

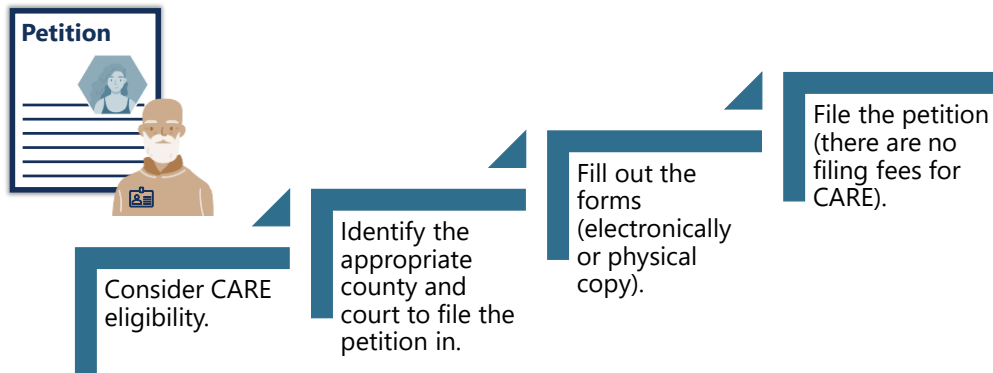
[Slide Image Description: This cover slide introduces the title and category of this training. It contains the logos for the California Department of Health Care Services and Health Management Associates.]

This tutorial is designed to guide you through the process of completing a CARE Act petition. Whether you're a behavioral health professional, a system partner, or another petitioner, our goal is to help you understand what information is needed, how to present it clearly, and what to expect from the court's review process.

We won't go form-by-form—instead, we'll walk through the overall purpose of the petition, the type of information to include across forms, and how to approach this process with confidence, even if you don't have every detail.

Disclaimer: This session is presented by Health Management Associates. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement by, California Department of Health Care Services.

Steps for Completing the Petition



See the [CARE Act Website Directory](#) for links to county behavioral health and court websites.

[Slide Image Description: This slide describes the steps for completing a petition and includes an image representing the petition form.]

Here are steps for completing a petition.

- Consider how the individual may meet eligibility requirements (which we will review in a moment).
- Identify the appropriate county and court to file the petition in. A petition can be filed in the county where the respondent resides, is found, or has a pending civil or criminal court proceeding.
- Fill out the forms (electronically or hard copy).
- File the petition according to your county's process, keeping in mind that there are no filing fees for CARE. This may be done in person or via mail, and many counties have e-filing options.

System partners may be able to complete the petition themselves (provided they are eligible petitioners), but they can also be a referral source, working with other eligible petitioners, including county behavioral health (BH).

See the [CARE Act Website Directory](#) for links to county BH and court websites.

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.]

It is possible that more than one person may be eligible to file a petition.

A petitioner could include lay individuals, such as:

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

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

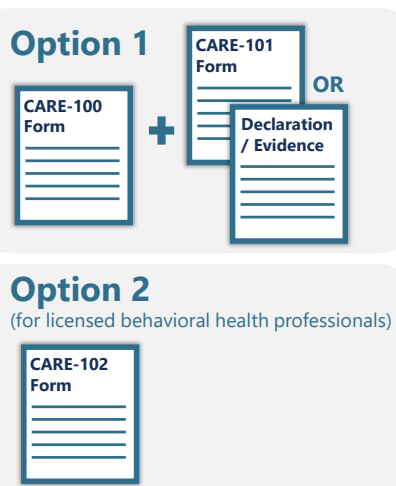
- A licensed behavioral health professional or service provider who is treating or has recently treated the respondent.
- The director of a hospital in which the respondent is hospitalized.
- The director of a public or charitable organization, agency, or home, who has within the previous 30 days provided or who is currently providing behavioral health services to the 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.

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 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](#).



The Petition

General Guidance

- » Be factual and specific.
- » You don't need to prove eligibility; just show there's a reasonable basis to move forward.
- » If you're not a clinical professional, include what you observe.
- » Focus on providing enough information to help the judge make an initial decision.

[Slide Image Description: This slide describes the options for petitioning and includes four images representing CARE-100 form, CARE-101 form, declaration/evidence, and CARE-102 form.]

There are two different ways to file a petition, depending on who you are and what information you have.

Let's talk through the options.

Option 1: General Petition Process (For Most Petitioners)

Use this path if you're not a licensed behavioral health professional (for example family members, first responders, etc.).

- **Step 1:** Fill out the **CARE-100** form. It lets you explain your observations in your own words.
- **Step 2:** You must include *one* of the following to support your petition:
 - **CARE-101 form:** A declaration from a licensed behavioral health professional who has either examined the person in the last 60 days or has tried multiple times. They must believe the person may meet CARE eligibility criteria.
 - **OR other documentation:** Evidence that the person has had at least two intensive treatments, one within the last 60 days. This could include hospital discharge papers or a signed declaration from someone with direct

knowledge of the hospitalizations. If the petitioner has knowledge, the declaration of two 5250s can be included directly on the CARE-100. Otherwise, that information can be attached to the petition.

