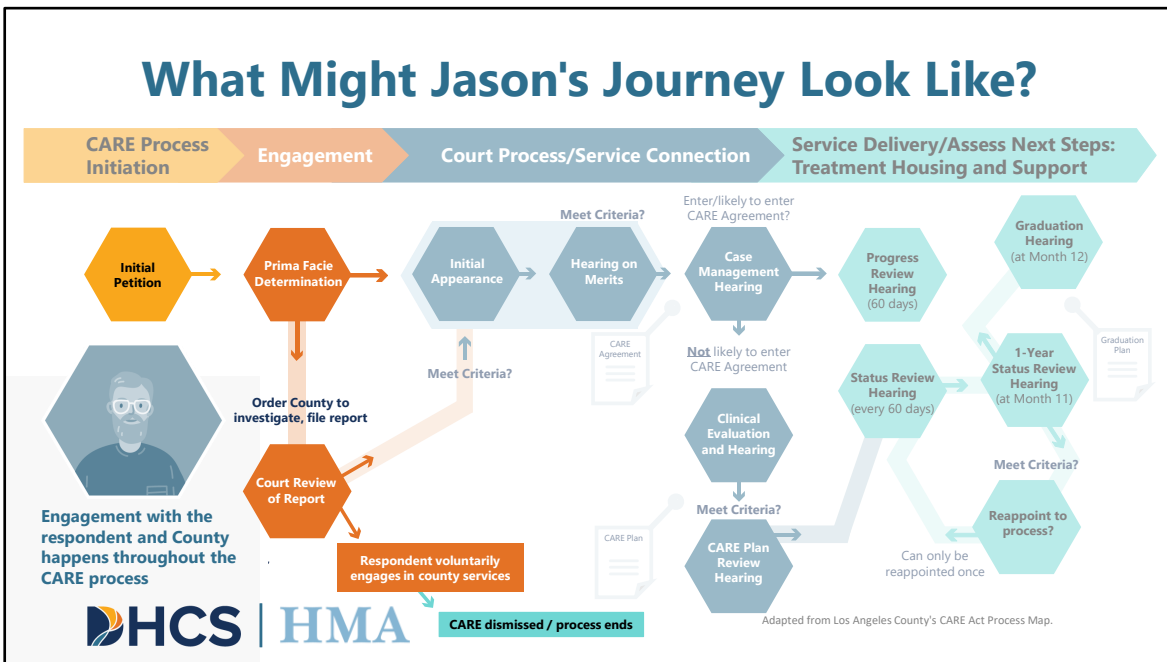
- There are multiple diagnoses over time, including complex behavioral health needs and co-occurring substance use disorder.
- The petitioner is not aware of specific diagnosis or has knowledge of the diagnosis but does not have documentation.

In the next section, we will talk through some problem-solving strategies for the petition process and determining eligibility. Note that individuals can continue to receive services and supports regardless of eligibility, it just may not be through CARE.



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

In this section, we will discuss eligible petitioners; identify the who, what, and where of filing petitions; and discuss the practical, cultural, and accessibility considerations for petitions.



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

Now that we have discussed whether Jason meets or may meet the eligibility criteria, let's spend a few minutes revisiting the CARE process. This was adapted from Los Angeles County's CARE Act Process Map. Today's discussion will focus on the initial stage – filing of a petition (the blocks on the left side of the chart).

The purpose of the petition is to initiate the CARE process.

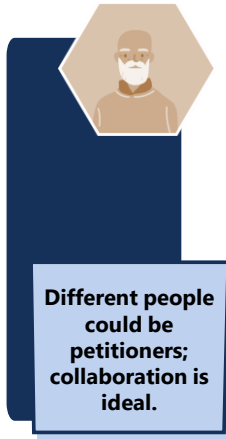
It is important to remember that every petition that is filed is initially reviewed by a judge. The judge will determine if, on its face, the petition presents sufficient support that Jason meets or may meet the eligibility criteria. This is called a prima facie determination.

- If found that Jason meets or *may* meet the eligibility criteria, for non-county BH petitions (e.g., one filed by a family member), the court would order county BH to outreach to Jason:
 - To attempt to engage him in voluntary services.

