

ROLE OF PUBLIC GUARDIANS & CONSERVATORS IN PETITIONING

CARE Act Process

[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.]

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.

Note: We recognize the role of public guardians and conservators will vary across counties, both as it relates to CARE and across other roles. We have worked with representatives from two counties, but the content may not be entirely representative of all counties across the entire state.

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.
- List of potential roles of public guardians and conservators, including petitioners and collaborators.

Public Guardians and Conservators on the Ground

- Detail current roles of public guardians and conservators, including building collaboration and coordinating with stakeholders.
- Strategies and successes that can be replicated across counties.

[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.
 - List of potential roles of public guardians and conservators, including petitioners and collaborators.
- Public Guardians and Conservators on the Ground:
 - Detail current roles of public guardians and conservators, including building collaboration and coordinating with stakeholders.
 - Strategies and successes that can be replicated across counties.

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.
- › Understand CARE as a less restrictive alternative to conservatorship.
- › Describe the role of a public guardian/public conservator in the CARE process.

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

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

- Identify unique aspects of CARE, including the different paths through CARE and the range of services included in a CARE agreement and CARE plan.
- Understand CARE as a less restrictive alternative to conservatorship.
- Describe the role of a public guardian/public conservator in the CARE process.

Presenters



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

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

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.

Dr. Brock Kolby, Ed.D., LPCC is the Deputy Director of Tuolumne County Behavioral Health and Head of Service. He has 27 years of working in county behavioral health with all its programs. He currently oversees Tuolumne County Behavioral Health’s CARE court and mental health diversion programs.

Melody Culhane is licensed as a marriage and family therapist. She currently serves as a Behavioral Health Program Manager over CARE for San Diego Behavioral Health Services. She previously worked at the San Diego County Public Conservator’s Office as a Licensed Mental Health Clinician/Court Investigator. Prior to this role, Melody worked as a clinical social worker in the hospital setting and as a program manager for both Assertive Community Treatment (ACT) and strengths-based case management. Melody utilizes a strengths-based, trauma-informed approach and advocates for integrated care coordination and utilization of resources in the community.



[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.]

While conservatorship and the CARE process both aim to support individuals with severe mental health conditions, CARE is designed as a less restrictive, early intervention option that focuses on recovery, autonomy, and avoiding more restrictive control.

The CARE Act creates a new pathway to deliver mental health and substance use disorder 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. You could know them as a patient or client.

The goal is to give personalized support that someone would benefit from. Think of how

public guardians and conservators could help an individual get on a path to receive help.

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 people with 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 behavioral health (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 services.

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 a less restrictive option to conservatorship that helps people access care and engage in services and supports.

Outreach & Engagement

Comprehensive Wraparound Care

Housing

Medications

Peer Support

Individual CARE Agreement and CARE Plan

Psychiatric Advance Directive

Volunteer Supporter

Accountability to Provide Services

Less Restrictive Alternative to Conservatorship

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

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

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.
- **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, substance use disorder 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 (PAD)** 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 offers individuals an opportunity to engage in recovery services without the appointment of an LPS conservatorship. Once a court appoints an LPS conservator, the conservator has the authority to make decisions on behalf of the individual about their mental health treatment, including placement in a psychiatric facility. Under the CARE Act process, the individual makes their own decisions, with the support of legal representation and a volunteer supporter.

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 [California Welfare and Institutions Code \(W&I Code\) section 5972](#).

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

The CARE Act stipulates eligibility, and we have that list up here. The petitioner should focus on documenting what they observe of someone and consider how the individual might benefit from the CARE process.

CARE eligibility criteria is defined as:

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

- A person who has a current diagnosis of substance use disorder, as defined in California Health and Safety Code section 1374.72, paragraph (2), subdivision (a), but who does not meet the required criteria in this section shall not qualify for the CARE process.
- The person is not clinically stabilized in ongoing voluntary treatment.
- Participation in a CARE plan or CARE agreement would be the least restrictive alternative necessary to ensure the person’s recovery and stability.
- It is likely that the person will benefit from participation in a CARE plan or CARE agreement.