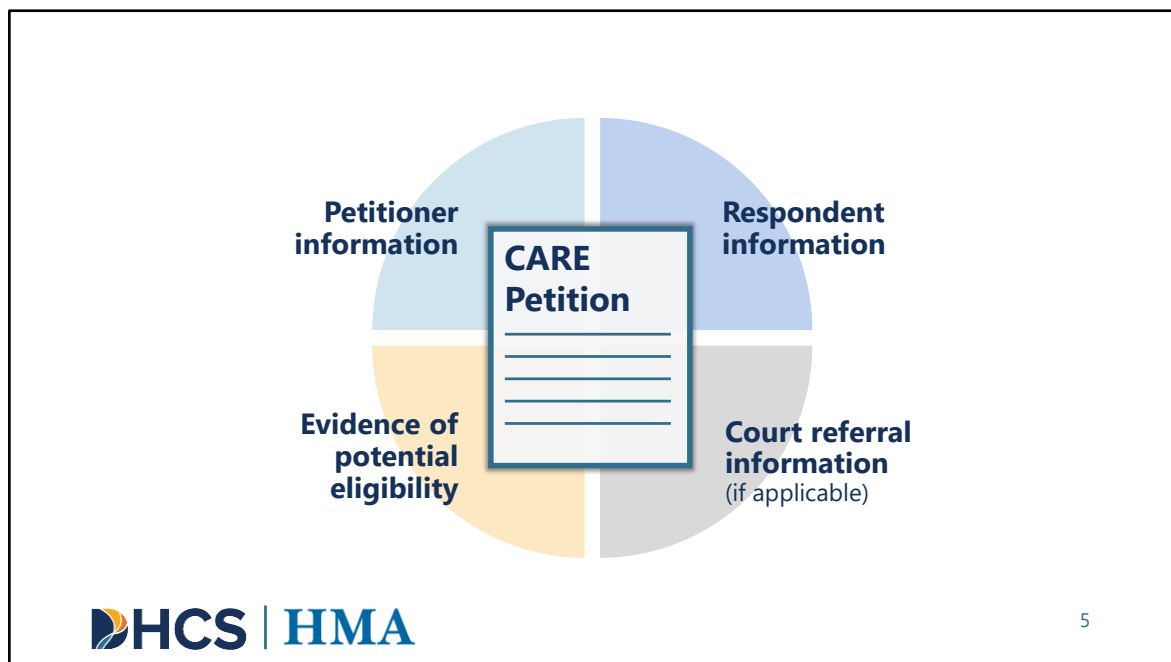
Option 2: Streamlined Process for Licensed Behavioral Health Professionals

Use this path if you *are* a licensed behavioral health professional (which could include members from the county BH agency) and prefer a more streamlined process.

- Fill out the **CARE-102** form. This combines both the petition and the declaration from the licensed behavioral health professional into one document.
- Like the CARE-100 and CARE-101, it allows you to describe what you’ve observed and why you believe the person may be eligible for CARE.

Reminder: Regardless of which option you use, the key is to provide enough detail for the judge to decide whether the case should proceed—not to prove everything. If the judge believes there’s a reasonable basis, they may request more information or begin the formal CARE process. Just document what you know, and keep the focus on what you’ve personally seen or learned.

For more information on the mandatory forms, see the [forms on the Judicial Council website](#) and [CARE Act Resources for Petitioners](#).

