

ROLE OF THE JUSTICE SYSTEM IN PETITIONING

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.]

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Agenda

Overview of CARE

- Describe the purpose of CARE, including who it helps and why it was created.
- An overview of the CARE process, eligibility, petitioning, and the range of services included in the CARE agreement and CARE plan.

The Justice System on the Ground

- Detail strategies for justice system partners to support the CARE petitioning process.
- Provide recommendations for justice system partners engaging in the CARE petitioning process.

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

In today's training, we will discuss:

- Overview of CARE:
 - Describe the purpose of CARE, including who it helps and why it was created.
 - An overview of the CARE process, eligibility, petitioning, and the range of services included in the CARE agreement and CARE plan.
- The Justice System on the Ground:
 - Detail strategies for justice system partners to support the CARE petitioning process.
 - Provide recommendations for justice system partners engaging in the CARE petitioning process.

Objectives

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

- » Identify unique aspects of CARE, including the different paths through CARE and the range of services included in a CARE agreement and CARE plan.
- » Describe the role of the justice system as petitioners in the CARE process.

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

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- Identify unique aspects of CARE, including the different paths through CARE and the range of services included in a CARE agreement and CARE plan.
- Describe the role of the justice system as petitioners in the CARE process.

Presenters



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**EBRAHIM
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Orange County
Behavioral Health
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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 (SUD), and co-occurring conditions.

Dari Pogach, from Health Management Associates, has more than 15 years of experience working with clients, communities, nonprofit organizations, policymakers, and state and national government leaders. Dari has subject matter expertise in supported decision-making as a legal theory and its practical application. She has represented clients in

completing supported decision-making agreements, written scholarly articles about supported decision-making, and conducted numerous trainings for national audiences. As a senior official with the District of Columbia's Department of Aging and Community Living, Dari led the agency's adult protective services, case management, and nursing home transition teams. At the American Bar Association's Commission on Law and Aging, Dari developed nationally lauded tools and programs for attorneys and other professionals, facilitated stakeholder engagement across the country, and led multimillion dollar projects dedicated to adult guardianship reform and decision-making supports. She has represented clients with psychiatric disabilities in a variety of advocacy matters.

Honorable Ebrahim Baytieh is a distinguished judge in Orange County, renowned for his commitment to justice and mental health advocacy. Elected to the bench in 2022, he has focused on enhancing mental health services within the legal framework, particularly through initiatives like the CARE Court. Judge Baytieh's extensive legal background includes experience in criminal law, which informs his holistic view of justice. Committed to community engagement, he actively promotes education about mental health resources and the CARE Act, striving to support individuals facing mental health challenges while fostering a collaborative environment among legal professionals and service providers.

Raul Dominguez is the manager of the Stanislaus CARE Team and the liaison between the CARE Court team and all local law enforcement in the area. He is a probation officer in the county and works closely with law enforcement partners to submit CARE petitions and CARE referrals.

Polly Lin is a behavioral health clinician that works as a liaison between county behavioral health (BH) and courts as part of the Mental Health Collaborative Courts in Orange County. As someone that has completed petitions for CARE, she offers some advice to those that are considering doing the same.



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

In this first section, we will provide an overview of CARE, including its purpose, who it helps, and why it was created. We will also detail the CARE process, eligibility, petitioning, and the range of services included in the CARE agreement and CARE plan.

CARE Act At a Glance


PATHS IN

Paths **in** for eligible people with psychotic disorders who meet health and safety criteria. A range of people can refer someone to get help.

- Family
- Health care provider
- County behavioral health
- First responders
- Social service providers

CARE PROCESS

New civil court process to **connect and prioritize** treatment, support services, and housing.



PATHS OUT


There are many paths **out** of the CARE process.

- Early engagement in county treatment services.
- Graduation from a CARE agreement or CARE plan.


HELP CONTINUES

At the end of the process, help can continue.

Direct county services may continue, as needed.



For an introduction to the CARE Act, visit the [CARE Act at a Glance](#) brief and the [CARE Process Flow](#) brief.


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

The CARE Act creates a new pathway to deliver mental health and SUD services to a subset of Californians with the most complex behavioral health conditions who too often suffer in homelessness or incarceration without treatment.

The CARE Act is more than just a process: it is a way to connect individuals to services in their communities. There are many paths in, and there are individualized paths out. Each path begins when someone files a petition, which means that the petitioner believes someone is eligible and would benefit from additional support. In this process, that individual is referred to as the “respondent,” or the person being connected to services.

The goal is to give personalized support that someone would benefit from. Think of how those impacted by the justice system could help an individual get on a path to receive help. CARE is not meant to be a last resort, but rather an option to ensure an individual gets the services and supports they need.

For an introduction to the CARE Act, visit the [CARE Act at a Glance](#) brief and the [CARE](#)

Process Flow brief.

1. Paths in:

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

2. CARE process:

- The CARE process is a new civil court process to connect and prioritize treatment, support services, and housing.
- The three main paths to services triggered by a petition include voluntary engagement with services, the CARE agreement, and the CARE plan. All of these paths essentially connect the individual with treatment, services, and support.
- Voluntary engagement:
 - The individual engages early with county BH and accepts services voluntarily. In which, services and supports can be provided outside of the CARE process.
- The CARE agreement:
 - Treatment, services, and supports take place within the CARE process.
 - All parties are in agreement on the treatment and services that support the recovery of the CARE participant.
 - A CARE agreement is approved by the court.
- Finally, the CARE Plan:
 - Treatment, services, and supports again take place within the CARE process.
 - In this case, if parties were not able to reach an agreement, the court will adopt elements of the parties’ proposed plan(s) into a CARE plan that supports the recovery of the CARE participant.
- The key here is that all of this is triggered by that initial referral, or petition. By referring or petitioning someone to CARE, a wide net is cast to engage them in

1. Paths out:

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

2. Help continues:

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

How Can CARE Help?

CARE adds an option to help people access care, engage in services and supports, and improve adherence to treatment over time.



[Slide Image Description: This slide shows 10 boxes that depict ways the CARE model can help.]

The CARE Act process aims to serve as an upstream intervention and support for individuals with schizophrenia spectrum or other psychotic disorders, which may assist in preventing hospitalizations, incarcerations, and Lanterman-Petris-Short (LPS) conservatorships.

