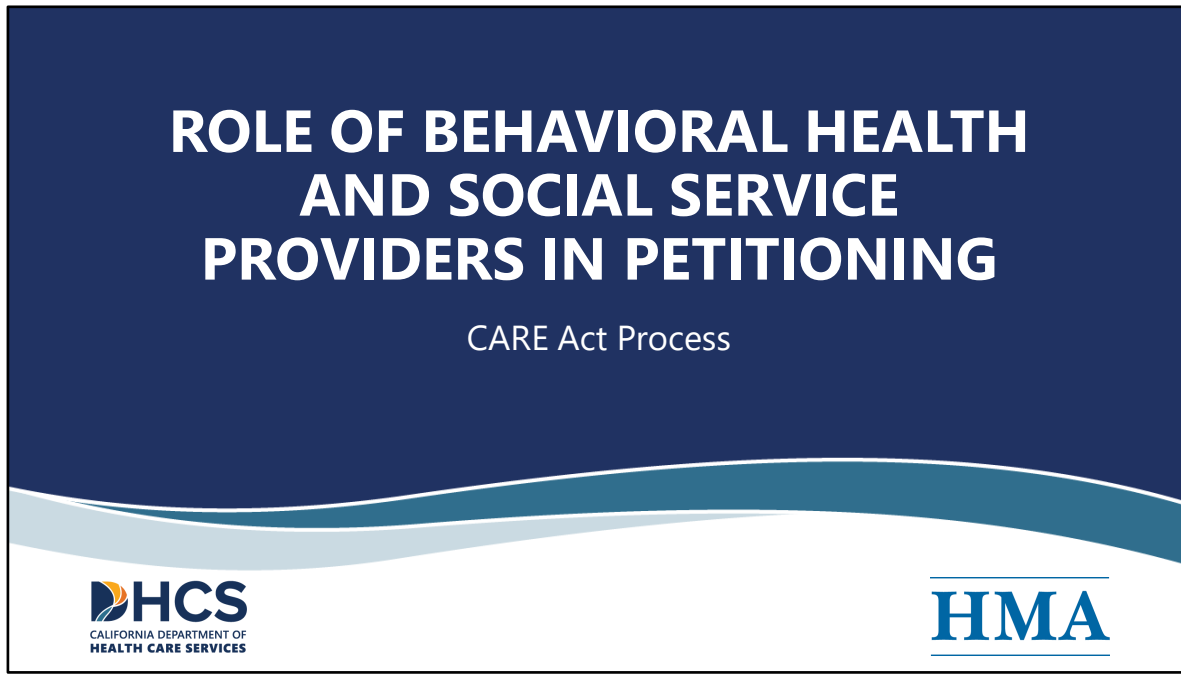
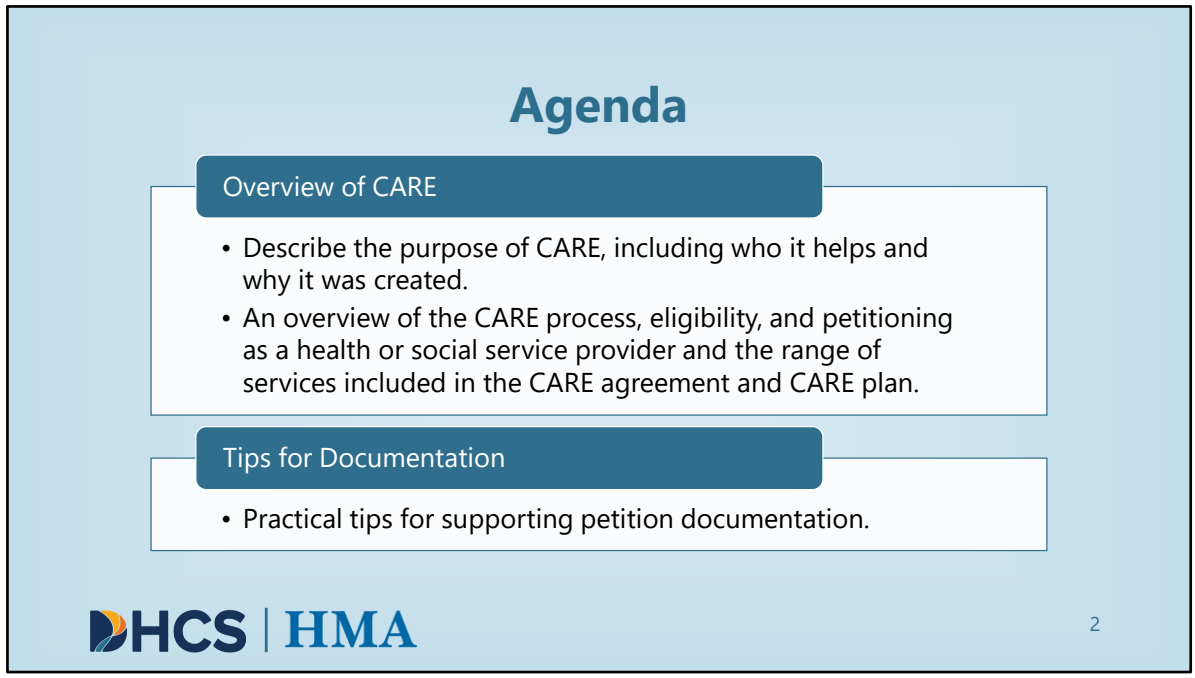


[Slide Image Description: This cover slide introduces the title and category of this training. It contains the logos for the California Department of Health Care Services and Health Management Associates.]

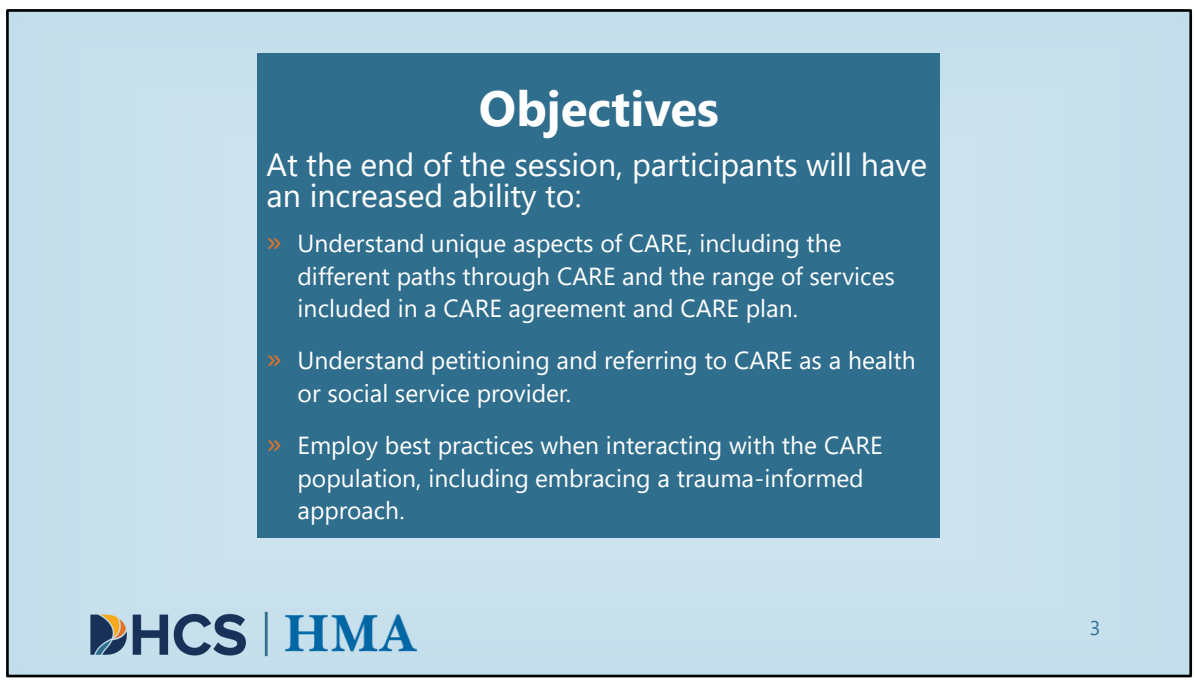
Disclaimer: This session is presented by Health Management Associates. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement by, California Department of Health Care Services.



[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, and petitioning as a health or social service provider and the range of services included in the CARE agreement and CARE plan.
- Tips for Documentation:
  - Practical tips for supporting petition documentation.