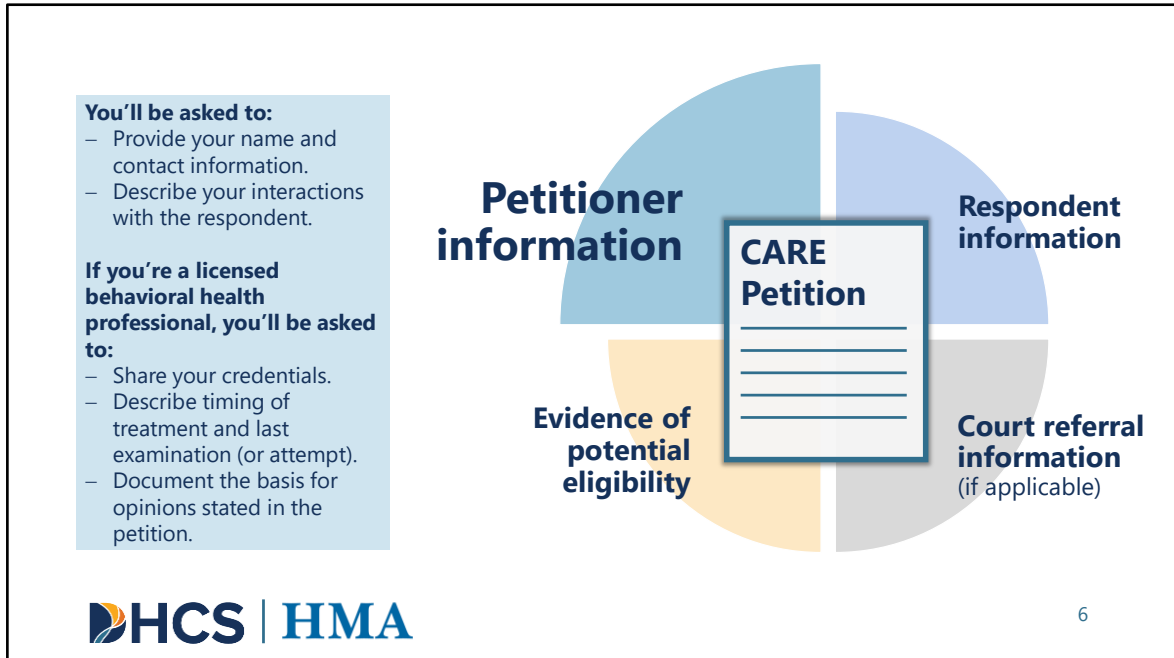


[Slide Image Description: This slide includes an image representing a CARE petition, as well as four sections of a circle representing petitioner information, respondent information, evidence of potential eligibility, and court referral information.]

Regardless of which option makes sense for you, the petition will ask for information about the petitioner, information about the respondent (such as how to contact them and any language or accessibility accommodation that may be useful), and information about a court referral (if applicable). The bulk of these forms focus on capturing information related to the individual’s potential eligibility.

The purpose of this petition is not to prove everything up front—but to give the judge enough information to decide whether the case should move forward. Based on what’s submitted, the judge may either dismiss the petition or ask the county BH agency to investigate further.

The petition doesn’t need to be exhaustive. It should include what you know and have observed—enough to reasonably believe the person may meet the CARE criteria.

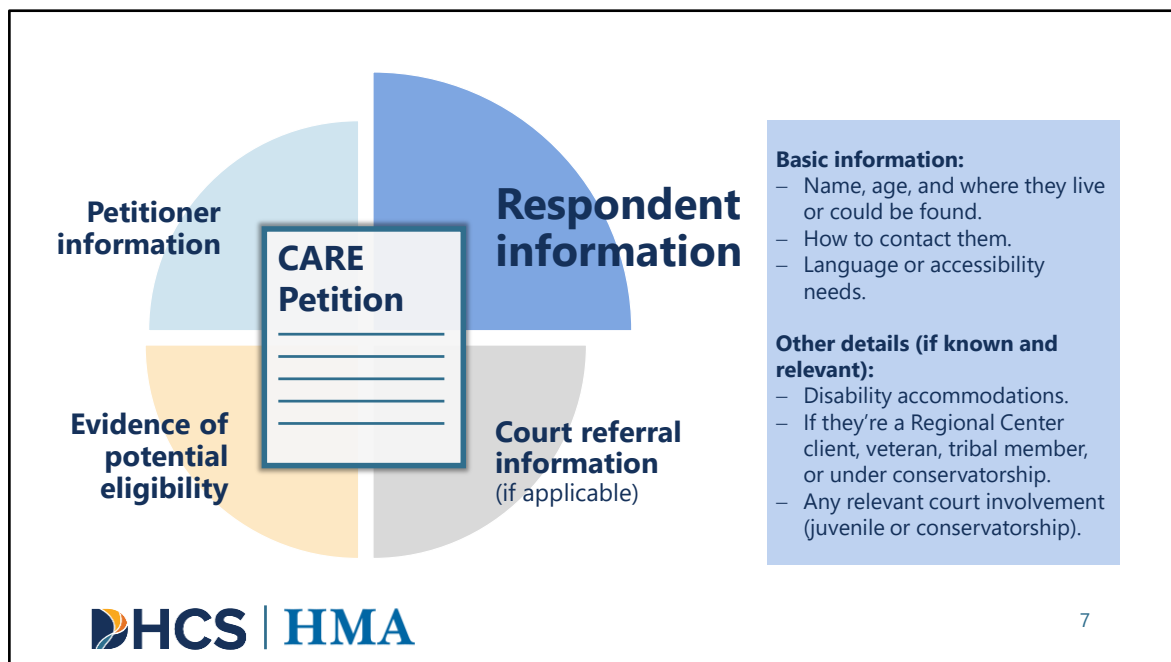


[Slide Image Description: This slide includes an image representing a CARE petition, with a focus on petitioner information.]