Leveraging the state's investments in behavioral health and homelessness prevention, CARE ensures access to comprehensive and wraparound treatment, housing, and other services and supports to promote stabilization and recovery. CARE adds another option in the continuum of care, with the goal of helping individuals stabilize, move toward recovery, and thrive in community-based settings.

For many justice-impacted people, services afforded by CARE may be especially important during reentry to the community from a carceral setting.

CARE includes the following approaches to support the success of eligible respondents:

- Trauma-informed **outreach and engagement** – behavioral health teams are being

strategic and creative in locating and engaging respondents into their services, meeting the client “where they are at,” and often starting with providing resources and meeting immediate needs to build rapport and trust.

- **Comprehensive wraparound services and coordination**, multidisciplinary model of care – teams are typically considering the Assertive Community Treatment (ACT) or Full Service Partnership (FSP) model of care.
 - Linkage to other services, including CalAIM programs such as Enhanced Care Management (ECM) and Community Supports.
- **Housing** that ideally includes additional supports, which may include behavioral health services, case management, SUD services, and peer support.
- **Medications** as a part of the comprehensive behavioral health services.
- **Peer Recovery Supports** may be an important part of an individual’s recovery, with mutuality, mentorship, and coaching. In addition, many CARE teams are incorporating **peer support** into both their behavioral health teams and homeless outreach teams, which have been found to contribute to engagement efforts.
- Overall, the CARE Act uplifts the tenets of the recovery model, in that:
 - All components of the **CARE agreement and CARE plan must be individualized** to the respondent’s needs and preferences.
 - CARE speaks to the development of a **psychiatric advanced directive** that outlines the respondent’s treatment and personal preferences. These can be utilized in moments of crisis and also inform ongoing treatment planning.
 - CARE speaks to the **volunteer supporter role** – a person who is approved by the respondent to support the respondent in expressing their preferences, choices, and decisions.
- Please note that the CARE Act adds an element of **county accountability** to provide the services outlined in the CARE agreement and CARE plan.
- CARE is a **less restrictive alternative** to conservatorship. CARE can be used either as a diversion or a step-down from conservatorship.



Justice System as Eligible Petitioners

Consider those in the justice system that could petition or refer:

- » Professionals (e.g., jail behavioral health/medical staff) treating individuals in custody or those who are justice impacted.
- » Providers in inpatient settings that treat individuals in custody.
- » The director/administrator of a custody setting and designated staff.
- » A first responder, including probation and parole officers.
- » Respondent (with optional support from counsel).

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

[Slide Image Description: This slide shows an image of a scale representing the justice system.]

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Considering CARE During Justice Involvement

Those involved in the justice system can identify when CARE could be considered.



[Slide Image Description: This slide shows five boxes that depict where CARE could be considered within the justice system with an icon image of an individual.]

Those involved in the justice system can identify when CARE could be considered.

There are several points within the justice system where professionals can assess for potential involvement in the CARE process. Below are some opportunities for various stakeholders to evaluate and recommend CARE participation, either through a referral or through completing a petition (which we will discuss later in the training).

Community Contact During Crisis:

- When police or emergency medical technicians (EMTs) respond to a call involving a person in a mental health crisis, they can assess whether that person shows signs of severe mental illness. First responders trained in Crisis Intervention Teams (CIT) may recommend referral to mental health services (including CARE) rather than arrest.
- Immediate Referral to Crisis Stabilization: Law enforcement may take the individual to a crisis stabilization unit for immediate evaluation, which could initiate a petition or a referral, diverting them from the justice system.

Court Proceedings:

- Respondent’s counsel can play a key role. They can discuss a CARE petition with the respondent.
- We’ll discuss this further – CARE could be an option if the person is deemed unfit for trial under incompetent to stand trial (IST) standards.
- A court can refer an individual to county BH for CARE assessment.

Custody:

- Medical/Behavioral Health Intake Assessments: During medical and psychological screenings, jail health staff (e.g., doctors, nurses, psychiatrists) can identify those who have severe mental illnesses and who might benefit from CARE upon release. These providers can file a petition or refer to county BH.
- Ongoing Observation: Social workers and medical staff who work in jails observe incarcerated individuals over time. They can assess detainees for CARE eligibility and filing.

Reentry:

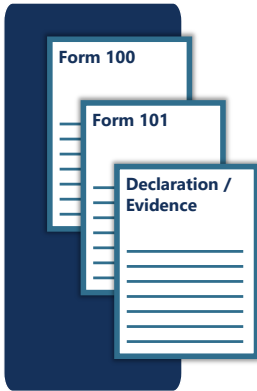
- Developing a Post-Release Support Plan: As part of reentry planning, individuals may be connected to community mental health resources, including CARE. This ensures that their needs are addressed early in their transition.

Post-Incarceration Supervision:

- Once someone is out of jail and under probation supervision, probation officers can assess and recommend CARE.

Each of these touchpoints allows justice system professionals to connect individuals living with schizophrenia spectrum and other psychotic disorders into wraparound services through CARE.

The Petition



» Petition – CARE 100 form

- Allows for narrative information to support that the respondent meets eligibility criteria.

» Plus, one of two things:

- **CARE 101 form:** Declaration from a licensed behavioral health professional who examined the respondent in the past 60 days (or has made multiple attempts).

OR

- **Declaration, evidence, or other documentation** of at least two intensive treatments (one within the previous 60 days).

Write what you observe & know.

The judge has broad discretion when conducting the initial (prima facie) review of petition.

For more information on the mandatory forms, see [video tutorials](#), [Information for Petitioners – CARE-050](#), [Information for Respondents – CARE-060](#), [How to File the CARE-100 Form](#), the [CARE-101 form](#), and the [CARE Act Resources for Petitioners](#).

[Slide Image Description: This slide describes the petition and includes three images representing Form 100, Form 101, and declaration/evidence.]

Let's talk about what's in the petition, as the information included with this form is used for the court to conduct its initial review. 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. However, please note that the petition does not need to be exhaustive but rather include enough information for the judge to decide to proceed.