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

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

- Understand unique aspects of CARE, including the different paths through CARE and the range of services included in a CARE agreement and CARE plan.
- Understand petitioning and referring to CARE as a health or social service provider.
- Employ best practices when interacting with the CARE population, including embracing a trauma-informed approach.

Presenters

LAURA COLLINS, LICSW

Managing Principal
Health Management Associates

PATRICIA DOXEY

Associate Principal
Health Management Associates

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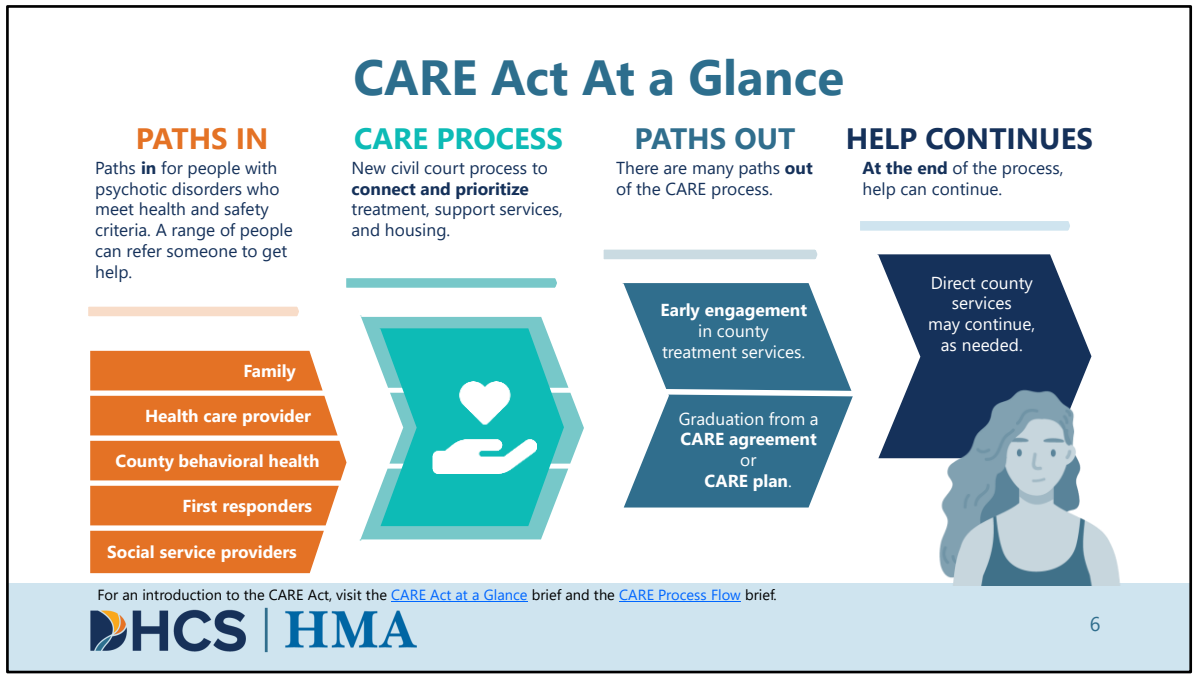
[Slide Image Description: This slide includes images of the presenters of this training on a light blue background.]

Laura Collins, from Health Management Associates, is a licensed clinical social worker with 25 years of experience in psychiatry and across the behavioral health continuum, with extensive knowledge of, and involvement with civil and forensic processes for persons with mental illness. She has worked both on the ground and at the administrative/systems-level in the crisis, acute care and outpatient spheres. Laura also understands the housing and community support needs of this complex population, having worked at all-levels to support success and independence for this population.

Patricia Doxey, from Health Management Associates, is an Associate Principal with experience leading training programs, implementing a skills-based, context-driven methodology focused on developing key competencies. She has over 15 years of experience leading complex training and technical assistance projects across topic areas.

[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.



[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 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's 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 health and social service providers 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 people with schizophrenia spectrum and other psychotic disorders who meet health and safety criteria. A range of people can refer 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 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.

3. 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.
4. Help continues:
    - At the end of the process, help can continue.
    - Direct county services may continue, as needed.

https://care-act.org/resource/the-care-act-at-a-glance/
https://care-act.org/resource/the-care-process-flow-to-treatment-housing-and-support/

[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.

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 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 the least restrictive alternative to conservatorship.

CARE Eligibility Criteria

All of the following:

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

At least one of the following:

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

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

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[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. While it's good to have the eligibility criteria in mind, the petitioner is not responsible for proving diagnosis. Rather, the petitioner should focus on documenting what you observe of someone and consider how they 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 Code (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

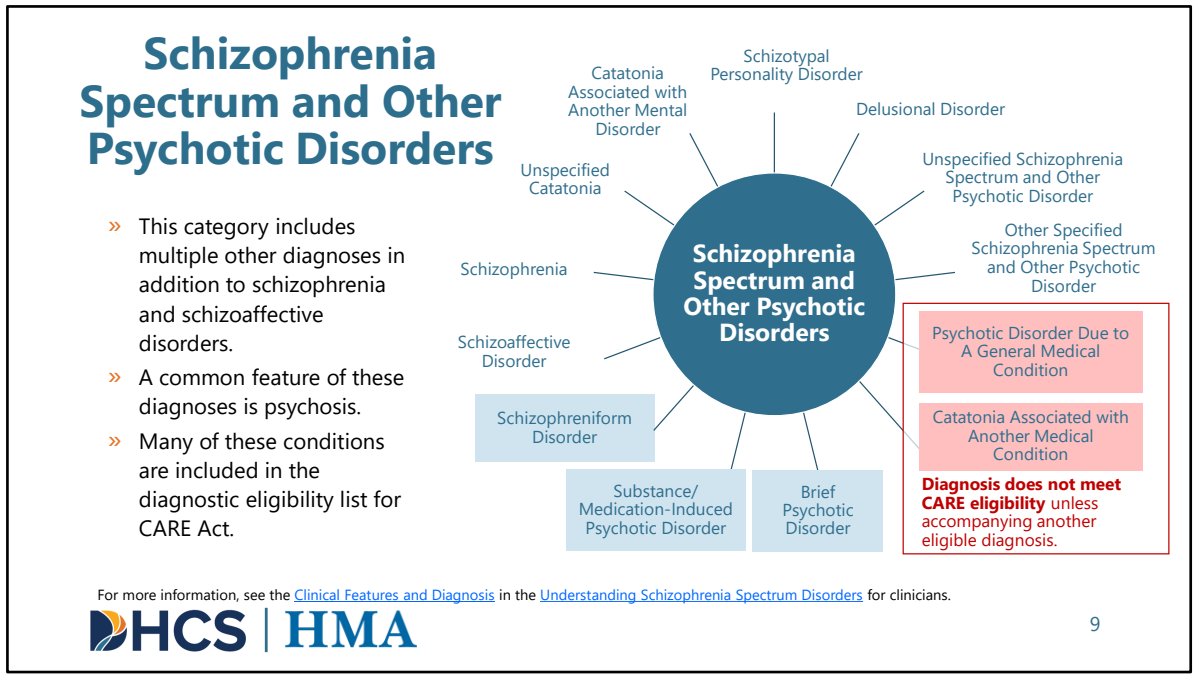
psychotic disorder that is due to a medical condition or is not primarily psychiatric in nature, including but not limited to, physical health conditions such as traumatic brain injury, autism, dementia, or neurologic conditions.
    - A person who has a current diagnosis of substance use disorder, as defined in California Health and Safety Code (H&S 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's 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.

https://care-act.org/resource/care-act-eligibility-criteria-fact-sheet/
https://care-act.org/training-material/care-act-eligibility-in-practice/
https://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?sectionNum=5972.&lawCode=WIC



[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's 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.

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.