As the petitioner, you'll be asked to provide your name and contact information. You'll also need to describe your interactions with the respondent. Note that if you're filling out the CARE-100 form, you will be asked to indicate what type of petitioner you are. Check all the boxes that apply to you.

If you're a licensed behavioral health professional, you'll be asked to provide:

- Information on professional credentials.
- Timing of treatment and last examination (or attempt to examine).
- Basis for opinions stated in the petition.



[Slide Image Description: This slide includes an image representing a CARE petition, with a focus on respondent information.]

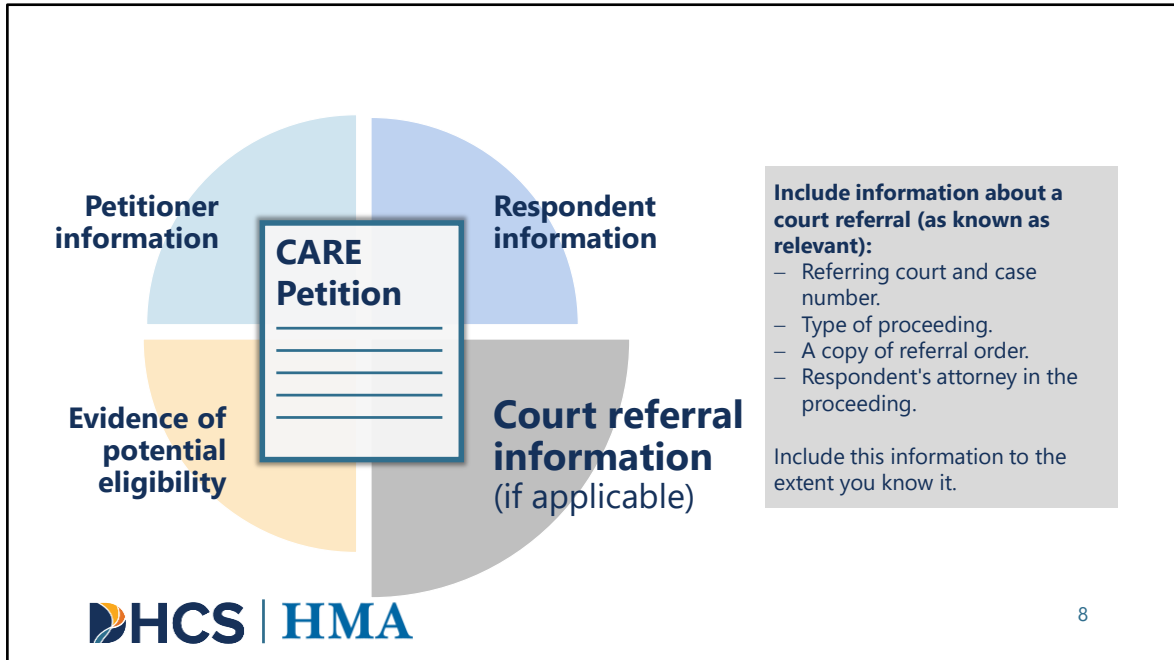
You'll also be asked for information about the respondent. Provide what you can and what you think believe to be applicable and what would be helpful, especially in locating the individual.

Information could include:

- Name and age (approximate is fine).
- Where they live or could be found.
- Information about how to contact them.
- Any language or accessibility needs (for example, do they need help with reading, hearing, or understanding English).

Additional information that could be asked (depending on the form):

- A disability requiring accommodation (e.g., an interpreter).
- If the respondent is a Regional Center client, current or former military, or a member of an Indian Tribe or receiving services from tribal health agency (name/address of tribe and health agency).
- Information about an involved juvenile court's jurisdiction.
- Information about a court-ordered conservatorship.