- The CARE 100 form is the Petition to Commence CARE Act Proceedings. This form was developed for use by all petitioners statewide. It is important to recognize that this form allows for narrative information.
- In addition to the CARE 100 form, you will need one of two things:
 - Option 1: CARE 101 form which is a declaration (JC Mandatory Form 101) of a licensed behavioral health professional stating that they have examined the respondent in the past 60 days (or have made multiple attempts to examine them) and have reason to believe that the respondent meets the diagnostic criteria for CARE proceedings.

- Option 2: Declaration, evidence, or other documentation of at least two intensive treatments (one within previous 60 days). Evidence may include hospital discharge paperwork or other documents from the facility where the person was hospitalized. You can also include a signed declaration if you know about the hospitalizations or other documents showing the person was hospitalized twice (e.g., hospital discharge paperwork).

If you are completing the petition, provide what you observe and know and document this information in response to the questions. You only need to have a reasonable belief that the individual qualifies for CARE. The judge has broad discretion when conducting the initial (prima facie) review of petition.

We have how-to videos that go through each of these forms and what you can include for declaration, evidence, or other documentation of at least two intensive treatments on the [CARE Act Resources for Petitioners](#). For more information on the mandatory forms, see [video tutorials](#), [Information for Petitioners – CARE-050](#), [Information for Respondents – CARE-060](#), [How to File the CARE-100 Form](#), the [CARE-101 form](#), and the [CARE Act Resources for Petitioners](#).

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 is needed to prevent relapse or deterioration.

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

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

As petitioners, you do not need to be an expert in CARE or CARE eligibility, but you need to have a reason to believe someone *may* be eligible. We will talk about diagnosis in a moment.

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 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 SUD, 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.

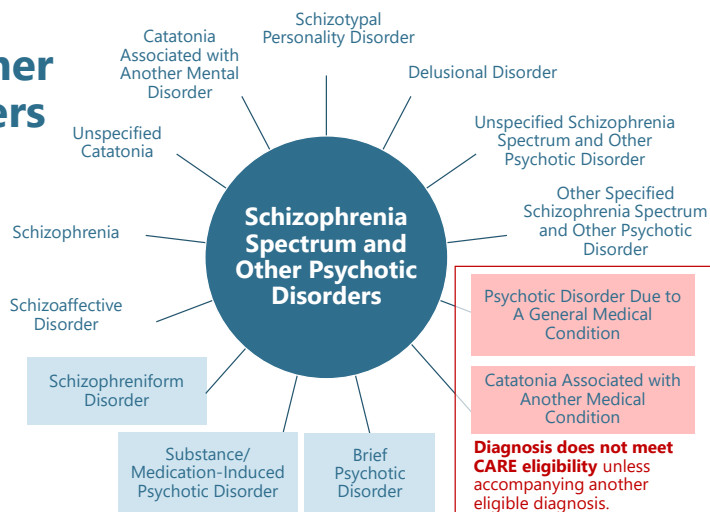
At least one of the following is true:

- 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 [W&I Code section 5972](#)..

Schizophrenia Spectrum and Other Psychotic Disorders

- » This category includes multiple other diagnoses in addition to schizophrenia and schizoaffective disorders.
- » A common feature of these diagnoses is psychosis.
- » Many of these conditions are included in the diagnostic eligibility list for CARE Act.



For more information, see the [Clinical Features and Diagnosis](#) in the [Understanding Schizophrenia Spectrum Disorders](#) for clinicians.

[Slide Image Description: This slide shows a circle with arrows listing schizophrenia spectrum and other psychotic disorders.]

As petitioners, you do not need to be an expert in CARE or CARE eligibility, but you need to have a reason to believe someone *may* be eligible. Therefore, it is helpful to better understand the qualifying diagnoses. This slide depicts the Diagnostic and Statistical Manual of Mental Disorders, 5th Edition (DSM-5) conditions that are listed in the schizophrenia spectrum and other psychotic disorders chapter. All the CARE Act eligible diagnoses are contained in this chapter.

The DSM-5 chapter of schizophrenia spectrum disorders includes many different diagnoses with similar sounding names. These diagnoses are clumped into one grouping because psychosis is a feature of all of them. Each of these has somewhat different diagnostic criteria.

As noted, all CARE Act eligible diagnoses are contained in this DSM-5 chapter. However, not all the diagnoses in the chapter are eligible for CARE. The two that are not eligible are psychotic disorder or catatonia that is associated with a general medical condition. These diagnoses must be accompanying another eligible diagnosis to meet

criteria for the CARE process.

There are other conditions where someone might experience psychosis that are not contained in this chapter (e.g., severe bipolar disorder or depression with psychosis). Even though these conditions may feature psychotic symptoms, they are neither contained in this chapter nor are they eligible for CARE.

Keep in mind that having an eligible diagnosis is just one of the eligibility criteria for CARE. For example, someone diagnosed with brief psychotic disorder, schizophreniform disorder (often associated with early diagnosis), or substance/medication-induced psychotic disorder would also have to meet eligibility criteria related to the “severity and persistent duration” of their symptoms as well.

For more information, see the [Clinical Features and Diagnosis](#) in the [Understanding Schizophrenia Spectrum Disorders](#) for clinicians.

Behavioral Health Conditions and Co-Occurring Substance Use Disorders (SUD)

- » SUD alone does not meet diagnostic criteria.
- » Substance/medication-induced psychotic disorder may meet diagnostic criteria, but symptoms must be severe and persistent.
- » People with behavioral health and SUD are over-represented in the justice system.
- » Additional services can be added to the CARE plan and CARE agreement:
 - SUD treatment.
 - Medication for addiction treatment (MAT) / medication for opioid use disorder (MOUD).

44% of people in jail have mental illness.

37% of people in prison have mental illness.

42-47% of people with schizophrenia have comorbid SUD.