At least one of the following is true:

- The person is unlikely to survive safely in the community without supervision, and the person’s condition is substantially deteriorating.
- The person is in need of services and supports in order to prevent a relapse or deterioration that would be likely to result in grave disability or serious harm to the person or others, as defined in W&I Code section 5150.

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

Eligible Petitioners

Different people
could be
petitioners;
collaboration is
ideal.

Lay Individuals

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

System Partners

- » A public guardian or public conservator.*
- » A licensed behavioral health professional* involved in respondent's treatment.
- » A first responder or homeless outreach worker with repeated contact.
- » 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.

*or their designee

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

[Slide Image Description: This slide shows a blue box noting “Different people could be petitioners; collaboration is ideal” and highlights the list of eligible petitioners.]

Here is an overview of eligible petitioners—you may be familiar with this list. This list is broad, and it is possible that more than one person may be eligible to file a petition.

A petitioner could include lay individuals:

- 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:

- A public guardian or public conservator.
- A licensed behavioral health professional who is or has been providing or supervising the treatment of the respondent in the previous 30 days.
- A first responder or homeless outreach worker who has had repeated contact

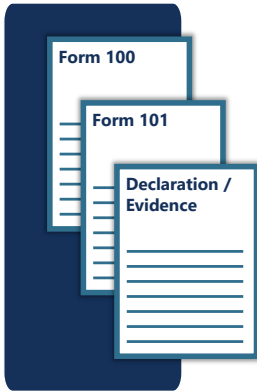
with the respondent.

- The director of:
 - A hospital in which the respondent is hospitalized.
 - A public or charitable organization, agency, or home, who has within the previous 30 days provided or who is currently providing behavioral health services to respondent or in whose institution the respondent resides.
 - A county BH agency.

Note that in many instances, the eligible petitioners include a “designee,” which includes a designee of a public guardian or public conservator.

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

The Petition



» **Petition to Commence CARE Act Proceedings (form CARE-100):**

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

» **Plus, one of two things:**

- **Mental Health Declaration—CARE Act Proceedings (form CARE-101):** 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 CARE-100, form CARE-101, and declaration/evidence.]

Let's talk about what is 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 Petition to Commence CARE Act Proceedings (also known as the CARE-100 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: Mental Health Declaration—CARE Act Proceedings (also known as the CARE-101 form) is a declaration of a licensed behavioral health professional stating that they have examined the respondent in the past 60 days (or has made multiple attempts to examine them) and has 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). This evidence may include, but is not limited to, documentary evidence from the facility where respondent was detained or a signed declaration from petitioner if they have personal knowledge of detentions.

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 a few [video tutorials](#) that give some in-depth recommendations on completing these forms.

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](#).

Role of Public Guardians and Public Conservators



- 1 As a petitioner**
 - » Public guardians and public conservators may file a petition for someone they believe is eligible.
 - » Conservatorship court could refer an individual to CARE; the conservator or proposed conservator shall serve as the petitioner.
- 2 As a partner**
 - » Consider collaborating with other eligible petitioners to complete a petition.

[Slide Image Description: This slide shows an image depicting a petition and a silhouette representing a petitioner.]

As it relates to petitioning for CARE, public guardians and conservators could have two different roles:

As a petitioner:

- CARE statute provides that public guardians and public conservators may file a petition for an individual they believe may be eligible for CARE.
- Statute authorizes a conservatorship court to refer an individual to CARE – in that situation, the conservator or proposed conservator shall serve as the original petitioner.

As a partner:

- Consider collaborating with other eligible petitioners to complete a petition. We will discuss this more in detail in a minute.

Public Guardians and Conservators as a Petitioner



A CARE petition may be filed by the public guardian or public conservator (including a designee).