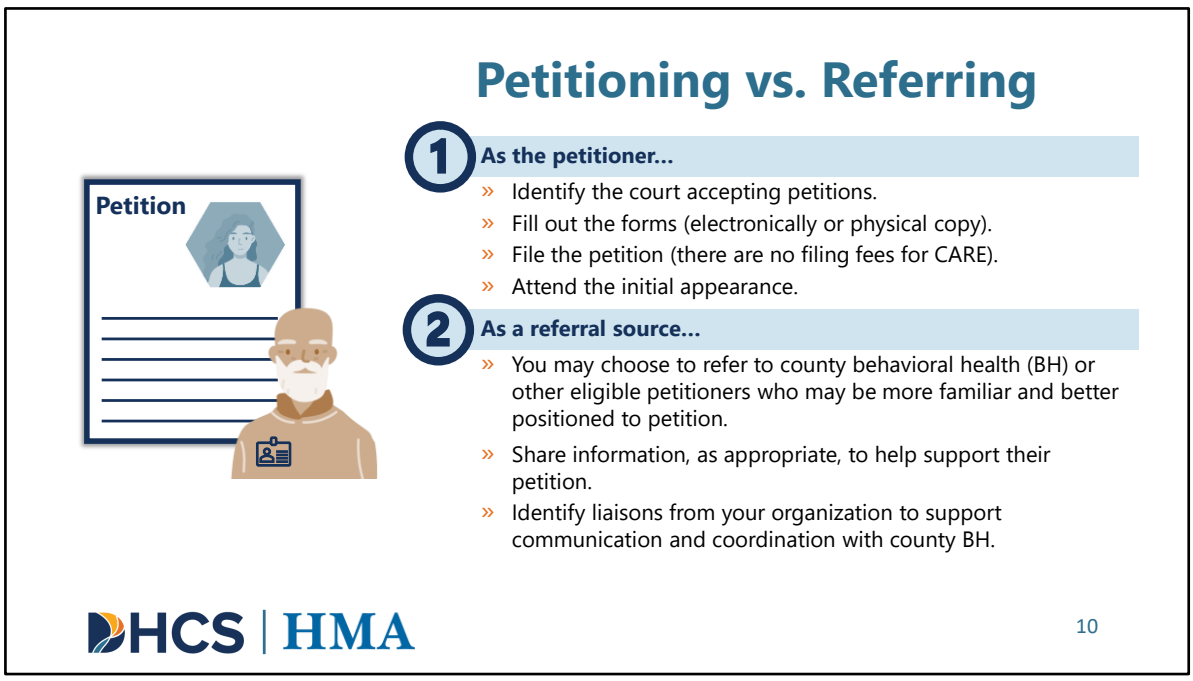
Not all the diagnoses in the DSM-5 chapter are eligible for CARE. The two that are not eligible are psychotic disorder or catatonia that is associated with a general medical condition. These diagnoses must be accompanying another eligible diagnosis to meet criteria for the CARE process.

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 in degree 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.

https://care-act.org/training-material/clinical-features-and-diagnosis-understanding-schizophrenia-spectrum-disorders-series/
https://care-act.org/training-material/series-understanding-schizophrenia-spectrum-disorders/



[Slide Image Description: This slide shows an image of a petition with a person and a description of petitioning vs. referring.]

When thinking about filing a petition, consider who is in the best position to file and if there is a way to collaborate to reach that goal. Health and social service providers may be able to complete the petition themselves (provided they are eligible petitioners), but they can also be a referral source as well.

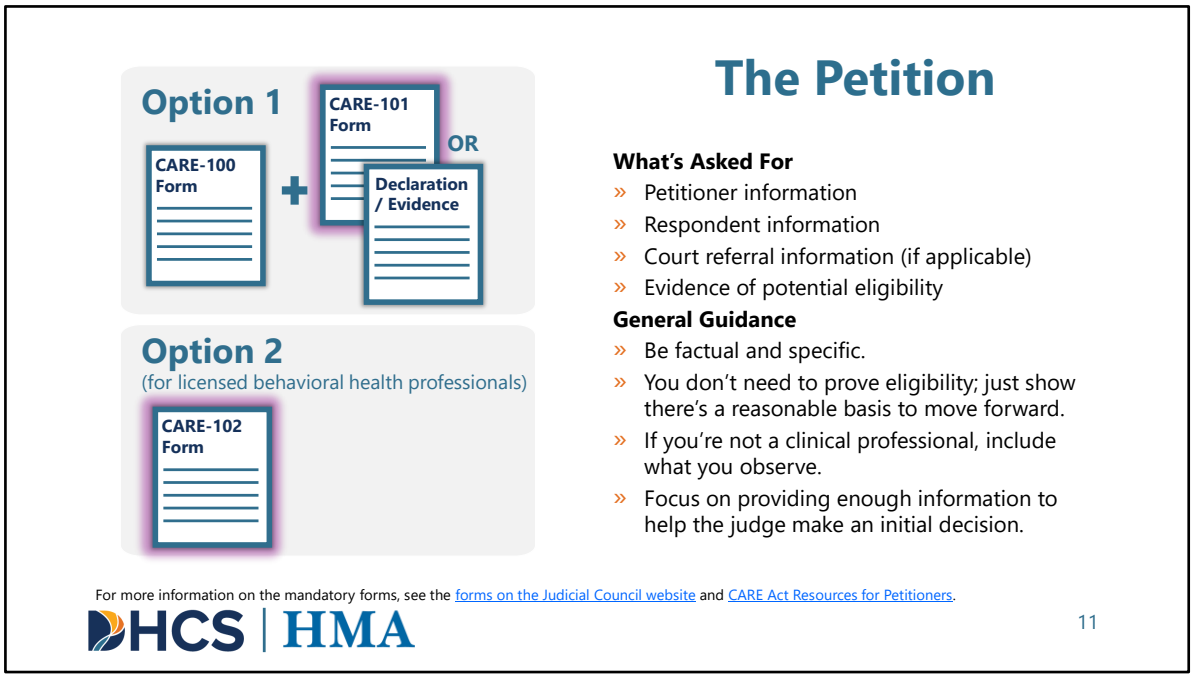
1. As the petitioner, you would…
    - Identify the court accepting petitions. For example, this could be listed on your county's CARE website or search for the court on your county's court website.
    - Fill out the forms (electronically or hard copy).
        - Focus on what you know.
        - For 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.
    - Petitioners should plan on attending the initial appearance. We recommend

that the petitioner reach out to county BH to coordinate, as county BH will step in as the petitioner at the initial appearance or hearing.

2. As a referral source, there are a few different options depending on your facility and your role:

- You may choose to refer to county BH or other eligible petitioners who may be more familiar and better positioned to petition. Other eligible petitioners could also include the individual themselves, who can self-refer.
- With either process, you will need to share information, as appropriate, to help support their petition.
- Identify liaisons from your organization to support communication and coordination 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 health care or social service setting, there could be a designated peer worker or community health worker (CHW) 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.



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

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

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

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

Let's talk through the options.

Option 1: General Petition Process (For Most Petitioners)

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

- **Step 1**: Fill out the **CARE-100** form. It lets you explain your observations in your own words.
- **Step 2**: You must include *one* of the following to support your petition:
  - **CARE-101 form**: A declaration from a licensed behavioral health professional who has either examined the person in the last 60 days or has tried multiple times. They must believe the person may meet CARE eligibility criteria.
  - **OR other documentation**: Evidence that the person has had at least two intensive treatments, one within the last 60 days. This could include hospital discharge papers or a signed declaration from someone with direct knowledge of the hospitalizations. If the petitioner has knowledge, the declaration of two 5250s can be included directly on the CARE-100. Otherwise, that information can be attached to the petition.

Option 2: Streamlined Process for Licensed Behavioral Health Professionals

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

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

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

As behavioral health and social service providers, it's important to understand that the petition is not a test about getting it "right or wrong." It's about providing what you observe and know and documenting 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 reviewing your petition while conducting the initial (prima facie) review of the petition.

For more information on the mandatory forms, see the forms on the Judicial Council website and CARE Act Resources for Petitioners.

http://www.selfhelp.courts.ca.gov/CARE-Act/forms
https://care-act.org/library/petitioners/

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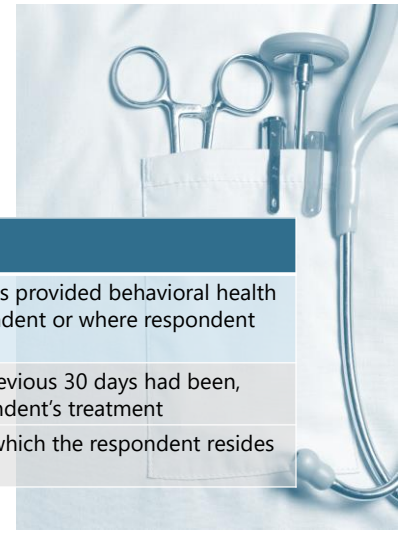
Who Can Petition?



Health and social service providers are among eligible petitioners.

Eligible Petitioner	Includes designee?	Timing
Director of a public or charitable organization, agency, or home	Yes	Within 30 days has provided behavioral health services to respondent or where respondent resides
Licensed behavioral health professional	Yes	Currently, or in previous 30 days had been, involved in respondent's treatment
Adult protective services	Yes	Of the county in which the respondent resides or is found

"Designee" includes individuals at the organization who have been identified by the director to complete the petition.