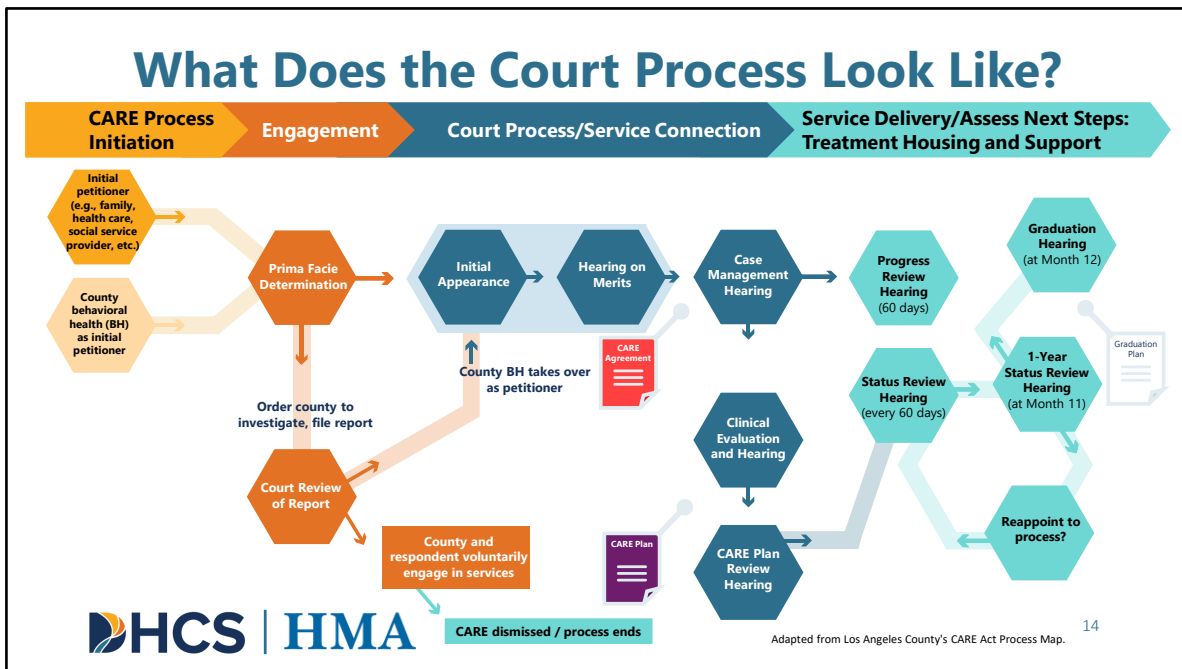
For more information, please read "[Prevalence of comorbid substance use in schizophrenia spectrum disorders in community and clinical settings, 1990–2017: Systematic review and meta-analysis](#)" and Substance Abuse and Mental Health Services Administration (SAMHSA) – "[About criminal and juvenile justice.](#)"

[Slide Image Description: This slide shows a box with statistics about mental health in the justice system and co-occurring SUD with an icon image of people.]

Many people impacted by the justice system have both behavioral health conditions and SUD . It is important to note the following:

- SUD alone does not meet diagnostic criteria; there must also be a diagnosis of schizophrenia or other psychotic spectrum disorders.
- Substance/medication-induced psychotic disorder may meet diagnostic criteria, but symptoms must be severe and persistent.
- People with behavioral health and SUD are over-represented in the justice system.
- Additional services can be added to the CARE plan and CARE agreement including:
 - SUD treatment.
 - Medication for addiction treatment (MAT) / medication for opioid use disorder (MOUD).
- 44% of people in jail have mental illness.
- 37% of people in prison have mental illness.
- 42-47% of people with schizophrenia have comorbid SUD.

For more information, please read “Prevalence of comorbid substance use in schizophrenia spectrum disorders in community and clinical settings, 1990–2017: Systematic review and meta-analysis” and Substance Abuse and Mental Health Services Administration (SAMHSA) – “About criminal and juvenile justice.”



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

The CARE Act process can take different pathways through the civil court.

The process begins with the petitioner initiating the case. The assessment and engagement follows with the county BH agency. Then, the case continues to the court process and connection with services.

We won't go into all these details here, but if you're wanting to learn more about the steps, you can watch our training on the [Overview of CARE Process](#) or access [The CARE Process Flow to Treatment, Housing, and Support](#) brief.

Again, the goal is to connect individuals to services, and engagement with the CARE respondent continues throughout the process.

Description of Flow (for reference only):

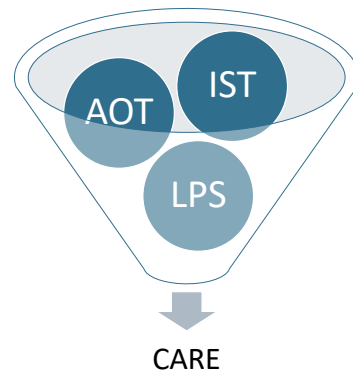
1. Petitioner files a petition.

2. There is 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.
3. If the respondent meets the criteria, there will be an initial appearance (with the petitioner present).
4. 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).
5. If it is determined at the case management hearing that a CARE agreement is not likely to be reached, there will be a clinical evaluation and then a hearing to review that clinical evaluation.
6. If the clinical evaluation finds that the respondent is eligible, a CARE plan will be developed and then reviewed in a hearing.
7. There will then be a status review hearing at least every 60 days.
8. 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.

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

Court Referrals to the CARE Process

- » **Lanterman-Petris-Short (LPS conservatorship):**
 - Referral by court; Conservator or proposed conservator is petitioner.
- » **Incompetent to Stand Trial (IST):**
 - **Misdemeanor (MIST):**
 - Referral by court; County BH agency is petitioner.
 - The charges are dismissed six months after the referral to CARE, unless the case is referred back to the criminal court before that time.
 - **Felony (FIST):**
 - Referral by court; County BH and partners determine process and roles for filing petition.
 - The charges are dismissed if and when individual is accepted into CARE
- » **Assisted Outpatient Treatment (AOT):**
 - Referral by court; County BH agency is petitioner.



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

[Slide Image Description: This slide shows the different court referrals to the CARE process with an image representing the possible pathways.]

CARE may be a less restrictive alternative to other criminal and mental health court systems.

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

Let's first talk about referrals from an LPS court.

- **Lanterman-Petris-Short (LPS conservatorship):**
 - The referral should be made by court, but there still needs to be a petition filed to initiate the process.
 - Conservator or proposed conservator is petitioner.
 - The CARE Act process is a potential less restrictive alternative to LPS that public guardian/conservators should consider when evaluating best option for an individual.

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). The presumption is that the respondent requires additional intervention beyond the CARE Act. (This does not apply to a respondent's failure to comply with a medication order.)