Considerations:

- » CARE should be explored as a less restrictive alternative to an LPS conservatorship.
- » If a conservatorship court refers someone to CARE, the conservator or proposed conservator would act as petitioner.
- » If the CARE court makes a determination that the petition indicates eligibility, county BH will become the petitioner.
- » The conservator will remain involved within the limits of their court-appointed authority until the conservatorship is terminated.

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

[Slide Image Description: This slide shows a picture of an individual with a gavel and lists components of public guardians and conservators as a petitioner.]

A petition may be filed by the public guardian or public conservator of the county in which the respondent resides or is found. This includes a designee.

- In fact, the CARE Act process should be considered throughout the conservatorship process as a less restrictive alternative, including for resolving a temporary conservatorship and when considering a temporary conservatorship or the reappointment of a conservator.
- Per updates made in Senate Bill 42, in seeking appointment or reappointment of a conservator, the affidavit of the professional recommending conservatorship shall attest that all alternatives have been considered, including CARE.
- If a conservatorship court refers an individual from LPS conservatorship proceedings to CARE Act proceedings, the conservator or proposed conservator would act as petitioner for CARE.
 - The CARE court will review the conservator's petition. **If the court makes a prima facie determination that the individual is eligible for CARE at the initial appearance**, the court will relieve the conservator as petitioner and appoint county BH as petitioner.

- However, the conservator team should consider when it is appropriate to schedule a reestablishment hearing to terminate the conservatorship (as the individual transitions to CARE). The conservator will remain involved within the limits of their court-appointed authority.

Even when a conservatorship isn't being evaluated in court, a public guardian or public conservator may also want to consider completing a petition and perhaps partnering with other eligible petitioners.

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

Public Guardians and Conservators as a Partner



- » An individual may be involved in other systems and with other agencies, so in determining whether to file a petition:
 - Communicate with other eligible petitioners to understand individual's mental health history and needs.
 - Determine who is in the best position to file a petition.

- » Potential collaborations:
 - County BH agencies.
 - Behavioral health professionals or facilities involved in individual's care.
 - Adult protective services.
 - Mental health courts.

[Slide Image Description: This slide shows a picture of two individuals talking and lists components of public guardians and conservators as a partner.]

An individual may be involved in other systems and with other agencies, so in determining whether to file a petition:

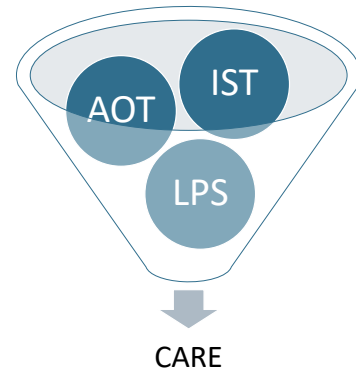
- Consider communicating with other eligible petitioners to gain a full picture of the individual's mental health history and needs.
- Determine who is in the best position to file a petition.

Potential collaborations:

- County BH agencies. Recognize that in some counties, the public guardian and/or public conservator are under the county BH umbrella, or otherwise work closely with one another. It is important to keep in mind that county BH will be substituted in as a petitioner early in the process. Consider whether they should file the petition.
- Behavioral health professionals or facilities involved in individual's care.
- Adult protective services.
- Mental health courts.

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.



CARE is a less restrictive alternative that should be considered when assessing someone under an involuntary hold.

Hospital Referrals to the CARE Process

- » Designated facilities treating an individual under an involuntary hold may make a referral to the county BH agency.
 - Referral to be made as soon as clinically indicated.
 - Within 14 days of referral, county BH shall assess the person and file a petition.
 - Facilities cannot continue an involuntary hold solely for the purpose of allowing county BH to complete its assessment.

For more information, see the training on hospitals and emergency rooms as petitioners.

[Slide Image Description: This slide shows a picture of a clinician and lists components of hospital referrals to the CARE process.]