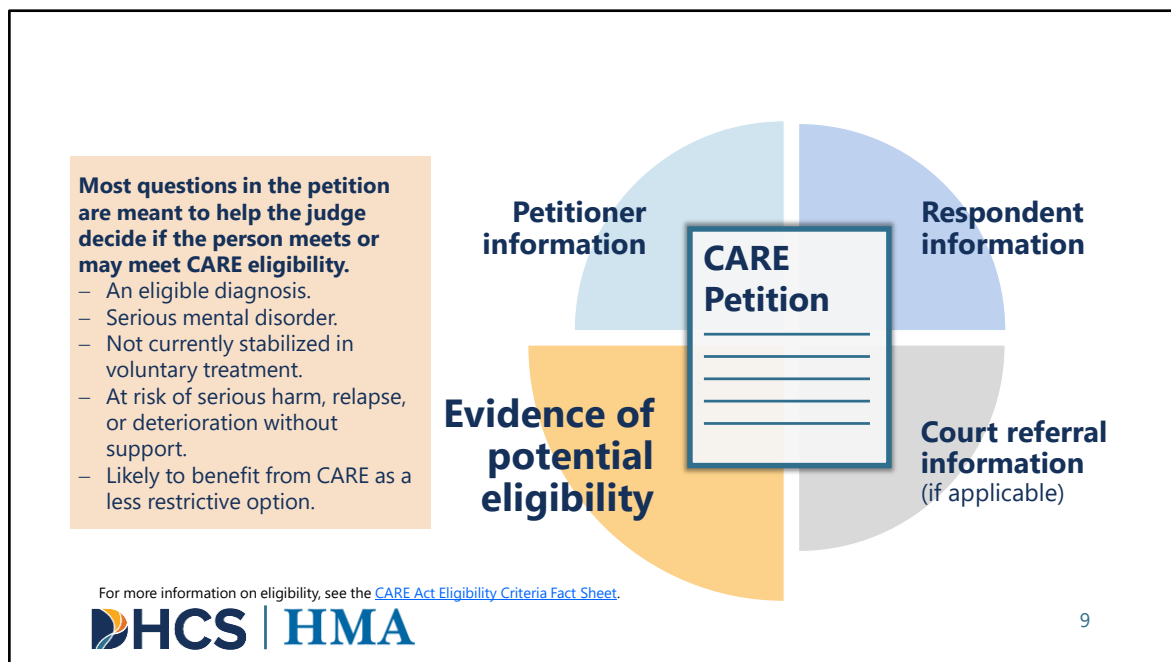


[Slide Image Description: This slide includes an image representing a CARE petition, with a focus on court referral information.]

You'll also be asked to include information if the petition is being filed in response to a referral from another court proceeding, such as:

- The referring court and case number.
- The type of proceeding.
- A copy of referral order.
- Respondent's attorney in the proceeding.

Include this information to the extent you know it.



[Slide Image Description: This slide includes an image representing a CARE petition, with a focus on evidence of potential eligibility.]

Most questions in the petition are meant to help the judge decide if the person meets or **may meet CARE eligibility**. I'll be speaking to these, with some examples of each, shortly:

- An eligible diagnosis.
- Serious mental disorder.
- Not currently stabilized in voluntary treatment.
- At risk of serious harm, relapse, or deterioration without support.
- Likely to benefit from CARE as a less restrictive option.

If you're a lay individual (such as a family member, first responder, or roommate), include clear, specific observations and any relevant details that could help the court make an informed decision.

If you're a behavioral health professional, you can provide additional clinical information, insights, and details that will help determine eligibility.

As a reminder, you don't need to provide exhaustive information, just enough for the judge to determine the person may be eligible. And keep in mind that the respondent will receive a copy of the petition.

For more information on eligibility, see the [CARE Act Eligibility Criteria Fact Sheet](#).



Documenting Diagnosis Information

- » A schizophrenia spectrum disorder or another psychotic disorder in the same class, as defined in the current Diagnostic and Statistical Manual of Mental Disorders.
- » Include historical or preliminary diagnoses.
 - Note any co-occurring substance use disorder.
- » If diagnosis is unknown, document observed behaviors.

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

Eligible diagnosis include schizophrenia spectrum disorder or another psychotic disorder in the same class, as defined in the current Diagnostic and Statistical Manual of Mental Disorders.

When you are noting the **diagnosis** on these forms, you may only have **historical diagnostic information, or even provisional, or preliminary diagnoses**. Just note what you are aware of in terms of the individual's diagnosis or diagnoses, including if there is a co-occurring substance use disorder.

If diagnosis is unknown, document observed behaviors.



Documenting Serious Mental Disorder

1 Severe & Persistent

2 Interferes with
Activities of Daily
Living

3 Impact on Stability
or Functioning

11

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

Another key element that supports eligibility across the forms is that the person is experiencing a **serious mental disorder**. These are the components to document in support of this assertion:

1. Severe & Persistent
2. Interferes with Activities of Daily Living
3. Impact on Stability or Functioning



Documenting Serious Mental Disorder

1 Severe & Persistent

- » Severity of symptoms:
 - Responding to internal voices/audio hallucinations.
 - Paranoid or other delusional beliefs/statements.
 - Disorganized or tangential speech.
 - Disorganized/unsafe behavior (e.g., wandering into traffic).
 - Irritable or aggressive.
 - Isolative/seclusive.
 - Lack of insight/judgement.
- » Persistence of symptoms:
 - How long symptoms have been observed.
 - Knowledge of approximate date of initial diagnosis.

12

[Slide Image Description: This slide describes what you can include to show that symptoms are severe and persistent.]

First – noting that the mental disorder is **“severe in degree and persistent in duration.”**

- This is where you can speak specifically **to the severity** of the symptoms you are observing.
- You see here examples of some of these symptoms, speech and behaviors you may want to note, including how the illness may be impacting the individual’s insight and judgment:
 - Responding to internal voices/audio hallucinations.
 - Paranoid or other delusional beliefs/statements.
 - Disorganized or tangential speech.
 - Disorganized/unsafe behavior (e.g., wandering into traffic).
 - Irritable or aggressive.
 - Isolative/seclusive.
 - Lack of insight/judgement.