For more information, visit CARE Act Resources For Petitioners. For a complete list of eligible petitioners see this FAQ and refer to W&I Code section 5974.

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[Slide Image Description: This slide shows an image of a clinician's shirt pocket and includes information about eligible petitioners.]

A petitioner could include lay individuals like a family member, roommate, or the individual themselves. A petition can also be filed by a number of system partners, which includes health and social service providers.

- The director of a public or charitable organization, agency, or home (or their designee) who has provided treatment within previous 30 days or where the respondent resides.
- A licensed behavioral health professional (or designee) currently, or in previous 30 days had been, involved in respondent's treatment. For example, this could include a psychologist, a clinical social worker, a professional clinical counselor, a marriage and family therapist, or a physician.
- The director of county adult protective services, or their designee, of the county in which the respondent resides or is found.

These petitioner types include a "designee," or individuals at the organization who have been identified by the director to complete the petition. A "designee" of the director of a charitable organization or home could include, for example, a social worker who is on staff and works with the respondent.

Keep in mind that petitioners can partner with other petitioners to complete the petition. For example, if a first responder (another eligible petitioner) is completing the petition, a licensed behavioral health professional could help complete additional documentation.

For more information, visit CARE Act Resources For Petitioners. For a complete list of eligible petitioners see this FAQ and refer to W&I Code section 5974.

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Behavioral Health Providers as Petitioners

- Consider which existing information is relevant to the petition:
  - Diagnosis.
  - Treatment history including medication.
  - Hospitalization history.
  - Supports.
- Have a plan for how to navigate HIPAA and other privacy laws and guidelines.
- Evaluate whether you might be able to collaborate with the individual in the petitioning process.
- Consider how to approach petitioning in a manner that may preserve the therapeutic relationship if possible.
- Consider how to continue to promote the safety of the individual while eligibility is being established.

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[Slide Image Description: This slide shows an image of two individuals sitting on a couch talking.]

Behavioral health providers have a unique role as potential petitioners in the CARE Act. In many instances, the behavioral health team may have a longstanding relationship with the individual, including past treatment episodes, crisis intervention, and information regarding how the individual's current state compares to past periods of stability in functioning.

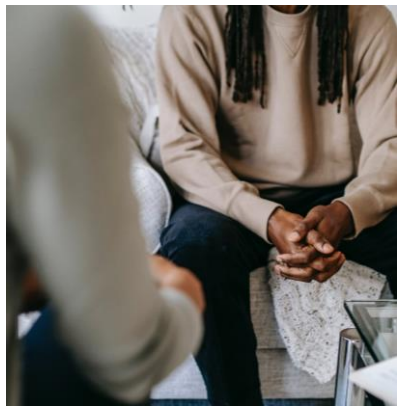
When completing the petition, it's important to review existing historical information in the individual's chart to help paint a clear picture of the present-day need. Additionally, if information such as diagnosis, treatment history (including medication), hospitalization history, and supports can be provided at the petitioning stage, it may help expedite confirmation of eligibility for CARE supports.

It's also important to consider how to navigate confidentiality in the petitioning process. Many behavioral health providers choose to engage their own counsel to develop policies and procedures regarding how to navigate information sharing for the purpose of CARE engagement.

Evaluate whether you may be able to collaborate with the individual in the petitioning process. In some cases, you may be able to explain the benefits of the CARE process to the individual and complete parts of the petitioning process together or at least come to an agreement so that a petition is in order. In other cases, the individual may be experiencing such significant mental health symptoms that participation in the petitioning process isn't possible. As much as possible, we want to maintain or strengthen the therapeutic relationship through the CARE referral process.

In all cases, it's important to consider how best to offer stability, support, and safety to individuals while eligibility is being determined. As much as possible, stay in contact with the individual and continue to offer services and supports.

Adult Protective Services as Petitioners



- Consider which existing information is relevant to the petition:
  - History of reports involving these individuals.
  - Information regarding threats to the safety of the individual or to others around them.
  - Information regarding supports.
  - Engagement attempts.
  - Concerns about safety.
- Consider how to continue to promote the safety of the individual while eligibility is being established.

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[Slide Image Description: This slide shows an image of an individual talking to person seated on a couch.]

Adult protective services (APS) providers can be a key catalyst in connecting individuals with CARE supports. In many cases, APS professionals will have critical information regarding the acuity of the needs the individual is experiencing. When engaging in the petitioning process, it's important that APS providers include as much relevant information as possible. This may include:

- History of reports involving these individuals.
- Information regarding threats to the safety of the individual or to others around them.
- Information regarding supports.
- Engagement attempts.
- Current concerns about safety.

It's also important to ensure APS providers engage all possible supports to ensure the individual's safety while eligibility is being determined.

Housing Providers as Petitioners

- Consider which existing information is relevant to the petition:
  - Housing history, including evidence of housing instability.
  - Concerning behaviors.
  - Treatment history and engagement (if available).
  - Supports.
- Attempt to continue to engage the individual in housing and behavioral health supports while eligibility is being determined.

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[Slide Image Description: This slide shows a close-up image of a key in a door.]

Housing providers are an important source of connection with CARE support as well. Housing providers are often able to identify concerns with stability before other social service professionals because they have line of sight into all the factors that contribute to housing stability.

When completing the petition, it's important that housing providers collect as much information as possible regarding things like:

- Housing history, including evidence of housing instability.
- Concerning behaviors.
- Treatment history and engagement (if available).
- Supports.

While navigating the eligibility process, housing providers will want to make sure they are doing all they can to keep the individual connected with services and supports to promote their safety.

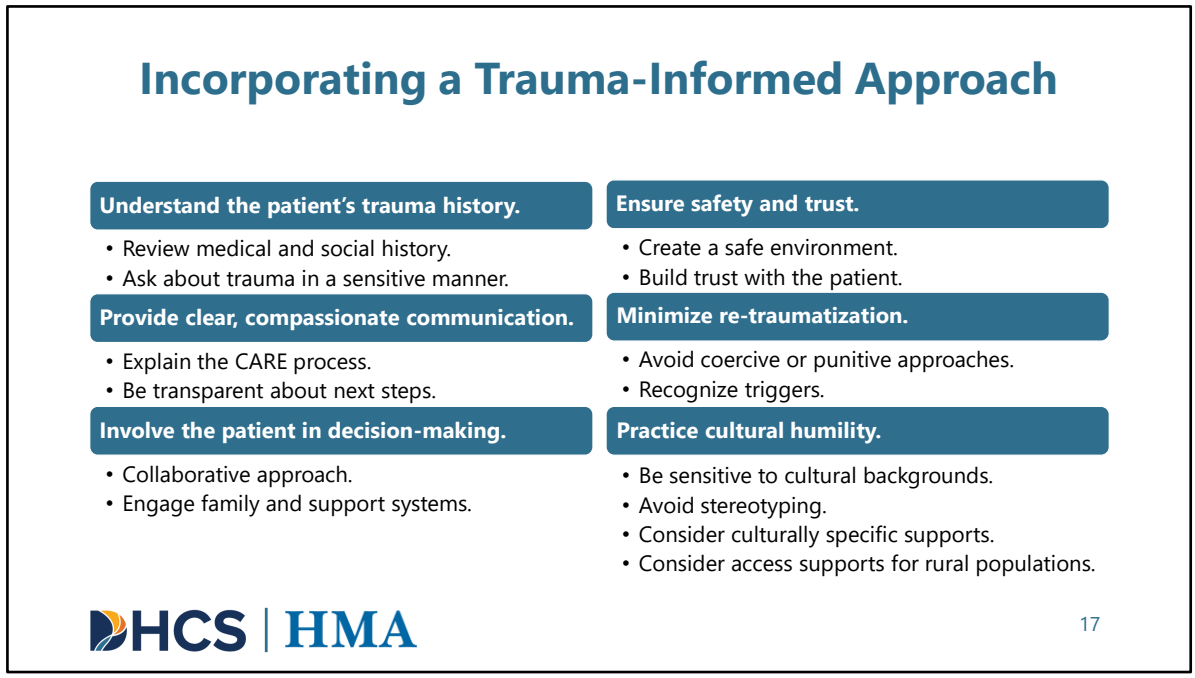
Petitioner's Role After Petition is Filed

- The original petitioner should be present and can make a statement at the initial appearance.
  - Many courts allow 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. Please note that thus far, many courts are allowing remote appearances.
- During the initial appearance, the court will replace the original petitioner (including health and social service providers) with county BH, who will from then on be considered the petitioner.