CARE Act allows designated facilities (facilities that provide assessment, evaluation, and crisis intervention per W&I Code section 5152(a) or designated under W&I Code section 5008(n) to refer individuals under an involuntary hold who they believe meet or are likely to meet CARE eligibility to county BH for assessment for CARE.

Consider the following:

- CARE is a less restrictive alternative that should be considered when assessing someone under an involuntary hold.
- Within 14 days of referral, county BH shall assess the person and file a petition if county BH determines they are likely to meet CARE eligibility and will not engage in voluntary treatment.
- This referral option does not authorize facilities to continue an involuntary hold if the person no longer meets the criteria solely for the purpose of allowing county BH to complete its assessment.

- A referral to CARE does not preclude a referral to AOT.

How should this referral be made?

- Facilities may use existing forms and/or procedures to make a CARE referral to a county BH agency. Existing forms must include contact information for the referred individual, including a telephone number and address. County BH is required to accept facility referrals in any form or manner received.
- This referral process provides facilities with an option of working with the county BH agency versus filing a petition themselves.

For more information, see the training on hospitals and emergency rooms as petitioners.

County BH Takes Place of the Original Petitioner

- » Original petitioners will be replaced by county BH at the initial appearance.
- » The original petitioner should plan to be present and may make a statement at the initial hearing held on the merits of the petition.



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

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

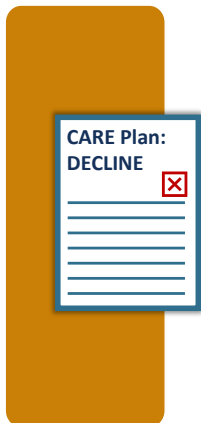
- Public guardians and public conservators as petitioners are replaced by county BH at the initial appearance on the merits of the petition.
- The original petitioner should plan to be present and may make a statement at the initial hearing on the merits of the petition. Please note that the case may be dismissed if the original petitioner is not present.

For system partners as petitioners, that is where their involvement ends. However, as noted earlier, the conservator will remain involved within the limits of their court-appointed authority. The conservator team should consider when it's appropriate to schedule a reestablishment hearing to terminate the conservatorship (as the individual transitions to CARE).

Currently, if respondent consents, the court may allow a family member or a roommate who petitioned to continue participating in respondent's CARE proceedings. Effective July 1, 2025, the court shall provide ongoing notice of proceedings to these original

petitioners throughout the CARE proceedings, unless the court determines that would be detrimental to the respondent.

Possible Outcomes of Respondent's Non-Participation



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

- » Their participation in CARE can be terminated.
- » Non-participation in a CARE plan may be considered during subsequent LPS proceedings.
 - Information about non-adherence to medications cannot be included.
- » County BH and community supports providers can continue outreach to the individual to offer treatment and services.

[Slide Image Description: This slide shows a graphic of a paper with the title "CARE Plan: DECLINE" and a description of the process if an individual declines to participate in the CARE plan is detailed.]

Although a CARE plan is court ordered, there are limits on what can happen to the respondent if they do not want to participate, and there are no criminal consequences.

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

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

What are the consequences?

- If LPS proceedings (i.e., 5150/5250, conservatorship) occur within the next six months of the termination of CARE plan, information regarding non-participation will be included to inform this process.
 - The termination of a CARE plan does not *automatically* trigger LPS proceedings.
 - Information about non-adherence to medications cannot be included.
- Courts can use existing authority to refer an individual for consideration of

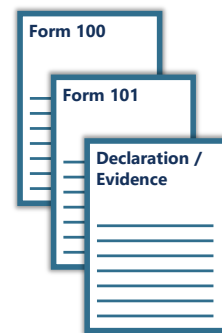
conservatorship if court believes the individual is a safety risk. This authority is pre-existing and does not relate solely to non-compliance with a CARE plan. All due process required for such a referral remains in place.

- If the services can continue, county BH and community supports providers can continue outreach to the individual to offer treatment and other services/supports.