- To report back to the court with information as to whether Jason meets CARE eligibility criteria.
- If voluntary engagement is successful, the petition would be dismissed.
- Otherwise, the petition would proceed through the process.
- Early in the process, the original petitioner (e.g., family member) would be replaced by county BH at the Initial Appearance.
- Ultimately the court—with input from behavioral health professionals—will determine if Jason is eligible for CARE.

Let's move to the next slide and talk about the who, what, and where of petitions and talk through some practical considerations that we are hearing from counties that have implemented CARE.

Eligible Petitioners



A petitioner could include:

- » Family members (parent, spouse, sibling, child, or grandparent).
- » A licensed behavioral health professional* involved in respondent’s treatment.
- » A public guardian or public conservator.
- » A first responder or homeless outreach worker with repeated contact.
- » The director* of:
 - A hospital in which the respondent was recently hospitalized.
 - A public or charitable organization, agency, or home.
 - County BH.
 - County adult protective services.
 - A California Indian Health Services program.
- » The judge* of a California tribal court.
- » A roommate/housemate.
- » The client/respondent.

*or their designee

For more information, visit [CARE Act Resources For Petitioners](#) and see for additional details (such as timing) [W&I Code section 5974](#).

[Slide Image Description: This slide shows an image of an individual representing a potential petitioner.]

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:

- Family members (parent, spouse, sibling, child or grandparent).
- A licensed behavioral health professional or service provider who is treating or has recently treated the client/respondent.
- The director of a hospital in which the respondent was recently is hospitalized.
- The director of a public or charitable organization, agency, or home, who has within the previous 30 days provided or who is currently providing behavioral health services to respondent or in whose institution the respondent resides.
- A licensed behavioral health professional who is or has been with the previous 30 days supervising the treatment of, or treating, the respondent.

- The director of a county BH agency.
- A public guardian or public conservator.
- A first responder or homeless outreach worker who has had repeated contact with the respondent.
- A roommate/housemate.
- The client/respondent.

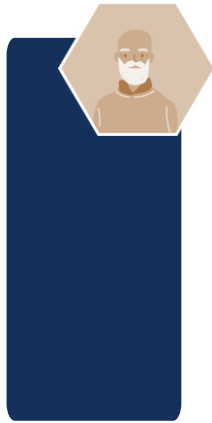
Note that in many instances, the eligible petitioners include a “designee,” indicated by an asterisk on this slide. This would include a designee of:

- 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 was recently 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 [CARE Act Resources For Petitioners](#). 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 and [W&I Code section 5974](#).

Petitioners in Practice



- » Implemented counties have reported that petitions are coming from the following sources:
 - Family members.
 - County BH agency upon referral from LPS court.
 - County BH agency upon referral from a provider/first responder.
 - Respondent (seems primarily to be persons in custody).
- » We have heard from counties that strong collaboration between the county BH agency, law enforcement/first responders, county social service agencies, and private providers is already proving effective in all stages of the CARE process, including in decisions around petition filing.

For more information, visit [CARE Act Resources For Petitioners](#) and [W&I Code section 5974](#).

[Slide Image Description: This slide shows an image of an individual representing a potential petitioner.]

Implemented counties have reported that petitions are coming from the following sources:

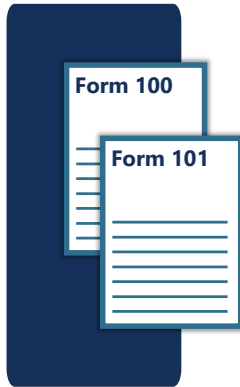
- Family members.
- County BH agency upon referral from LPS court.
- County BH agency upon referral from a provider/first responder.
- Respondent (seems primarily to be persons in custody).

Note that we are not seeing as many petitions from hospital settings as expected.

We have also heard from counties that strong collaboration between the county BH agency, law enforcement/first responders, county social service agencies, and private providers is already proving very effective in all stages of the CARE process, including in decisions around petition filing. In some cases, for example, when a family member didn't have access to the protected health information to file the petition, the county was able to file as the initial petitioner instead.