- With regards to the mental disorder being “**persistent in duration**,” note
 - How long symptoms have been observed.
 - Knowledge of approximate date of initial diagnosis.



Documenting Serious Mental Disorder

2

Interferes with Activities of Daily Living

Behavior interferes with the person's activities of daily living

- Self-care.
- Bathing/grooming (e.g., appears disheveled, malodorous).
- Inappropriate dress for weather/outside.
- Significant weight loss.
- Visible medical conditions.
- Day-to-day functional tasks (e.g., accessing transportation, managing money, getting food, accepting medical care).

13

[Slide Image Description: This slide describes what you can include to document that symptoms interfere with daily living.]

The second area that supports the assertion of Serious Mental Disorder is behavior that is interfering with the individual's Activities of Daily Living or ADL's. Some key examples of how you might document this are noted here, related to **self-care and day-to-day functional tasks**:

- Self-care.
- Bathing/grooming (e.g., appears disheveled, malodorous).
- Inappropriate dress for weather/outside.
- Significant weight loss.
- Visible medical conditions.
- Day-to-day functional tasks (e.g., accessing transportation, managing money, getting food, accepting medical care).



Documenting Serious Mental Disorder

3

Impact on Stability or Functioning

Without proper treatment, support, and rehabilitation, the individual may face instability and struggle to function independently.

- History of housing instability.
- Social relationships.
- Community functioning.

Note your **objective observations** of symptoms or behaviors that may be interfering with their safety, stability, and overall functioning.

14

[Slide Image Description: This slide describes what you can include to document that symptoms impact stability or functioning.]

The third supporting assertion is that without treatment, support, and rehabilitation, the individual will not be able to maintain stability or independent functioning.

Consider the following:

- History of housing instability.
- Social relationships.
- Community functioning.

Note your **objective observations** of symptoms or behaviors that may be interfering with their safety, stability, and overall functioning.



Documenting Additional Eligibility

Enrolled in voluntary outpatient treatment yet not clinically stable:

- Declining services, consistently or intermittently.
- Not stabilizing in current treatment.

Unlikely to survive safely in the community without supervision **and** the individual's condition is deteriorating (e.g., recent or frequent hospitalizations or arrests), **or**

Why services and supports might prevent a relapse or deterioration, leading to grave disability, harm to self or others.

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

Now moving to the additional requirements called out in the petition forms:

- Noting that even though the individual is **currently enrolled in outpatient treatment**, they are **not clinically stable**.
 - Is the individual **declining mental health services, even intermittently?** Or even despite participation in treatment, they're not stabilizing.
- The next requirement relates to your assessment of the individual's **likelihood of "surviving safely" in the community without supervision**. This includes documenting your **observations of the individual's deteriorating condition**.
- If you don't have the information or observations regarding the individual's deterioration, you do have the option to note why you believe **services and supports might prevent a relapse or deterioration**, leading to grave disability, harm to self or others.



Documenting Additional Eligibility

Why participating in a CARE agreement or CARE plan is the least restrictive alternative.

And likely to benefit the individual.

- Make recommendations for wrap-around models of care, such as Full-Service Partnership (FSP) or Assertive Community Treatment (ACT).
- How the CARE process may improve or enhance the care of the individual and promote their recovery.

16

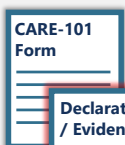
[Slide Image Description: This slide describes what you can include to document additional eligibility.]

The final pieces of information you will need to document is that **CARE is the “least restrictive alternative”** of treatment options for the individual **and** how CARE **might help the individual**, with regards to their stabilization and overall recovery.

This is where you could note what other treatments or programs haven’t been successful and provide recommendations for other outpatient models of care.

For individuals who may already be served in similar treatment models but have not been stabilized, note your recommendations for how the CARE Act may enhance their care and include recommendations for wrap-around models of care, such as Full-Service Partnership (FSP) or Assertive Community Treatment (ACT).

Option 1

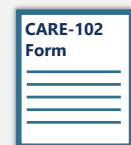


OR



Option 2

(for behavioral health professionals)



Alternative Evidence to Support the Petition

One option to support the CARE-100 is evidence of two 14-day intensive treatment stays (most recent within 60 days).

What are examples of evidence?

- » Documented evidence from the facility.
- » A copy of the certification of intensive treatment.
- » Hospital discharge paperwork.
- » Signed declaration from a witness or someone that has personal knowledge of the detentions.

[Slide Image Description: This slide describes the options for petitioning and includes four images representing CARE-100 form, CARE-101 form, declaration/evidence, and CARE-102 form.]