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

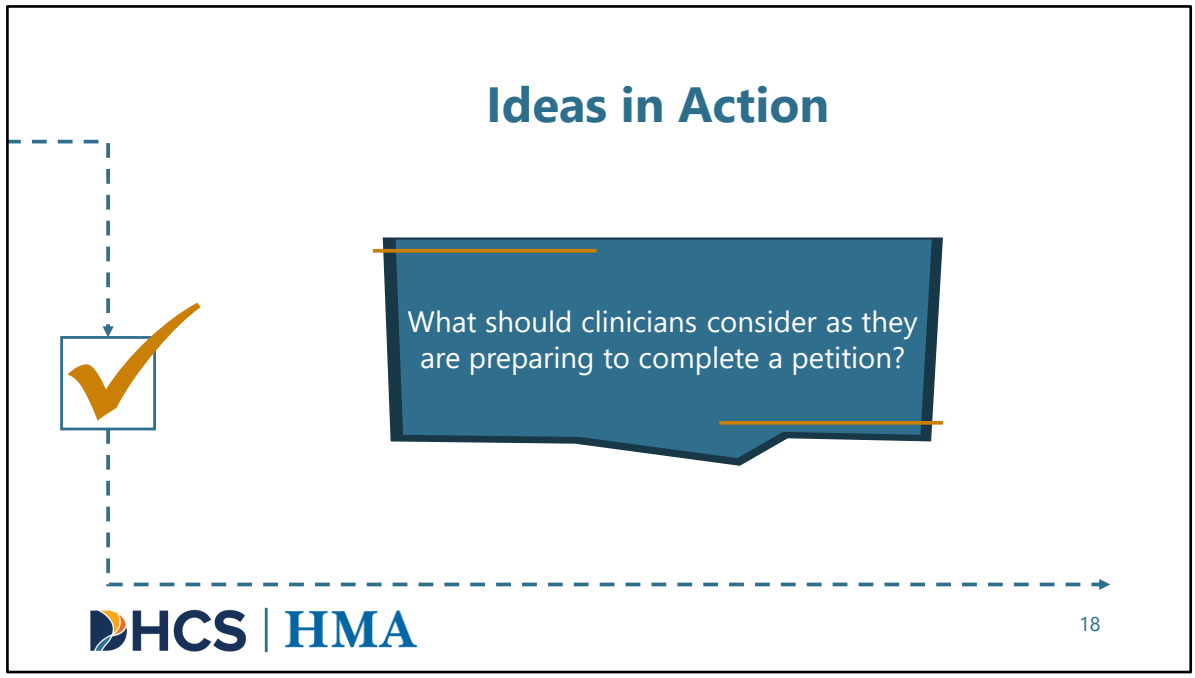
When health and social service providers are considering filing a petition to participate in CARE, consider ways that you can take a trauma-informed approach. This ensures that the patient's past experiences with trauma are acknowledged and respected, reducing the risk of re-traumatization and enhancing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

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

1. Understand the patient's trauma history.
    - Review medical and social history: Before filing the petition, review the patient'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.
    - Ask about trauma in a sensitive manner: During assessments, inquire about past trauma in a respectful, non-invasive way. Trauma may have played a role in the patient's mental health struggles and understanding this context helps tailor support.

2. Provide clear, compassionate communication.
    - Explain the CARE process: 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 patient to outpatient wraparound services, focusing on the fact that CARE is about supporting the person's recovery and stability, and that it's not a mechanism of control or a punitive process.
    - Be transparent about next steps: Ensure the patient 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 patient in decision-making.
    - Collaborative approach: Whenever possible, involve the patient in decisions about their care, even as the CARE petition is considered. Engaging the patient in conversations about their needs and preferences provides them with a sense of control and respect, which is essential for a trauma-informed approach. This could even look like supporting an individual to self-petition, meaning that they file a petition on their own behalf.
    - Engage family and support systems: If appropriate, include the patient's family members, trusted friends, or other support systems in discussions. This can create a sense of safety and support that empowers the patient to engage in the CARE process. If appropriate, you can involve key individuals to potentially participate as a volunteer supporter during the CARE process itself.
4. Ensure safety and trust.
    - Create a safe environment: During discussions about the CARE petition, ensure that the environment is calm, private, and supportive. A peaceful and respectful atmosphere helps the patient feel safe and less likely to experience distress.
    - Build trust with the patient: Establish a trusting relationship by using respectful, non-judgmental language. Trust is critical in helping the patient understand that the CARE petition is intended to support their recovery, not to punish or control them.
5. Minimize re-traumatization.
    - Avoid coercive or punitive approaches: Filing a petition for CARE should not be framed as coercion or punishment. Emphasize that the goal is to connect the patient 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. 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 patient views the health care system and legal processes like CARE. Adapt your communication and care strategies to respect these differences and ensure that the patient feels heard and understood.
- Avoid stereotyping: Trauma-informed care requires avoiding assumptions or stereotypes based on the patient's race, gender, or socioeconomic status, which can exacerbate feelings of marginalization or misunderstanding.
- Consider culturally specific supports: Ask respondents about language preferences and people or entities that matter to them. Recognize that individuals have equal and differing values.
- Consider access supports for rural populations: Consider alternative access to services (e.g., telehealth, mobile), social isolation, and social determinant needs.



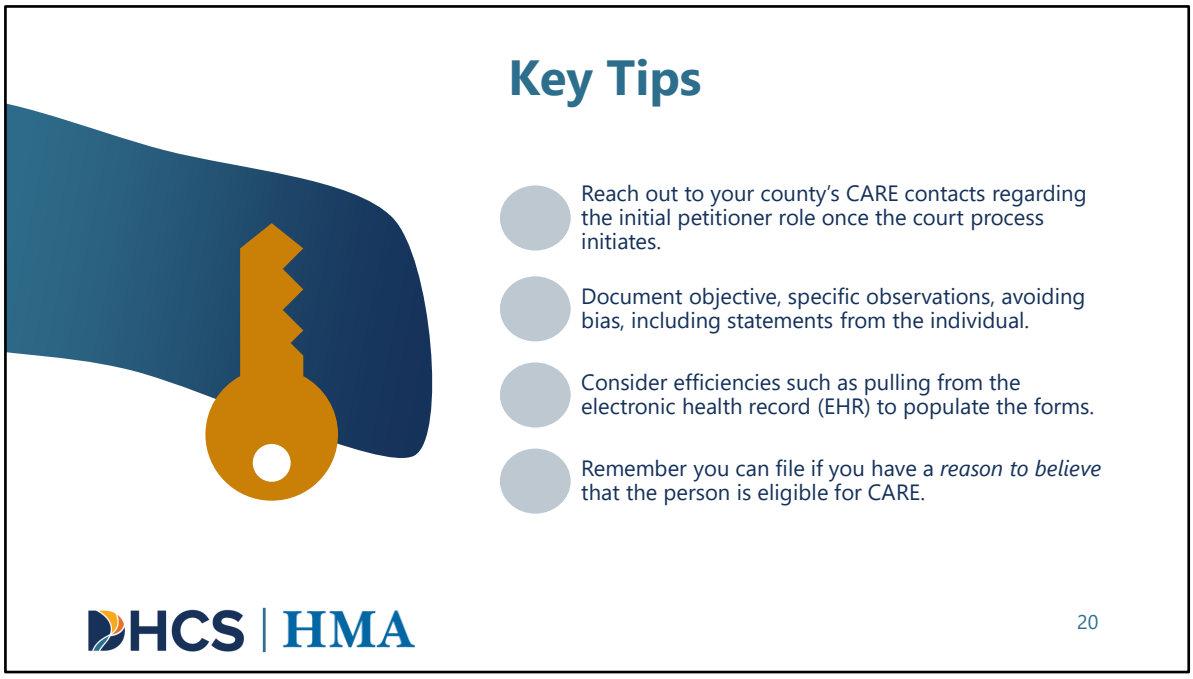
[Slide Image Description: This is an Ideas in Action slide that provides an opportunity for participants to practice using the information. It contains a checkbox and an arrow.]

What should clinicians consider as they are preparing to complete a petition?