For more information, visit [CARE Act Resources For Petitioners](#) and [W&I Code section 5974](#).

The Petition



- » Petition to Commence Care Act Proceedings (Judicial Council [JC] Mandatory Form 100):
 - Allows for narrative information to support that the respondent meets eligibility criteria.
 - Sets forth CARE Act's requirements for either:
 - An affidavit (JC Mandatory Form 101) of a licensed behavioral health professional stating that they have examined the respondent in the past 60 days (or has made multiple attempts to examine them), and has determined or has reason to believe, explained with specificity, that the respondent meets the diagnostic criteria for CARE proceedings.
- OR
 - Evidence that the respondent was detained for a minimum of two intensive treatments, the most recent one within previous 60 days.

For more information, on the mandatory forms, see [Information for Petitioners – CARE 050](#), [Information for Respondents – CARE 060](#), [How to File the CARE – 100 Form](#), and the [CARE Act Resources for Petitioners One-Pager](#).

[Slide Image Description: This slide describes the petition and includes two images representing Form 100 and Form 101.]

Let's talk about the petition—the information included with this form is used for the court to conduct its initial review.

- Petition to Commence Care Act Proceedings (Judicial Council [JC] Mandatory Form 100):
 - Developed for use by all petitioners statewide.
 - Allows for narrative information to support that the respondent meets eligibility criteria.
 - Sets forth CARE Act's requirements for either:
 - An affidavit (JC Mandatory Form 101) of a licensed behavioral health professional stating that they have examined the respondent in the past 60 days (or has made multiple attempts to examine them), and has determined or has reason to believe, explained with specificity, that the respondent meets the diagnostic criteria for CARE proceedings.
 - This is in support of the eligibility requirement that the petitioner carry a diagnosis of schizophrenia spectrum or other psychotic

disorders.

OR

- Evidence that the respondent was detained for a minimum of two intensive treatments, the most recent one within previous 60 days.
 - The CARE Act clearly distinguishes the 14-day hold for intensive treatment authorized under W&I Code section 5250 required by the Act from the 72-hour hold authorized by W&I Code section 5150.
 - The CARE Act does not specify what qualifies as evidence. For example, the petitioner can state that they are aware of a 5250 hold, even if they do not have the records from the hospitalization.
 - Petitioner should provide whatever specifics they are aware of to support their statements and observations.
 - The judge would make a determination if information presented is sufficient.

The petition can be complicated, and resources like Self-Help Centers (discussed in a later slide) have trained staff and are available to help. Included on this slide are some written resources and trainings developed by CalHHS, JC, and the CARE Act Resource Center specific to the filing of petitions.

It is also important that you help petitioners (especially family members) understand that a petition and supporting documentation will be shared with the respondent.

For more information, on the mandatory forms, see [Information for Petitioners – CARE 050](#), [Information for Respondents – CARE 060](#), [How to File the CARE – 100 Form](#), and the [CARE Act Resources for Petitioners One-Pager](#).

Problem Solving

Access to Protected Health Information

- » Access to relevant information for non-county BH petitioners:
 - Recognition of confidentiality restrictions to protected health information (PHI).
 - Potential ways to elicit petition information:
 - Connect with county BH.
 - Contact behavioral health professionals familiar with individual to request relevant information or to provide an affidavit in support of petition (Form 101).
 - Reach out to service providers who have had contact with individual for additional information.
 - Gather any available details regarding prior hospitalizations.
 - Include as much information of the individual's behavioral health history in the narrative portions of the petition (Form 100).
 - Judge has broad discretion when conducting initial (prima facie) review of petition.



The goal of the petition is to provide sufficient information for the court to initially determine that the respondent meets or may meet the eligibility standard.

[Slide Image Description: This slide describes protected health information and includes two images, one representing Jason and his petition and one representing a potential petitioner.]

A practical consideration for working through the petition process is the availability of information for non-county BH petitioners, who may not have access to protected health information (PHI). For example, a family member/first responder/outreach worker, who may not have documented diagnoses or access to PHI.