Remember that there are two options for completing a petition. We've largely been talking about information that could be included in the CARE-100, CARE-101, or the CARE-102 forms. Remember that if you are completing a CARE-100 form, you need to work with a licensed behavioral health professional to complete a CARE-101 form (which will contain many of the details we've just discussed) or use alternative evidence that the respondent was detained for at least two 14-day holds or hospitalizations, the most recent period within the past 60 days.

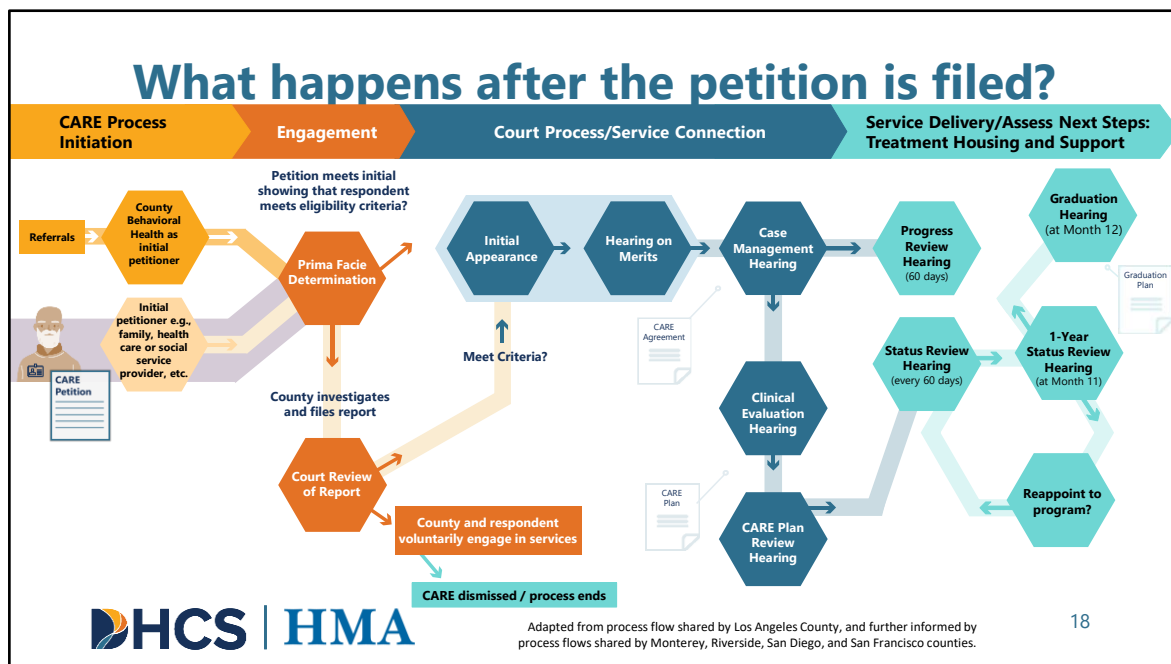
You can either include a declaration in the CARE-100 itself (acknowledging that you have personal knowledge of these hospitalizations) or attach a document that provides evidence.

What are examples of evidence?

- Documented evidence from the facility where the respondent was detained.
- A copy of the certification of intensive treatment.
- Hospital discharge paperwork.
- Signed declaration from the petitioner if they have personal knowledge of the detentions.

- Signed declaration from a witness or someone that has personal knowledge of the detentions.

The judge has broad discretion when reviewing the petition. The goal is to provide sufficient information in the petition—including in this declaration, evidence, or other documentation—for the court to initially determine that the individual meets or may meet the eligibility standard. Having evidence of an intensive treatment is one of the possible requirements for the petition but remember that it is not an eligibility requirement for someone to participate in CARE. Meaning, they may still be eligible for CARE even if they have not had recent intensive treatments.