- Take time to explain to the respondent your goal in referring them to CARE. Consider who should be a part of that discussion (e.g., psychiatrist, peer, family member if appropriate).
- Gather documentation (e.g., medical records, psychological evaluations) that supports the petition, including observations.
- Familiarize yourself with eligibility criteria, including qualifying diagnosis, but don't get caught up in having to know every detail. You just have to have a reasonable belief that they may qualify.
- Collaborate with others to gather information to complete 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 learn about some tips for documentation that health and social service providers can consider as they complete a petition or share information with other eligible petitioners to support their submission.



[Slide Image Description: This slide has an image of a key and contains key tips for health and social service providers.]

We are going to go over some tips for documentation, but here are some key tips for you to consider:

- Reach out to your county's CARE contacts regarding the initial petitioner role once the court process initiates.
- Document objective, specific observations, avoiding bias, including statements from the individual.
- Consider efficiencies such as pulling from the electronic health record (EHR) to populate the forms.
- Remember you can file if you have a *reason to believe* that the person is eligible for CARE.

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

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

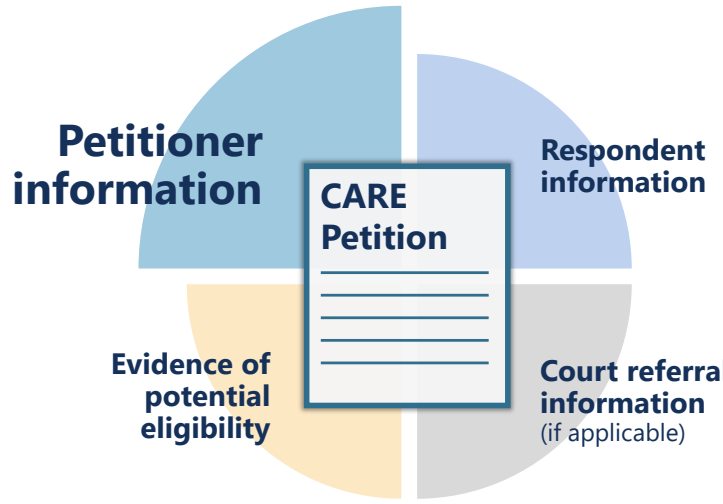
The purpose of this petition is not to prove everything up front—but to give the judge enough information to decide whether the case should move forward. Based on what's submitted, the judge may either dismiss the petition or ask the county BH agency to investigate further.

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

Let's look at each of these.

You'll be asked to:
- Provide your name and contact information.
- Describe your interactions with the respondent.

If you're a licensed behavioral health professional, you'll be asked to:
- Share your credentials.
- Describe timing of treatment and last examination (or attempt).
- Document the basis for opinions stated in the petition.



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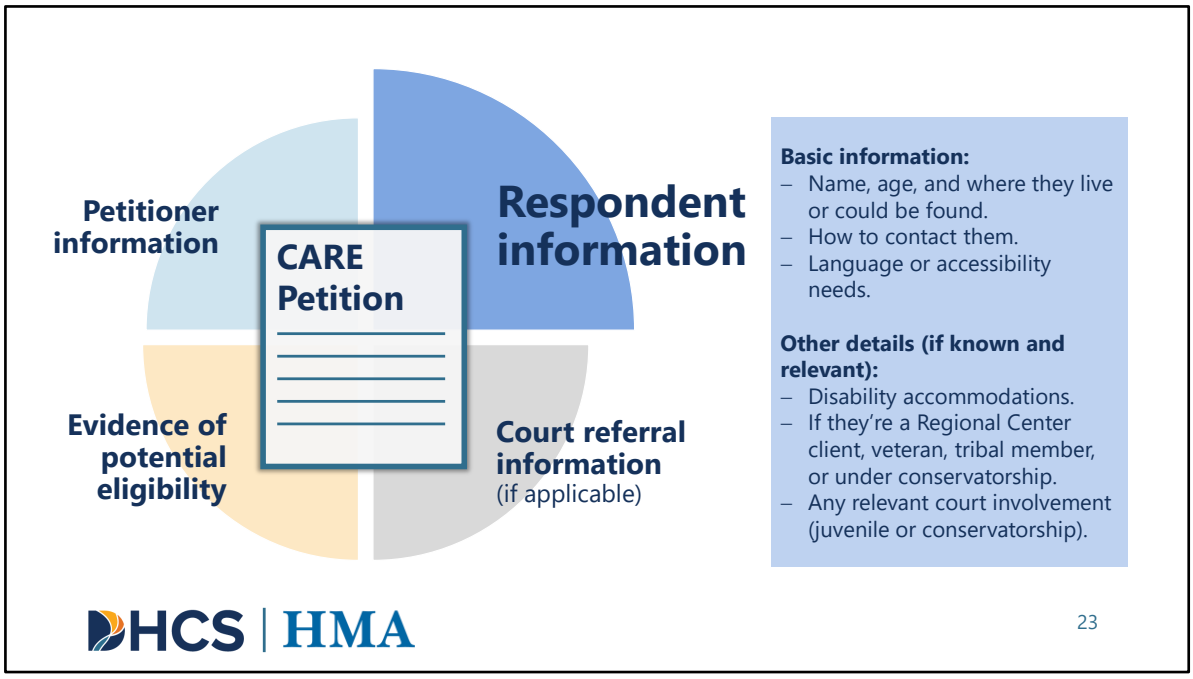
[Slide Image Description: This slide includes an image representing a CARE petition, with a focus on petitioner information.]

As the petitioner, you'll be asked to provide your name and contact information. You'll also need to describe your interactions with the respondent.

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

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



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

You'll also be asked for information about the respondent. You may not know all of this information but provide what you can and what you think would be helpful, especially in locating the individual.

Contact information could include:

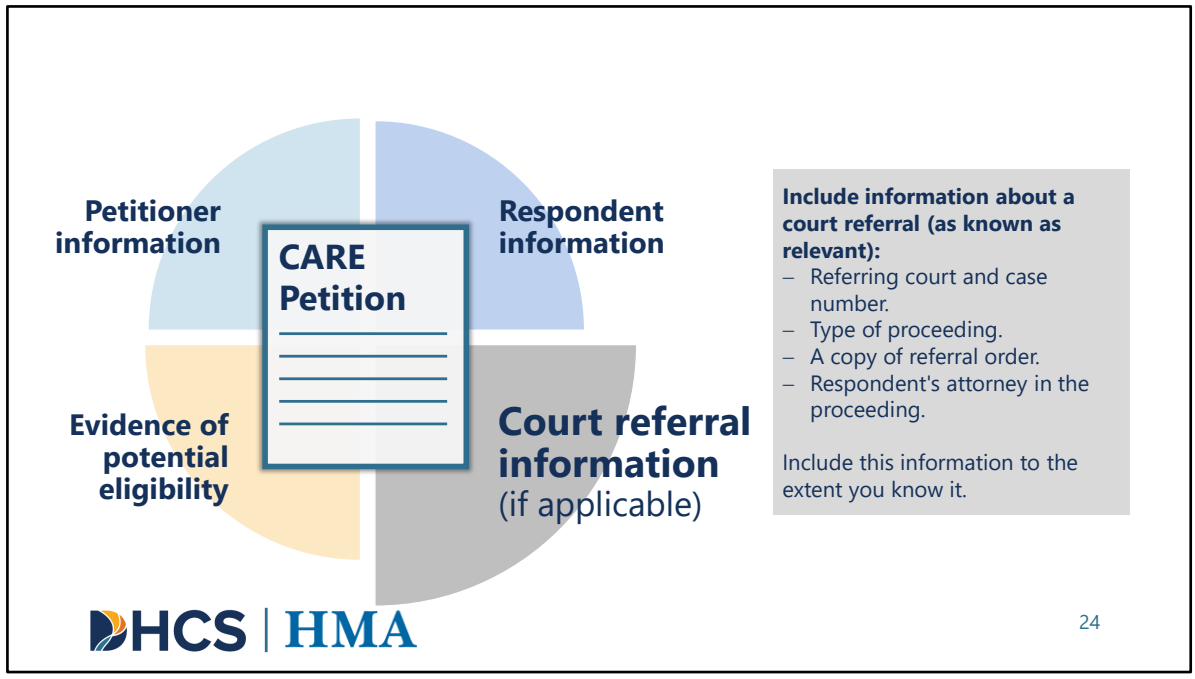
- Name and age (approximate is fine).
- Where they live or could be found.
- Information about how to contact them.
- Any language or accessibility needs (for example, do they need help with reading, hearing, or understanding English).

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

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

- Information about an involved juvenile court's jurisdiction.
- Information about a court-ordered conservatorship.