- Recognition of confidentiality restrictions (e.g., PHI).
- Potential ways to elicit petition information.
 - Collaborate with county BH.
 - Contact behavioral health professionals familiar with individual to request relevant information or to provide an affidavit in support of petition (Form 101).
 - Reach out to service providers who have had contact with individual for additional information.
 - Gather any available details regarding prior hospitalizations.
 - Through collaboration may determine who is best suited and willing to file the petition.

- Include as much information of the individual’s behavioral health history in the narrative portions of the petition, especially if no affidavit (Form 100).
- Senate Bill 35 amended the statute to authorize the sharing of PHI to the court and to county BH, but it does not address behavioral health professionals providing information to other entities or persons. These provisions do not address family members access to PHI or compel BH professionals to file a declaration in support of a petition.

Remember that the filing of the petition is the first step. The judge has broad discretion when reviewing the petition. The goal is to provide sufficient information in the petition for the court to initially determine that Jason meets or may meet the eligibility standard.

Problem Solving

Determining the Petitioner

Who is in the best position to file a petition? Is there a way to collaborate to reach that goal?



Family members

- » Often have personal knowledge of individual's condition and treatment history which may provide support for the petition.
- » May have difficulty obtaining behavioral health information.
- » Should consider collaborating with county BH agency or providers to determine if a petition should be filed and by whom.



First responders

- » May have relevant experience, interactions, and observations of the individual.
- » May also have difficulty obtaining diagnosis and other eligibility information.
- » May consider collaborating with county BH agency, a hospital, or behavioral health provider.



Individuals on their own behalf

- » An individual may file a petition themselves to access services through the CARE process.
- » Individuals who are in custody are filing petitions, which could assist with release planning.

[Slide Image Description: This slide describes three potential petitioners and includes three images, one representing Jason, one representing family members, and one representing first responders.]

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.

Let's talk about some of the common petitioners:

- Family members:
 - Recognize these individuals may have difficulty obtaining behavioral health information to show that an individual meets or may meet the eligibility criteria.
 - However, family members' personal knowledge of the person's condition and treatment history may provide support for the petition.
 - Should consider collaborating with the county BH agency or providers to determine if a petition should be filed and by whom.
- First responders:
 - First responders may also have difficulty obtaining diagnosis and other eligibility information, but they can speak to their experience, interactions, and their

observations. They may have brought the individual to a psychiatric emergency room and could potentially speak to hospitalization.

- First responders can also collaborate with the county BH agency, a hospital, or behavioral health providers. An example of collaboration may be that first responders work with the county BH agency to determine if a CARE petition should be filed.
- May consider collaborating with the county BH agency, a hospital, or behavioral health provider.
- We also want to recognize that individuals may file petitions on their own behalf:
 - A person may file a petition on their own behalf to access services through the CARE process.
 - We are hearing that individuals who are in custody are filing petitions to access services (e.g., to assist in release planning).
 - The CARE Act does not preclude a petition being filed for an individual in custody.

Problem Solving

Determining Where to File



Additional Considerations

- » Where is the respondent most likely to be located?
- » Where is the respondent most likely to have access to services?
- » Where does the respondent have the strongest support system?
- » Where has the respondent had prior contact with behavioral health services?
- » Where does the respondent have a sense of inclusion and acceptance in the community?

[Slide Image Description: This slide includes considerations for where the petition should be filed and a graphic of California with potential locations identified.]

The CARE Act provides that a petition can be filed in the county where the respondent:

- Resides.
- Is found.
- Has a pending civil or criminal court proceeding.

Some additional considerations include:

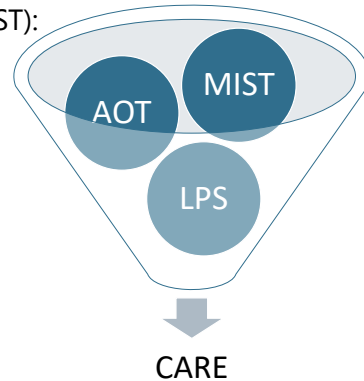
- Where is the respondent most likely to be located?
- Where is the respondent most likely to have access to services?
- Where does the respondent have the strongest support system?
- Where has the respondent had prior contact with behavioral health services?
- Where does the respondent have a sense of inclusion and acceptance in the community?