Ideas in Action

» Consider potential reasons for public guardians and public conservators to file a CARE petition:

- To connect individuals to services in a less restrictive way than conservatorship.
- To support their rights to make decisions about their mental health treatment.
- To engage individuals with behavioral health services.



[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.]

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- To engage individuals with behavioral health services.



[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 two county representatives on the ground. Both of these individuals are working on county teams but have had experience on the LPS side and have unique perspectives on how these processes can work together.

Learnings from San Diego County

- » Melody Culhane, LMFT is the Behavioral Health Program Manager for CARE at San Diego Behavioral Health Services.
- » She formerly worked at the county Public Conservatorship Office, collaborating with the Public Guardian Office under San Diego Behavioral Health Services.



Efforts are being made to evaluate who would benefit from CARE, particularly by encouraging step-down from conservatorship.

Identify opportunities for evaluating CARE for individuals that are conserved.

Understand the benefits of CARE and the accountability it provides for services.

Strengthen rapport and understanding among providers.

Consider ways to simplify and collaborate on transitions.

[Slide Image Description: This slide shows a picture of San Diego and learnings from the San Diego CARE team on collaborating with their conservator office.]

Melody Culhane, LMFT is the Behavioral Health Program Manager for CARE at San Diego Behavioral Health Services. She formerly worked at the county Public Conservatorship Office, collaborating with the Public Guardian Office under San Diego Behavioral Health Services. Note that the San Diego County Public Guardian (PG) and Public Conservatorship (PC) offices function separately but work together; this structure varies by county.

Efforts are being made to evaluate who would benefit from CARE, particularly by encouraging step-down from conservatorship.

- **Identify opportunities for evaluating CARE for individuals that are conserved.** In San Diego, conservatorship is designed for two types of step-downs: transitioning individuals from institutions to community living and supporting individuals looking to terminate conservatorship. The CARE team is looking at any contested reestablishments, as well as ensuring clinicians evaluate conservatees for CARE eligibility. Public conservators can engage in a collaborative process with the CARE

team to identify eligible individuals for CARE, particularly those in the "step-down" phase from institutional care or individuals who are stable but may benefit from additional support as they transition out of a conservatorship. This can also happen when a reestablishment for conservatorship is being considered or through a routine look at all conservatorships that meet eligible diagnosis criteria.

- **Understand the benefits of CARE and the accountability it provides for services.** CARE offers an intensive, wrap-around support system, with a focus on meeting individual needs, particularly in medication adherence and housing stability. This makes CARE a good option for individuals who may not require the continued structure of conservatorship but still need support. CARE also ensures that county BH teams are accountable to provide services. Understanding these benefits, especially for individuals at risk of cycling back into conservatorship, can help public guardians and public conservators feel confident in considering CARE for individuals.
- **Strengthen rapport and understanding among providers.** There is a need for greater awareness among clinicians about the CARE program and eligibility criteria to facilitate smoother transitions from conservatorship. Foster a collaborative environment where providers can comfortably discuss when CARE might be appropriate. The San Diego CARE team meets regularly with the public conservators to identify potential CARE respondents. Public conservators can also reach out directly to the CARE team to refer them to conserved individuals that may be eligible for CARE.
- **Consider ways to simplify and collaborate on transitions.** In San Diego, the conservator office is housed under behavioral health services, which means that petitions filed by a conservator are considered an "internal" petition and do not require a separate investigation by county BH. This makes it easier to more quickly assess for eligibility and then begin collaborating on a CARE agreement. Once it is clear that the respondent will be moving forward with a CARE agreement, the conservator team can consider scheduling a reestablishment hearing. That way, the same day in which the CARE agreement is approved by the court, the respondent's conservatorship can be terminated. This creates a clear transition for the respondent and a way for them to celebrate moving to a less restrictive alternative while receiving services and supports.