Other court referrals would include:

- Let's look at referrals from Incompetent to Stand Trial (IST), which includes both misdemeanors (or MIST) and felony (FIST):
 - For both MIST & FIST, the referral is made by court, but there still needs to be a petition filed to initiate the process.
 - For MIST, county BH agency will be the petitioner. For FIST, it's not specified that the county behavioral health agency will serve as the petitioner. The county behavioral health agency should discuss with county counsel and, in conjunction with their justice partners, develop internal workflows to manage FIST referrals and cases effectively.
 - For MIST, the charges are dismissed six months after the referral to CARE, unless the case is referred back to the criminal court before that time.
 - For FIST, the charges are dismissed if and when individual is accepted into CARE.
- 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.


For more information, visit W&I Code section 5978 and Penal Code section 1370.

On the next slide, we will look at another source of referrals for CARE Act and how they may impact the work of public guardians and conservators – hospital referrals.

Role of the Justice System



- 1 As the petitioner...**
 - » Identify the court accepting petitions.
 - » Fill out the forms (electronically or physical copy).
 - » File the petition (there are no filing fees for CARE).
 - » Attend the Initial Appearance.
- 2 As a referral source...**
 - » Consider other eligible petitioners who could also complete the petition:
 - County BH.
 - Health care, hospitals, or emergency departments.
 - Law enforcement.
 - » Share information, as appropriate, to help support their petition.
 - » Consider identifying liaisons to support communication.


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[Slide Image Description: This slide shows an image of a petition with a person and a description of the role of the justice system in petitioning.]

1. As the petitioner, a system partner would...
 - Identify the court accepting petitions. For example, this could be listed on your county's CARE website or search for the court on your county's court website.
 - Fill out the forms (electronically or hard copy).
 - Focus on what you know.
 - For those who are not clinical professionals, you do not need to know the specific diagnosis. Just document observed behaviors and why you believe that the respondent may fit in the disorder class.
 - File the petition according to your county's process, keeping in mind that there are no filing fees. This may be done in person, electronically, or via mail.
 - As the petitioner, you should be present at the initial appearance, or the case may be dismissed. In many counties, you can join remotely, and the appearance is usually quite short.

Alternatively, justice system partners may consider being a referral source to county BH. As a referral source to county BH, justice system partners could identify people and

provide county BH with the necessary information to file the petition.

2. As a referral source, a system partner would...

- Consider other eligible petitioners who could also complete the petition:
 - County BH.
 - Health care, hospitals, or emergency departments.
 - Law enforcement.
 - Housing and community providers.
- Share information, as appropriate, to help support their petition.
- Consider identifying liaisons from your organization to support communication with county BH. For example, in some counties, they have determined that county BH will help triage and submit petitions, and system partners have identified an individual or a team that can send the referral to the county. At a hospital emergency department, there could be a designated CA Bridge Navigator that is an assigned liaison with county BH.

Petitions must be filed in the county in which the respondent resides, is found, or is facing criminal or civil proceedings. The county in which the petition is filed is most likely where the respondent will receive services, including housing, so consider which is the best option.

Petitioner's Role After Petition is Filed

- » The original petitioner should be present and may make a statement at the initial hearing.
 - Many courts are allowing remote appearances.
- » Original petitioners are replaced by county BH at the initial appearance.



[Slide Image Description: This slide contains a picture of scales, representing the court process that occurs after a petition is filed.]

Let's talk about the petitioner's role after the petition is filed.

- The original petitioner should be present and can make a statement at the initial appearance.
 - Many courts are allowing remote appearances. Consider coordinating with county BH and courts on allowing for remote appearances.
- Original petitioners are replaced by county BH at the initial appearance.

Incorporating a Trauma-Informed Approach

Understand a person's trauma history.

- Review medical and social history for trauma.
- Recognize the potential for trauma within the justice system.

Provide clear, compassionate communication.

- Clarify that CARE is not a criminal proceeding.
- Be transparent about next steps.

Involve the individual in decision-making.

- Use a collaborative approach.
- Engage family and support systems when available.

Promote empowerment and choice.

- Use a strengths-based approach.
- Involve peers or people with lived experience.

Minimize re-traumatization.

- Avoid coercive or punitive approaches.
- Recognize triggers.

Practice cultural humility.

- Be sensitive to cultural backgrounds.
- Avoid stereotyping.

[Slide Image Description: This slide shows six boxes that depict ways to incorporate a trauma-informed approach.]

When justice system partners are considering filing a petition to participate in CARE, consider ways that you can take a trauma-informed approach. This ensures that the individual's past experiences with trauma are acknowledged and respected, reducing the risk of re-traumatization and enhancing their engagement in the process.

Here are key recommendations for taking a trauma-informed approach when filing a petition for CARE.

1. Understand the person's trauma history.
 - Review medical and social history: Before filing the petition, whenever possible review the person's medical and psychiatric records for any history of trauma, including physical, emotional, or psychological abuse, neglect, or past involvement with the legal system. This information helps inform a trauma-sensitive approach.
 - Recognize the potential for trauma within the justice system. People who have been impacted by the legal system may have trauma at different steps of the

process.

2. Provide clear, compassionate communication.
 - Clarify that CARE is not a criminal proceeding. Explain that CARE court is a civil court, unrelated to any criminal proceedings. Clearly explain why the CARE petition is being considered and that this process is meant to hold systems accountable to providing them support. Use straightforward language to describe how CARE connects the person to outpatient wraparound services, focusing on the fact that CARE is about supporting the person’s recovery and stability, and that it is not a mechanism of control or a punitive process.
 - Be transparent about next steps. Ensure the individual understands their rights, the purpose of the petition, and the potential benefits of participating in CARE. Reducing uncertainty helps prevent fear or anxiety, which can escalate symptoms of trauma.
3. Involve the person in decision-making.
 - Use a collaborative approach. Whenever possible, involve the individual in decisions regarding the CARE petition. Engaging the person in conversations about their needs and preferences provides them with a sense of control and respect, which is essential for a trauma-informed approach.
 - Engage family and support systems. If appropriate, include the individual’s family members or other support systems in discussions. This can create a sense of safety and support that empowers the individual to engage in the CARE process. If appropriate, key individuals may be elected by the respondent as a volunteer supporter during the CARE process.
4. Promote empowerment and choice.
 - Use a strengths-based approach. Rather than focusing on deficits, highlight resiliency and resources.
 - Involve peers or people with lived experience. Consider other jail support staff that may have a role in working with the individual through the petition process. Peers with lived experience of behavioral health and SUD recovery are often able to help individuals voice needs and preferences.
5. Minimize re-traumatization.
 - Avoid coercive or punitive approaches. Reinforce that CARE is not a criminal proceeding; instead, it is an opportunity to access community services. Filing a petition for CARE should not be framed as coercion or punishment. Emphasize that the goal is to connect the person to services like housing, mental health care, and social support, rather than involuntary treatment or incarceration.
 - Recognize triggers. Be mindful of potential triggers that may arise during the petition process, such as past negative interactions with authority figures or feeling disempowered within the justice system. Recognizing and avoiding these triggers helps reduce the likelihood of re-traumatization.
6. Practice cultural humility.
 - Be sensitive to cultural backgrounds. Recognize that cultural differences may affect how the person views legal processes like CARE. Adapt your