As for Jason:

- He appears to prefer Fresno County over Sacramento. Has he ever expressed a preference?
- We can consider where he has been most recently treated. Has he established a connection with a behavioral health provider or peer support specialist?
- Has he utilized shelters or housing resources in a particular area?
- Does he have (has he mentioned) family, friends or other supports in a particular area?

Court Referrals to CARE Process

- » Misdemeanant Incompetent to Stand Trial (MIST):
 - Referral by court.
 - County BH agency is petitioner.
 - If individual is accepted into CARE, the charges are dismissed.
- » Assisted Outpatient Treatment (AOT):
 - Referral by court.
 - County BH agency is petitioner.
- » Lanterman-Petris-Short (LPS conservatorship):
 - Referral by court.
 - Conservator or proposed conservator is petitioner.



For more information, visit [W&I Code section 5978](#) and [Penal Code section 1370](#).

[Slide Image Description: This slide describes the different court referrals to the care practice with an image representing the possible pathways.]

The CARE Act establishes three potential referral pathways that can lead to a petition being filed. Keep in mind that a referral is not a petition. The petitioner still has to file a petition to initiate the process.

- Misdemeanant Incompetent to Stand Trial (MIST) – W&I Code section 5978:
 - Referral by court, but there still needs to be a petition filed to initiate the process.
 - County BH agency is the petitioner.
 - If the individual is accepted into CARE, the charges are dismissed.
- Assisted Outpatient Treatment (AOT):
 - Referral by court, but there still needs to be a petition filed to initiate the process.
 - County BH agency is petitioner.
- Lanterman-Petris-Short (LPS conservatorship):

- Referral by court, but there still needs to be a petition filed to initiate the process.
- Conservator or proposed conservator is petitioner.

Let's discuss the relationship of LPS with CARE

- There is a misconception that the CARE Act provides a referral from CARE to LPS. This is not true. The CARE Act allows for a referral from LPS to CARE but not the other way around.
- The CARE Act does provide that if a respondent fails to successfully complete their CARE plan (not agreement), and all the services and supports have been offered to them, then:
 - The fact that a respondent fails to successfully complete their CARE plan, including reasons for that failure, shall be considered in a subsequent LPS hearing (held within six months) - presumption that respondent requires additional intervention beyond the CARE Act.
 - It is important to note that this does not apply to a respondent's failure to comply with a medication order.
- The CARE Act process is an alternative to LPS that Public Guardian/Conservators should consider when evaluating best option for an individual.

For more information, visit [W&I Code section 5978](#) and [Penal Code section 1370](#).

Problem Solving

Assistance for Filing a Petition

- » There are resources to address petitioner questions and provide guidance as petitioners work through the petition filing process.
- » Finding help:
 - Access Self-Help Centers by entering your city, county, or zip code into the Judicial Branch of California's [Self-Help Center locator](#).
 - Review details on the petition process, access petition forms, and access additional resources (in various languages) on CalHHS's [Information for CARE Act Petitioners webpage](#).
 - Learn how to file the CARE-100 Form from the Judicial Branch of California's [CARE-100 Form two-pager](#).
 - Access a petition process video, information for petitioners, and petition forms on [NAMI's CARE Act webpage](#).
 - Coming soon: additional NAMI training videos on how to petition and how to fill out a petition form.

[Slide Image Description: This slide includes resources on petition assistance.]

There are resources to address petitioner questions and provide guidance as petitioners work through the petition filing process.

Finding help:

- Access Self-Help Centers by entering your city, county, or zip code into the Judicial Branch of California's [Self-Help Center locator](#).
- Review details on the petition process, access petition forms, and access additional resources (in various languages) on CalHHS's [Information for CARE Act Petitioners webpage](#).
- Learn how to file the CARE-100 Form from the Judicial Branch of California's [CARE-100 Form two-pager](#).
- Access a petition process video, information for petitioners, and petition forms on [NAMI's CARE Act webpage](#).
 - Coming soon: additional NAMI training videos on how to petition and how to fill out a petition form.