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

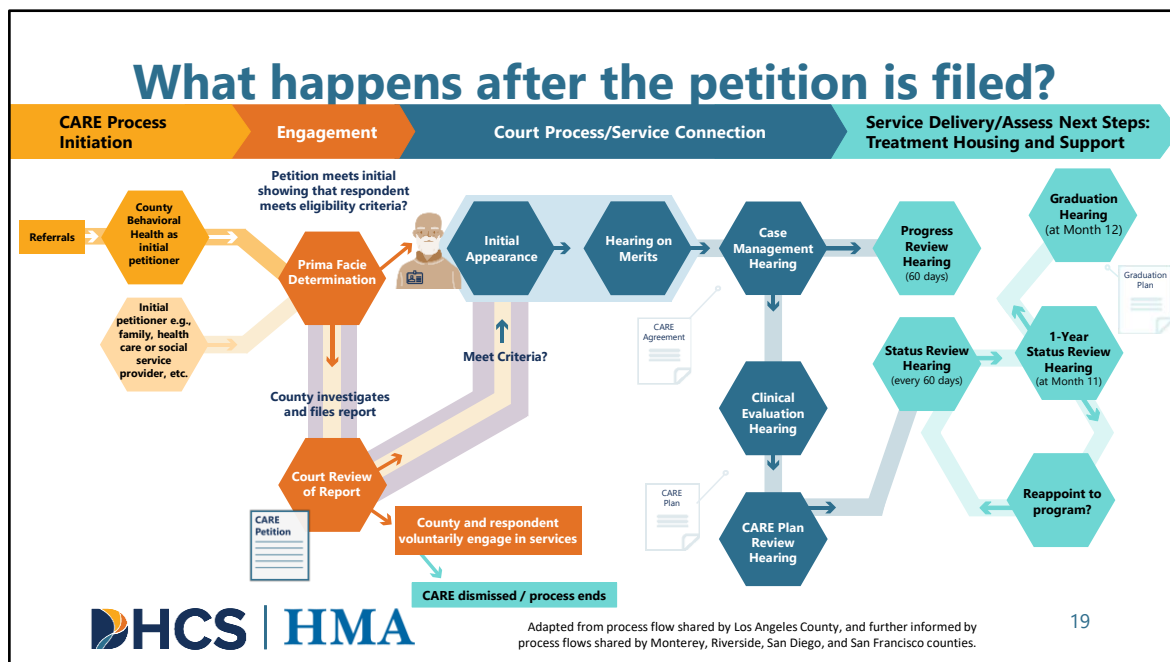
So, what happens to the petition after it is filed and what is your role? Let's track how it might go (noting that there may be some variation in each case).

After you file the petition with the appropriate court in your county it will go to the court to make a preliminary determination (or prima facie) that the individual may meet eligibility criteria.

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.]

If the court thinks that the petition does indicate potential eligibility, it will order the county to investigate and file a report, and the petitioner will receive notice that the report has been ordered (but not necessarily the contents of that report). Note that at that point, the county will be encouraged to engage the individual voluntarily in services and may be granted a continuance if they think voluntary engagement is viable.

If the county's report indicates the person is eligible, and they don't engage voluntarily in services, the court will set an Initial Appearance.

That is where you, the petitioner, come back in. At the initial appearance, the original petitioner should be present, or the case may be dismissed. Thus far, many courts are allowing remote appearances. You can make a statement at the initial appearance. At that point, county BH will take over as petitioner.

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).
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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.

CARE Petition FAQs

Why should I petition or refer someone to CARE?

What if I am unsure if the person is eligible for CARE?

If someone is already in outpatient treatment, are they eligible for CARE?

Where do I file a CARE petition?

What clinical information can I share with county behavioral health during the CARE process?

[Slide Image Description: This slide has question boxes for five frequently asked questions about CARE.]

There may be a few questions you're thinking about.

- Why should I petition or refer someone to CARE?
 - Petitioning ensures that the county can make a connection to offer services, regardless of CARE eligibility.
 - Referring someone to CARE is an acknowledgement that someone would benefit from services.
- What if I am unsure if the person is eligible for CARE?
 - You do not have to know the exact reasons someone meets eligibility criteria; just explain that you believe they meet the criteria. Although the petitioner may not know the specific diagnosis, for example, the petitioner is attesting that they believe that the respondent has an eligible diagnosis.
- If someone is already in outpatient treatment, are they eligible for CARE?
 - Yes, a person is potentially eligible if they are not clinically stabilized, whether or not they are in ongoing voluntary treatment.
- Where do I file a CARE petition?
 - A CARE petition can be filed in the county where the respondent resides, is found, or has a pending civil or criminal court proceeding.
 - Look up the court in your county that processes CARE petitions. You may submit by mail or a hard copy. Many counties have an e-filing option. Remember that the filing fees for CARE are waived.

- What clinical information can I share with county behavioral health during the CARE process?
 - The CARE Act directs health care providers who have filed a CARE petition or submitted a Form 101 mental health declaration to share with county behavioral health any information, including Protected Health Information (PHI), relevant to the county's reporting requirements related to the petition or the provision of services to the respondent. The law also allows providers to share PHI with county behavioral health that is relevant to the CARE process, even if the provider did not file a petition or a 101.

Questions?

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





Looking for more resources
for petitioners? Check our
petitioner information on the
CARE Act Resource Center.

[Slide Image Description: This slide contains ways to find more information.]

On the CARE Act Resource Center, we have collected materials specific to petitioners, including information about petitions and general information about CARE and the CARE process. Scan that QR code or search in our Resource library for resources for petitioners.

Questions? Email us at info@CARE-Act.org. Looking for more resources for petitioners? Check our [petitioner information](#) on the CARE Act Resource Center.

<https://care-act.org/>