communication and care strategies to respect these differences and ensure that the person feels heard and understood.

- Avoid stereotyping. Trauma-informed care requires avoiding assumptions or stereotypes based on the person’s race, gender, or socioeconomic status, which can exacerbate feelings of marginalization or misunderstanding.

Ideas in Action

What are the different pathways for people to access CARE while they are involved with the justice system?

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The slide features a title 'Ideas in Action' at the top center. Below the title is a large blue speech bubble containing the question: 'What are the different pathways for people to access CARE while they are involved with the justice system?'. To the left of the speech bubble is a white square checkbox with a blue checkmark inside. A dashed blue line starts from the top left, goes down to the checkbox, then right, then down to the DHCS | HMA logo at the bottom left, and finally right to an arrowhead at the bottom right. The DHCS | HMA logo is at the bottom left, and the number '19' is at the bottom right.

[Slide Image Description: This is an Ideas in Action slide that provides an opportunity for participants to practice using the information. It contains a checkbox and an arrow.]

- What are the different pathways for people to access CARE while they are involved with the justice system?
 - Court referral pathways, including MIST. Although AOT and LPS are not part of criminal proceedings, they are other court pathways that could refer to CARE.
 - Consider the array of justice staff and partners who may be eligible petitioners because they are first responders, behavioral health staff, or another eligible role in the array of petitioners for CARE. These individuals can either file a petition or work with another petitioner (e.g., county BH) to file the petition.



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

In this second section of the training, we will hear from people with experience with the petition process for justice-impacted individuals.

Collaborating in Orange County



EBRAHIM BAYTIEH

Judge, Orange County
Superior Court of California

Lessons Learned

Include all relevant information in the petition.

- Consider observations about the respondent.
- Include comments from family or community members.
- Highlight any potential diagnosis.

Awareness and education about CARE is essential.

- Educate colleagues and community about CARE.
- Highlight CARE's far-reaching benefits.
- Emphasize the non-adversarial nature of CARE.

[Slide Image Description: This slide shows an image of a judge in Orange County along with lessons learned.]

Ebrahim Baytieh is a distinguished judge in Orange County, renowned for his commitment to justice and mental health advocacy. Elected to the bench in 2022, he has focused on enhancing mental health services within the legal framework, particularly through initiatives like the CARE Court. Judge Baytieh's extensive legal background includes experience in criminal law, which informs his holistic view of justice. Committed to community engagement, he actively promotes education about mental health resources and the CARE Act, striving to support individuals facing mental health challenges while fostering a collaborative environment among legal professionals and service providers.

Include all relevant information in the petition.

- Consider observations about the respondent. Observations can sometimes serve as evidence early on in the CARE process.
- Include comments from family or community members. Include any relevant details shared by family members or community members that could help to determine eligibility.

- Highlight any potential diagnosis. Include any information from observations or interviews that may indicate a potential current or prior diagnosis.

Awareness and education about CARE is essential.

- Educate colleagues and communities about CARE. For the CARE Act to have its intended effect, it is important for stakeholders across all areas (e.g., attorneys, EMTs, hospitals) to understand the CARE process.
- Highlight CARE's far-reaching benefits. The CARE Act benefits not only the respondents but also their families and communities by supporting overall mental health. The CARE Act may also prevent future justice system involvement for respondents.
- Emphasize the non-adversarial nature of CARE. The CARE Act is intended to provide services to people who may benefit from wraparound services.

Collaborating in Stanislaus County



RAUL DOMINGUEZ

Manager, Stanislaus County
Community Assessment
Response and Engagement
Team

Lessons Learned

Consider challenges faced by justice system petitioners.

- Clarify CARE court function to probation officers.
- Encourage petitioners to submit available information.
- Acknowledge other routes to mental health services.

Prioritize proactive outreach and establishing partnerships.

- Educate probation and parole officers about CARE, including how to identify individuals who may be eligible and the options for referring/petitioning.
- Establish partnership with county BH.

[Slide Image Description: This slide shows an image of a probation manager in Stanislaus County along with lessons learned.]

Raul Dominguez is the manager of the Stanislaus County CARE Team and the liaison between the CARE Court team and all local law enforcement in the area. He is a probation officer in the county and works closely with law enforcement partners to submit CARE petitions/CARE referrals.

Consider challenges faced by justice system petitioners.

- Clarify CARE court function to probation officers. It is helpful to explain to probation officers that entering CARE court does not transfer a criminal case; it is a civil process designed to provide wraparound services.
- Encourage petitioners to submit available information. Obtaining mental health data, particularly 5150 and 5250 information, is challenging for probation officers. Petitioners should submit any available information when filing petitions, even if incomplete, to begin the CARE process.
- Acknowledge other routes to mental health services. While CARE court services are beneficial, it is helpful to recognize that justice-impacted individuals can also access mental health services through mental health treatment court. Distinguishing

between these paths can help justice-impacted individuals receive the services most appropriate to their situation.

Prioritize proactive outreach and establishing partnerships.