Petitioner's Role After Petition is Filed



Ongoing role in the CARE process:

- » Non-county BH petitioners are replaced by county BH early in the process.
- » The original petitioner can be present and make a statement at the initial hearing.
- » The court may assign ongoing rights of notice to original petitioner.
- » If respondent consents, the court may allow original petitioner to participate in respondent's CARE proceedings.
- » The respondent may select the original petitioner as their volunteer supporter.

For more information on the role of the volunteer supporter, see the training on the [Supporter Role in the CARE Act](#) as well as the [Volunteer Supporter Toolkit](#).

[Slide Image Description: This slide describes the petitioner's role after the petition is filed and their ongoing role in the CARE process.]

As we discussed, if a petition is filed by anyone other than a county BH agency, early in the CARE process, the original petitioner (such as a family member) is replaced by county BH. The original petitioner could have an ongoing role in the process at the court's discretion or with the respondent's agreement.

Ongoing role in the CARE process:

- Non-county BH petitioners are replaced by county BH early in the process.
- The original petitioner can be present and make a statement at the initial hearing.
- The court may assign ongoing rights of notice to the original petitioner.
- If the respondent consents, the court may allow the original petitioner to participate in the respondent's CARE proceedings.
 - But without respondent's consent, the original petitioner will not be provided with ongoing information, such as status reports, on the respondent's CARE

process.

- The respondent may select the original petitioner as their supporter and allow them a continued role in the process.

For more information on the role of the volunteer supporter, see the training on the Supporter Role in the CARE Act as well as the Volunteer Supporter Toolkit.



Strategies for Serving the Petition

- » Coordinate within the county BH team/case management staff to facilitate locating and serving the respondent.
- » Consider timing of initial engagement and serving the petition.
- » Leverage the petitioner to assist county BH outreach staff in finding the client or encouraging the client to see county BH staff.
- » Consider having a peer present with the team when serving the client.
- » If law enforcement presence is necessary, request that deputy wear plain clothes.

[Slide Image Description: This slide includes a picture of two sets of hands and includes strategies for serving the petition.]

Keep in mind that serving the petition may be the first point of contact with the respondent, so it needs to be approached thoughtfully.

Consider the following strategies being used by counties already implementing CARE:

- Coordinate within the county BH team/case management staff to facilitate locating and serving the respondent.
- Consider timing of initial engagement and serving the petition.
 - We are hearing that counties are employing different strategies.
 - Some are employing "rapid serve." As the right people are there and the respondent has been located, use that as an opportunity to both engage and serve.
 - Others are engaging first and serving later so as to establish a relationship first.
 - Teams are composed differently – county BH staff, outreach workers, peer, respondent's attorney, law enforcement.
- Leverage the petitioner to assist county BH outreach staff in finding the client or

- encouraging the client to see county BH staff.
- Consider having a peer present with the team when serving the client.
- Request a Sheriff's Deputy dressed in plain clothes to accompany county BH staff, as appropriate.

Problem Solving

Cultural & Accessibility Considerations

Consider ways to support family member petitioners in culturally competent, accessible ways:

- » Provide information regarding petitions and forms in multiple languages, including for those who utilize adaptive technology, and account for all reading levels.
- » Provide interpretation services to help petitioners document information.
- » Provide available support for petitioners outside of traditional working hours.
- » Consider using of remote services; options and supports for those not comfortable with technology.
- » Embrace a trauma-informed approach when working with petitioners.



For more information about cultural competency/humility and taking a trauma-informed approach, see the trainings on trauma-informed care series for county BH (trainings [1](#), [2](#), and [3](#)).

[Slide Image Description: This slide includes a picture of two people and describes examples of cultural and accessibility considerations.]

When a family member is the petitioner, it's especially important to provide support in culturally competent, accessible ways during the petition process:

- Provide information regarding petitions and forms in multiple languages, including for those who utilize adaptive technology, and account for all reading levels.
- Provide interpretation services to help petitioners document information.
- Provide available support for petitioners outside of traditional working hours.
- Consider using of remote services; options and supports for those not comfortable with technology.
- Embrace a trauma-informed approach when working with petitioners.

For family members, this can be a painful and vulnerable process, and the courts, county BH, and others need to be aware that they may benefit from connection to culturally responsive resources after the petition is filed as well.