Opportunities in Tuolumne County

- » Brock Kolby, Ed.D., LPCC is the Deputy Director at Tuolumne County Behavioral Health Department.
- » He formerly worked as a public conservator for the Calaveras County Public Guardian Office, running the LPS portion of conservatorships.



CARE can serve as both a preventative alternative to LPS conservatorship and a potential step-down option from conservatorship.



Understanding legal processes, eligibility requirements, and services and supports through CARE is helpful.



Create collaborative pathways preventing LPS conservatorship.



Consider how transitions into CARE will work and roles each entity will play.



Consider CARE as an alternative, and potentially less restrictive, way to ensure people are connected to the right services.

[Slide Image Description: This slide shows a picture of downtown Sonora and describes opportunities from Tuolumne County.]

Brock Kolby, Ed.D., LPCC is the Deputy Director at Tuolumne County Behavioral Health Department. He formerly worked as a public conservator for the Calaveras County Public Guardian Office, running the LPS portion of conservatorships.

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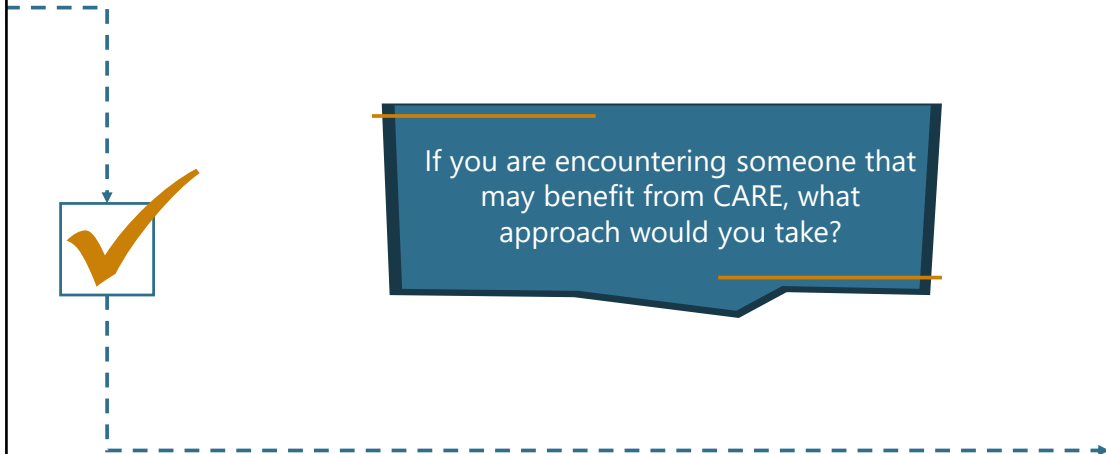
Considerations:

- **Understanding legal processes, eligibility requirements, and services and supports through CARE is helpful.** Public Guardians don't need to be experts, but understanding some basics about CARE can help them understand when it's an appropriate option for an individual. Public guardians and conservators can access trainings on the CARE Act Resource Center, including information on schizophrenia spectrum and other psychotic disorders, eligibility requirements for CARE, the CARE process, and engagement strategies. Accessing resources can also promote comprehensive understanding of the legal processes involved in conservatorship and

CARE to ensure all parties understand their roles and responsibilities.