Again, you may not know all this information and it may not be relevant to the respondent; just include what you know to be applicable.

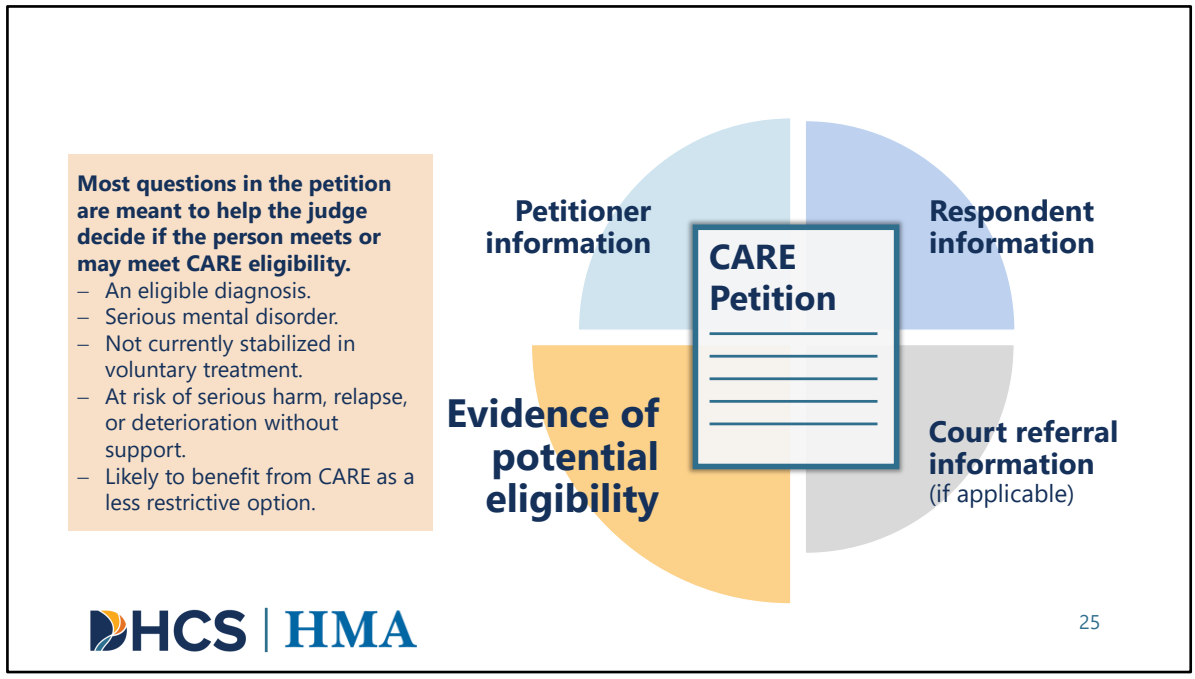


[Slide Image Description: This slide includes an image representing a CARE petition, with a focus on court referral information.]

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

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

Include this information to the extent you know it.



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

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

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

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

Documenting Diagnosis Information

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

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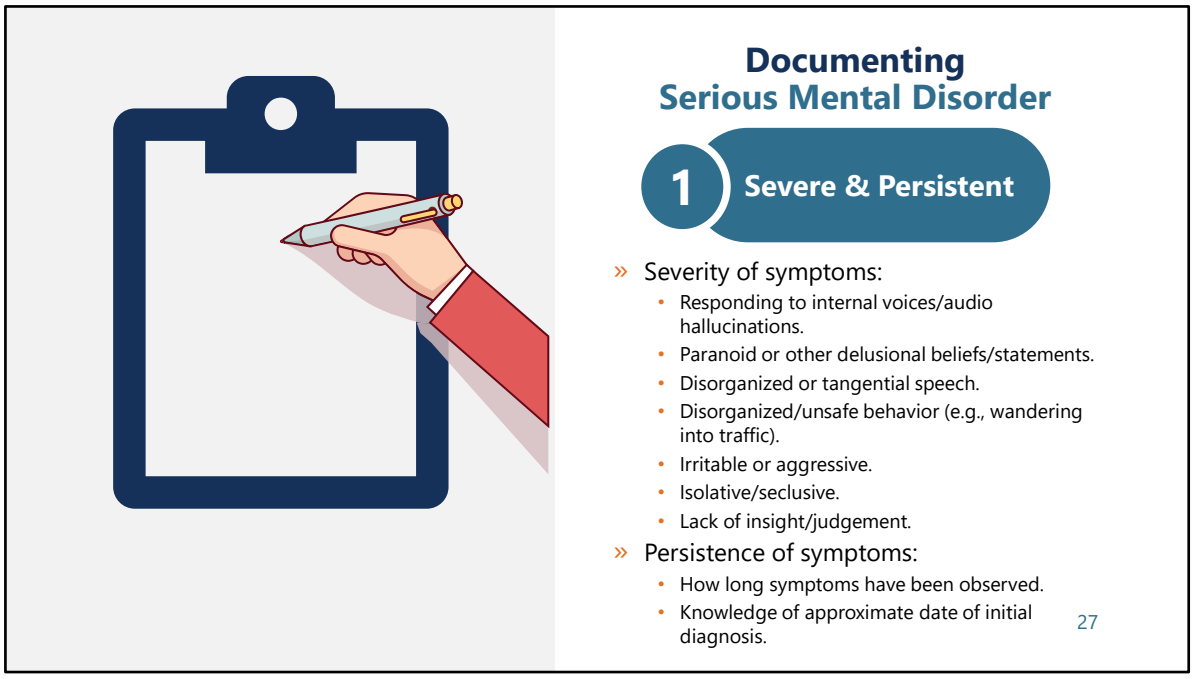
[Slide Image Description: This slide describes what you can include to document diagnosis information.]

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

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

If diagnosis is unknown, document observed behaviors.



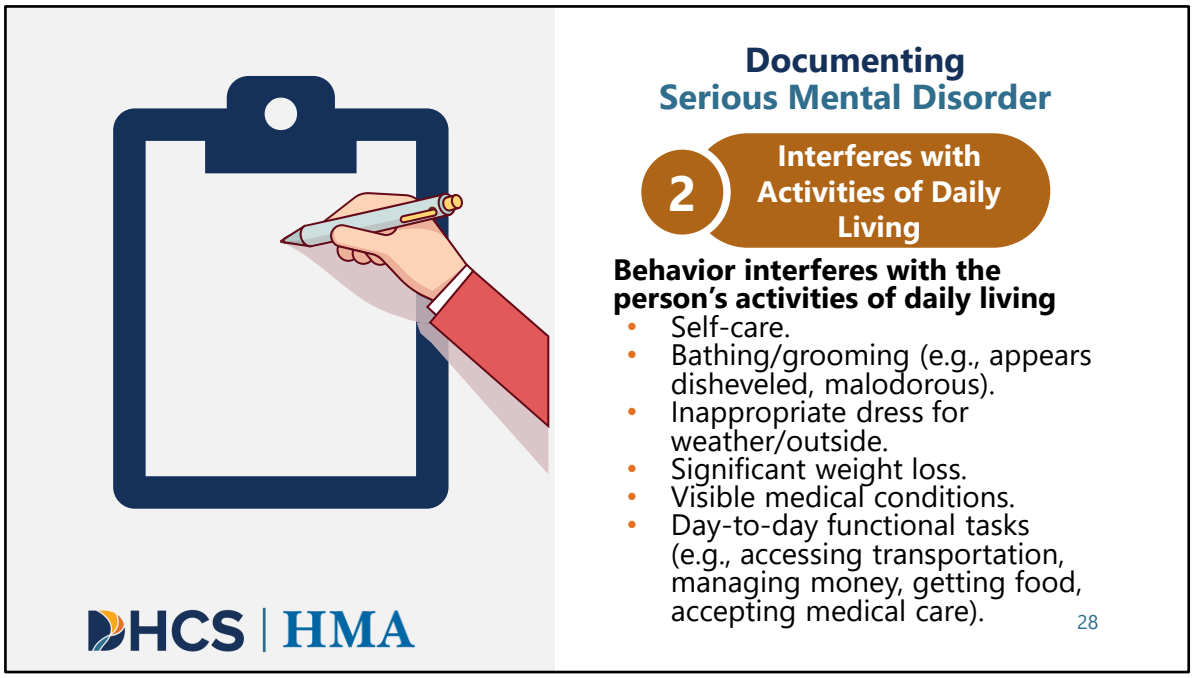
[Slide Image Description: This slide describes what you can include to show that symptoms are severe and persistent.]