- Educate probation and parole officers about CARE, including how to identify individuals who may be eligible and the options for referring/petitioning. Consider holding meetings with probation and parole officers to educate them about CARE court and identify suitable cases for referral.
 - This could include sharing CARE success stories from the justice system. For example, in Stanislaus, a probation petition led to a respondent successfully engaging with CARE services while on probation.
 - It may also be helpful to highlight the effectiveness of CARE while an individual is in custody due to the stable environment, making it easier to manage follow-ups.
 - There are many ways that a respondent may be identified as a possible eligible CARE participant, including is this person in MIST proceedings or even pending/being evaluated for MIST?
 - It's important to educate probation and parole about their options for either referring or petitioning an individual for CARE, which takes us to:
- Establish partnership with county BH and other possible petitioning sources. A strong partnership between the justice system and county BH can streamline referrals and allow for more effective information sharing. Also thinking about where the individual is in the process. For example, are they temporarily hospitalized? This may be an opportunity to reach out to the hospital social worker with a recommendation to consider referring/petitioning the individual for CARE.

Overall, enhancing communication and collaboration between the justice system, probation officers, and mental health services is crucial for improving outcomes for respondents.

Collaborating in Orange County



POLLY LIN, LMFT, LPCC

Behavioral Health Clinician II
Mental Health
Collaborative Courts

Lessons Learned

Establish a court and county BH liaison.

- Communication with legal representatives.
- Importance of a liaison.
- Understand different options.

Using various sources of information to complete the petition.

- Use evaluations from county psychologists.
- Coordinate with providers.
- Access electronic health records (EHR).
- Use courtroom observations.

[Slide Image Description: This slide shows an image of a liaison that works with courts and county BH in Orange County along with lessons learned.]

Polly Lin is a behavioral health clinician that works as a liaison between county BH and courts as part of the Mental Health Collaborative Courts in Orange County. As someone that has completed petitions for CARE, she offers some advice to those that are considering doing the same.

Establish a court and county BH liaison.

- **Communication with legal representatives:** Keep in touch with the client’s attorney and the court to stay informed about criminal proceedings and how they intersect with CARE Act. This helps ensure all parties are aligned and the client understands the process.
- **Importance of a liaison:** A liaison helps ensure the petition process is followed through effectively and provides a bridge between criminal and CARE proceedings.
- **Understand different options:** It is beneficial for the liaison to have knowledge of both criminal court and mental health proceedings. This dual expertise enables

them to provide valuable insights and support to clients and their legal representatives. Likewise, it is helpful if this liaison is familiar with the eligibility criteria for both CARE Act and other alternatives like Assisted Outpatient Treatment (AOT).

Using various sources of information to complete the petition.

- **Use evaluations from county psychologists:** Ask the county psychologist to conduct an assessment, especially those from the conditional release program. These reports are detailed and provide a thorough history of mental health treatment, diagnoses, and previous attempts at contact. You can attach this evaluation as supporting documentation to the petition.
- **Coordinate with providers:** Reach out to the current mental health providers to gather additional information needed for the petition. This can include history of treatment, hospitalization, and interactions with crisis teams.
- **Access to electronic health records (EHR):** Ensure that the health care agency has access to the EHR to fill in detailed information about the client’s treatment history, crisis interventions, and hospitalizations.
- **Use courtroom observations:** If possible, observe the client in court. This direct observation provides valuable insight into their understanding and feelings about the CARE process, which can inform the petition and how it is presented.

Ideas in Action

What advice do you have for professionals interacting with justice-impacted individuals that are considering how they may participate in the CARE process?

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[Slide Image Description: This is an Ideas in Action slide that provides an opportunity for participants to practice using the information. It contains a checkbox and an arrow.]

What advice do you have for professionals interacting with justice-impacted individuals that are considering how they may participate in the CARE process?

Objectives

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

- › Identify unique aspects of CARE, including the different paths through CARE and the range of services included in a CARE agreement and CARE plan.
- › Describe the role of the justice system as petitioners in the CARE process.

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

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

- Identify unique aspects of CARE, including the different paths through CARE and the range of services included in a CARE agreement and CARE plan.
- Describe the role of the justice system as petitioners in the CARE process.



Learn About Schizophrenia Spectrum Disorders

- » Series on Schizophrenia Spectrum Disorders and Evidenced-Based Care (for volunteer supporters):
 - Part 1: [Schizophrenia Basics for Supporters](#)
 - Part 2: [Evidence-Based Practices in Schizophrenia Care for Supporters](#)
 - Part 3: [Supporting People with Schizophrenia for Supporters](#)
- » Series on Understanding Schizophrenia Spectrum Disorders (for county BH and courts/counsel):
 - [Institutionalization and Criminalization of Persons with Schizophrenia Spectrum Disorders](#)
 - [Course & Outcomes](#)
 - Clinical Features
 - Guidelines for Treatment

[Slide Image Description: This slide has a picture of a first responder speaking to an individual with trainings featured on the slide.]

Learning about schizophrenia spectrum and other psychotic disorders can be a good next step. We have two series that you can turn to.

- Series on Schizophrenia Spectrum Disorders and Evidenced-based Care (for volunteer supporters):
 - Part 1: [Schizophrenia Basics for Supporters](#)
 - Part 2: [Evidence-based Practices in Schizophrenia Care for Supporters](#)
 - Part 3: [Supporting People with Schizophrenia for Supporters](#)
- Series on Understanding Schizophrenia Spectrum Disorders (for county BH and courts/counsel):
 - [Institutionalization and Criminalization of Persons with Schizophrenia Spectrum Disorders](#)
 - [Course & Outcomes](#)
 - Clinical Features
 - Guidelines for Treatment

Learn About Trauma-Informed Care

Definition

- » Trauma-informed care is a set of principles that promote a culture of safety, empowerment, and well-being.

Why

- » Individuals with schizophrenia spectrum and other psychotic disorders, as well as other mental health conditions, are likely to have experienced trauma.
- » It is important to approach individuals with compassion and humility and to consider the whole person.



For more information on trauma-informed care and implications for the CARE Act, see the series for behavioral health ([1](#), [2](#), [3](#)) or volunteer supporters ([1](#), [2](#), [3](#)). Additionally, see the training on [implicit bias](#).

[Slide Image Description: This slide shows an image of an individual putting their arm around another individual's shoulder. The definition and description of trauma-informed care is listed.]

Trauma-informed care is another topic that would be a great next step to learning more. We have two series on trauma-informed care, including three modules for a volunteer supporter (which is more of a lay audience) and then one meant for county BH and courts/counsel, which has a training specifically on mitigating bias. Both series could be helpful for you.