For more information about cultural competency/humility and taking a trauma-informed approach, see the trainings on trauma-informed care series for county BH (trainings [1](#), [2](#), and [3](#)).

The slide is titled "Ideas in Action" and features a central graphic. On the left, a dashed blue line leads from the top to a checkbox containing a large orange checkmark. This line then extends horizontally to the right, ending in an arrowhead. In the center is a "Petition" form with a header, a hexagonal icon of a man with glasses, and several horizontal lines for text. To the right of the form is another hexagonal icon of a man with a beard. Below these icons are three stacked buttons: "Who" with a group of people icon, "What" with a checklist icon, and "Where" with a location pin icon. At the bottom left of the slide is the "DHCS | HMA" logo, and at the bottom right is the number "23".

[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, an arrow, an image depicting Jason with his petition, and an image of a potential petitioner.]

We’ve just talked through considerations around the petition process, including eligible petitioners, required information, assistance that petitioners can receive, and the petitioner’s role after the petition is filed. Let’s think through what that looks like for Jason.

Who: We talked through several petitioners who could potentially file for Jason: family members, first responders, or a hospital or behavioral health provider that has recently treated Jason. They each bring different perspectives and levels of information.

Let’s say in this instance that Jason’s petitioner is his father, George:

- George lives in Sacramento – a different county from where Jason is currently

located.

- He has knowledge of Jason’s behavioral health history but has limited recent interaction with him.
- He is concerned that no one else has decided to file a petition, compelling him to file.
- As an initial step, George should consider seeking guidance from a Self-Help Center or a local NAMI Chapter.

What: As we talked about, the petition should include information/narrative speaking to Jason’s eligibility and either (1) an affidavit from a behavioral health professional that speaks to Jason’s diagnostic criteria OR (2) evidence that Jason was detained for a minimum of two intensive psychiatric treatments.

- George, Jason’s father, can offer his understanding of Jason’s history, including:
 - Jason’s first episode of psychosis in college, and recent deterioration.
 - He can also speak in general terms about when Jason has been hospitalized. This could include informing the court of the dates that he contacted his parents while hospitalized, how he described his stay and condition, and any information parents received from behavioral health professionals at that time.
 - He should include as much detailed information as possible on the petition for the court to make a determination of whether Jason meets or may meet CARE eligibility.

George should also consider if he knows of any behavioral health providers who may be able to support a petition with an affidavit or if county BH in either county has had interaction with Jason. These may be opportunities for collaboration that may help access additional information that would be useful or required by the court.

Where: George isn’t sure where to file a petition, given that his son is from Sacramento but spends time in Fresno, so the petition may be filed in either of these counties.

As for Jason:

- He appears to prefer Fresno County over Sacramento. Has he ever expressed a preference?

- Where has he been most recently treated. Has he established a connection with a behavioral health provider or peer support specialist?
- Has he utilized shelters or housing resources in a particular area?
- Does he have (has he mentioned) family, friends or other supports in a particular area?

Remember that even if it is determined that Jason doesn't meet CARE eligibility, efforts to voluntarily engage Jason in services can continue. In fact, judges, Self-Help Centers, and county BH professionals have all indicated that they try to immediately connect individuals to services.

Objectives

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

- » Understand eligibility criteria in the petition process.
- » Identify potential pathways to access the CARE process.
- » Understand the petition filing process.
- » Identify and address practical considerations related to the petition process.

[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:

- Understand eligibility criteria in the petition process.
- Identify potential pathways to access the CARE process.
- Understand the petition filing process.
- Identify and address practical considerations related to the petition process.

Next Steps

- » Visit [CARE-Act.org](https://www.care-act.org) for resources (including recordings of past trainings) and to submit questions/technical assistance (TA) requests.
 - [CARE Act Eligibility in Practice](#)
 - [CARE Act Resources For Petitioners](#)
 - [Role of the Family in the CARE Process](#)
- » 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:

- [CARE Act Eligibility in Practice](#)
- [CARE Act Resources For Petitioners](#)
- [Role of the Family in the CARE Process](#)

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.