- **Create collaborative pathways preventing LPS conservatorship.** Foster ongoing collaboration between relative stakeholders, including public guardian and conservator offices, behavioral health teams, and courts/counsel to facilitate communication, sharing of resources, and case management, particularly for transitioning individuals from LPS conservatorship to CARE.
 - Consider regular evaluations and feedback sessions among stakeholders (e.g., public guardian and conservator offices, behavioral health, and courts/counsel) to address any emerging challenges and adjust strategies accordingly.
 - Tuolumne’s County BH CARE team has an assigned liaison with the public guardian office, and they meet monthly. They are beginning to establish protocols for coordination amongst CARE and public guardian/conservator teams. Some considerations they are thinking through is building up enough supportive housing to successfully transition individuals out of more restrictive facilities into community-based settings. This is challenging, given that many of these individuals are currently in facilities out of the county and also will require some transitional support to resume independent functioning.
- **Consider how transitions into CARE will work and roles each entity will play.** As individuals potentially transition from conservatorships into CARE, county BH and public guardian/conservator programs should consider how responsibilities will be split. They should discuss who will handle daily interactions, serve notices, track individuals, discuss services, etc. It is likely that as an individual enters into CARE proceedings, the public guardian’s office will seek to petition for termination of the conservatorship. County BH and the public guardian office should determine how and when to coordinate this hand-off.
- **Consider CARE as an alternative, and potentially less restrictive, way to ensure people are connected to the right services.** The CARE process can potentially alleviate public guardian workloads by appropriately transitioning long-term patients from LPS conservatorships to community-based services through CARE. There were some concerns about a surge in conservatorship petitions post-CARE implementation, but experience shows this may not occur. For Tuolumne County, CARE petitions have not led to additional LPS conservatorships. Rather, it’s offered as an option for someone who is not gravely disabled but still clearly needs support to be connected with services that can support their recovery.

Ideas in Action



If you are encountering someone that may benefit from CARE, what approach would you take?

DHCS | HMA

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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.]

If you are encountering someone that may benefit from CARE, what approach would you take?

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.
- › Understand CARE as a less restrictive alternative to conservatorship.
- › Describe the role of a public guardian/public conservator in the CARE process.

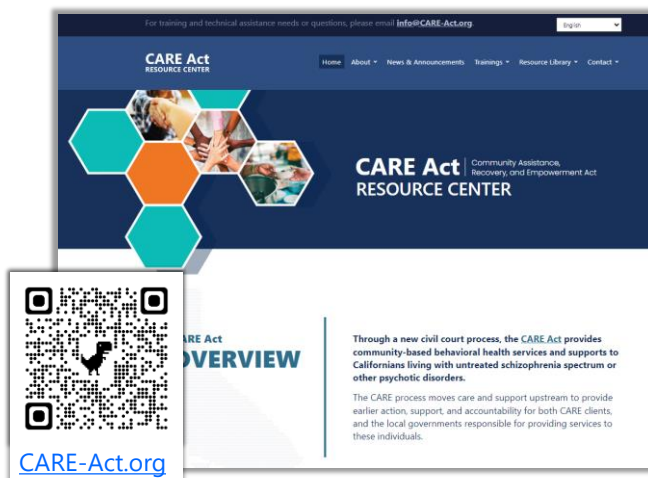
[Slide Image Description: This slide shows the learning objectives for this training with a light blue background.]

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- Describe the role of a public guardian/public conservator in the CARE process.

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:

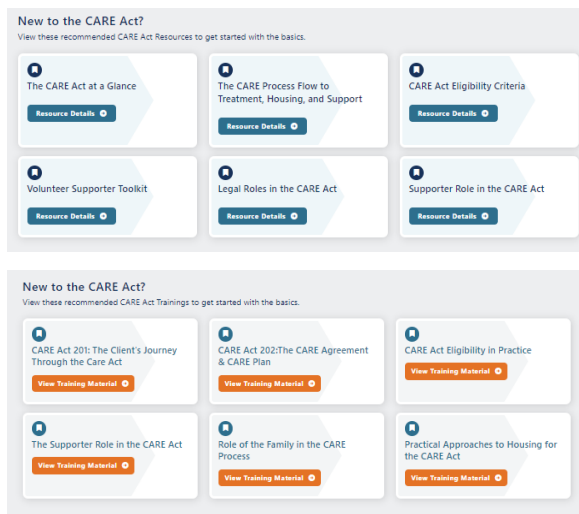
- Training and Resource library:
 - We post all trainings to the CARE Act Resource Center; these include trainings that we have done live and also trainings that we record and are available asynchronously. The training materials include a video (with captions available) and a PDF of the slides and talking 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 county 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 TA 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 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 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).