For more information on trauma-informed care and implications for the CARE Act, see the series for behavioral health ([1](#), [2](#), [3](#)) or volunteer supporters ([1](#), [2](#), [3](#)). Also see the training on [implicit bias](#).

Psychiatric Advance Directive

Published: 08/28/2023
Training Slides & Video

Psychiatric Advance Directive on 8/28/23

Topics:
Behavioral Health, CARE Act Process, Case Worker / Case Manager, Counsel/Courts, Equitable & Person Centered Care, Serious Mental Illness & Evidenced-based Care

Resource Details

Learn About Psychiatric Advance Directives (PAD)

What is a PAD?
A PAD is a self-directed legal document that details a person's specific instructions or preferences regarding future mental health treatment.
–MHSA Multi-County Innovations Project

What can first responders do?

- Ask if individual has a PAD.
- Recognize "triggers" when engaging the person.
- Review activities that have worked to reduce stress levels.
- Note preferred crisis intervention and psychosocial approaches.
- Be aware of expressed personal needs (e.g., pets, finances).

For more information, see the [Psychiatric Advance Directives training on the CARE Act Resource Center](#).

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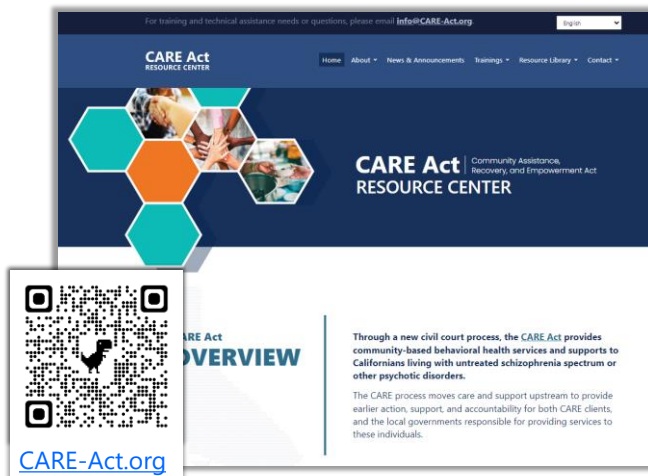
[Slide Image Description: This slides shows an image of the Psychiatric Advance Directive (PAD) training resource with a detailed description of the background, purpose, and use of PADs.]

The last training I wanted to highlight was about psychiatric advance directives (PADs). It can be helpful for you to know what a PAD is, how it is used, and what you can ask for when you encounter someone in the field.

For more information on PADs, please see the [Psychiatric Advance Directives training on the CARE Act Resource Center](#).

CARE Act Resource Center

- » Resources
 - Training and Resource library
 - Upcoming Trainings
 - County Directory
 - Frequently Asked Questions (FAQs)
- » Ways to contact
 - [Listserv](#)
 - [Technical assistance \(TA\) request form](#)
 - [Data TA request form](#)
 - [Stakeholder feedback form](#)
 - Email: info@CARE-Act.org



[Slide Image Description: This slide shows a screenshot of the CARE Act Resource Center website, along with a QR code to scan and access the website.]

The CARE Act Resource Center is where you can find resources and also find ways to request training and technical assistance (TTA) or communicate.

•Resources:

- Training and Resource library:
 - We post all trainings to the CARE Act Resource Center. These include trainings that we have done live and also trainings that we record and are available asynchronously. The training materials include a video (with captions available) and a PDF of the slides and talking points that are tagged for accessibility.
 - We also post resources that have been created both by the TTA team and other useful links created by the Judicial Council of California (JC), California Health and Human Services (CalHHS), and other groups (e.g., OSPD).
- Upcoming trainings: Upcoming trainings will be posted to this site, including registration information, speakers, and topics. Stakeholder communication will

also highlight upcoming training opportunities.

- County Directory: On the CARE Act County Website Directory page, we include links to Self-Help Centers (which can provide legal information and resources to people without a lawyer), links to NAMI, and county-specific links (including CARE websites created by county BH and by courts in counties).

- FAQs: We frequently add FAQs to the Resource Center based off questions that come up during trainings, through TTA requests, and other avenues. There is an option to search and filter FAQs by topic.

- Ways to contact:

- [Listserv](#)

- [TA request form](#)

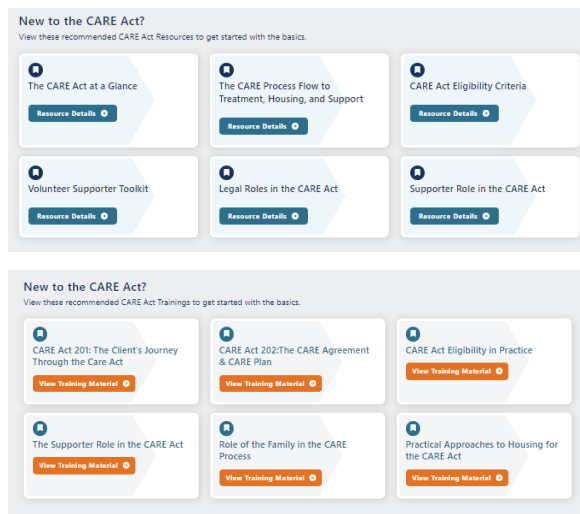
- [Data TA request form](#)

- [Stakeholder feedback form](#)

- Email: info@CARE-Act.org

Available Trainings and Resources

- » Recordings and decks of live trainings as well as asynchronous prerecorded trainings on many CARE process topics.
- » Resources, fact sheets, toolkits, and FAQs.
- » Recommended foundational CARE Act trainings and resources to get started with the basics.



[Slide Image Description: This slide shows a screenshot of the CARE Act Resource Center website, highlighting key trainings and resources for individuals that are new to the CARE Act.]

The CARE Act Resource Center training library includes recordings and decks of all live trainings as well as asynchronous pre-recorded trainings: Topics include the CARE Act process, volunteer supporters, legal roles, housing, eligibility criteria, role of the family, role of the peer, data collection and reporting, and more. The new design also highlights foundational trainings and resources for those new to learning about the CARE process.

The CARE Act Resource Center resource library include resources, fact sheets, toolkits, and FAQs, as well as links to other resources on CalHHS, DHCS, or JC's CARE websites.

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**](mailto:info@CARE-Act.org).