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

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

- Isolative/seclusive.
- Lack of insight/judgement.

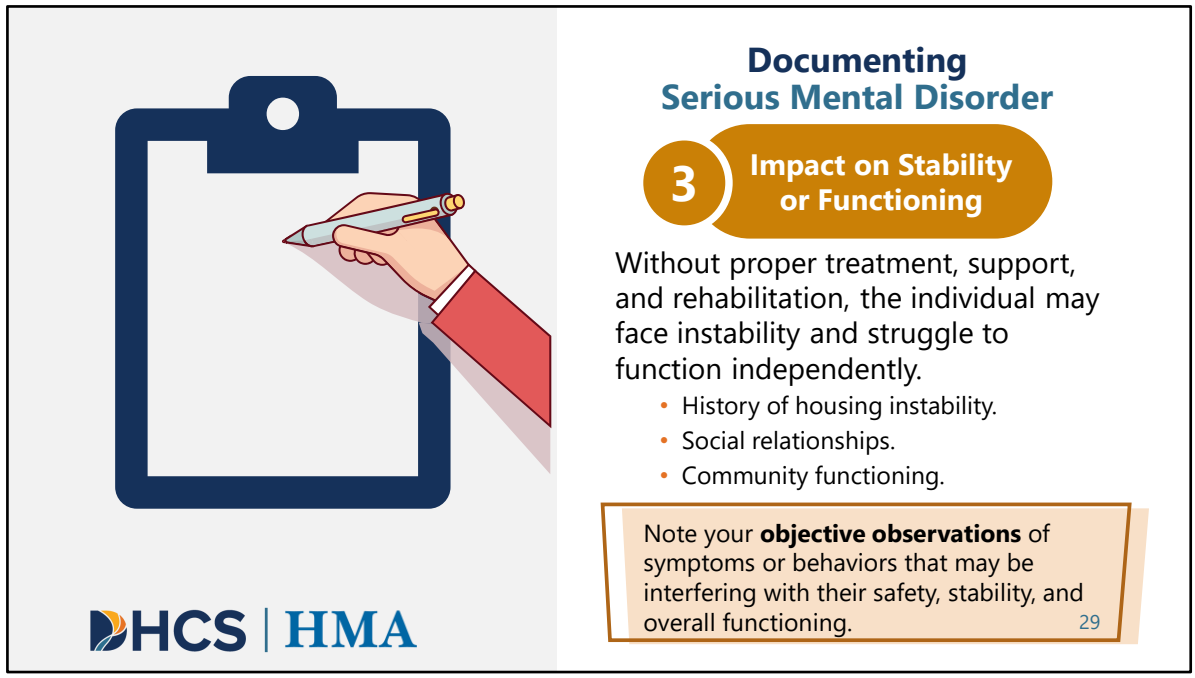
- With regards to the mental disorder being "**persistent in duration**," note
  - How long symptoms have been observed.
  - Knowledge of approximate date of initial diagnosis**.**



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

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

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



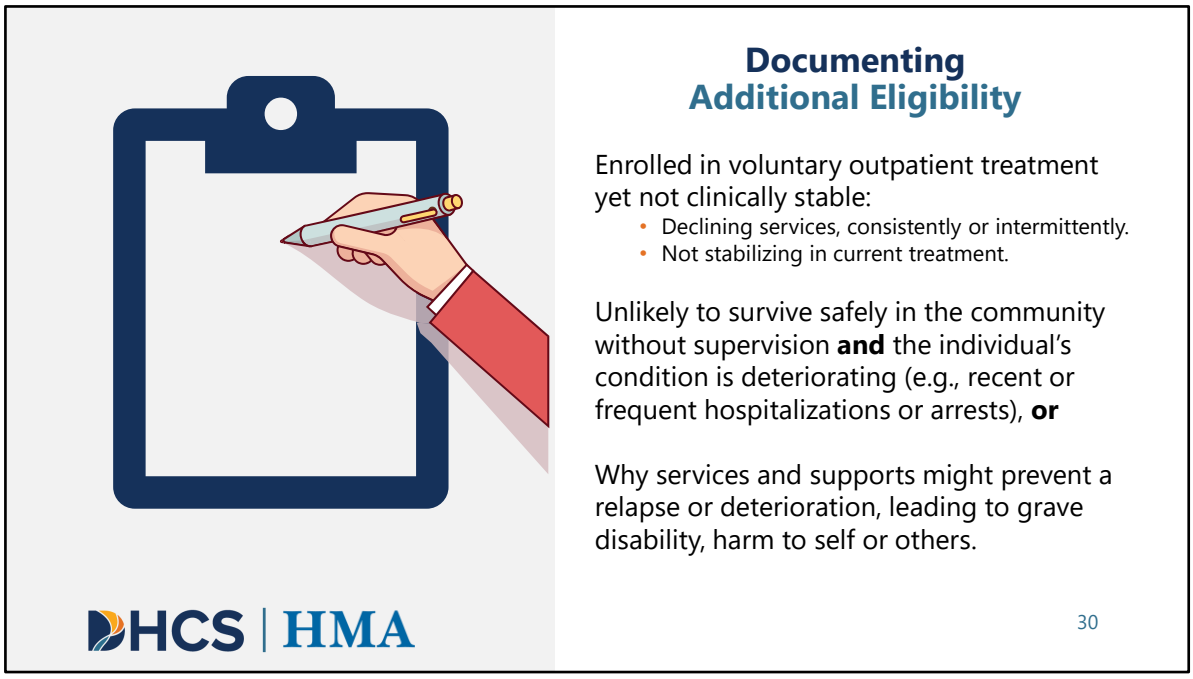
[Slide Image Description: This slide describes what you can include to document that symptoms impact stability or functioning.]

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

Consider the following:

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

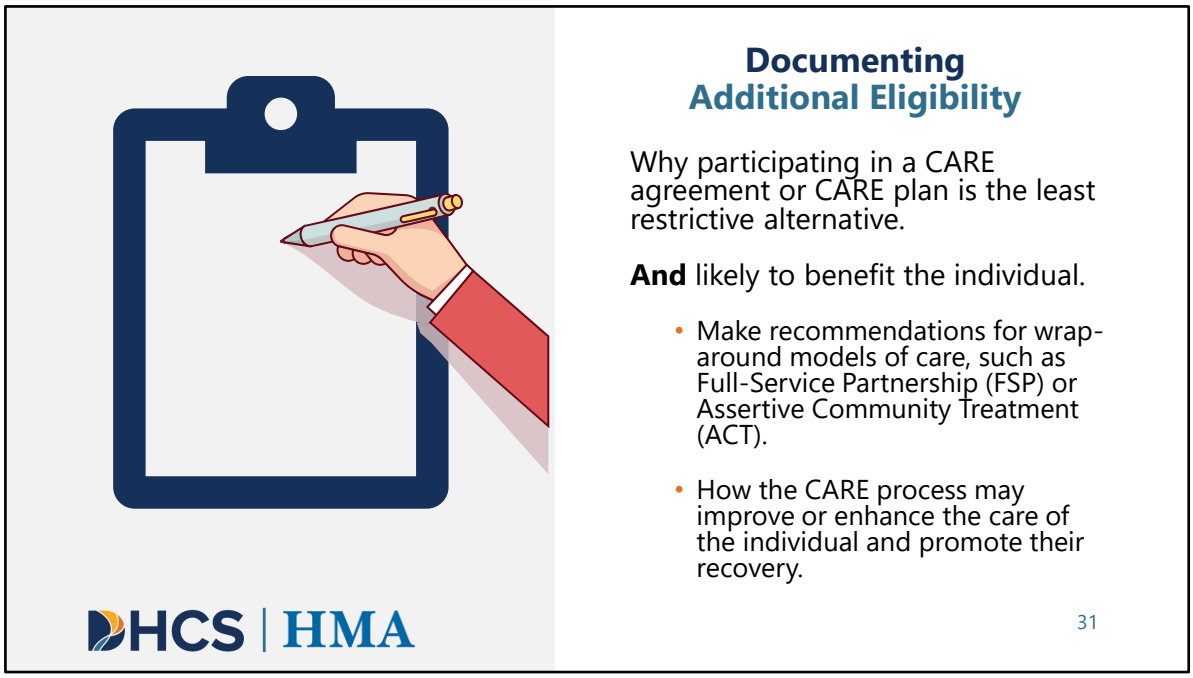
Note your **objective observations** of symptoms or behaviors that may be interfering with their safety, stability, and overall functioning.



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

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

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

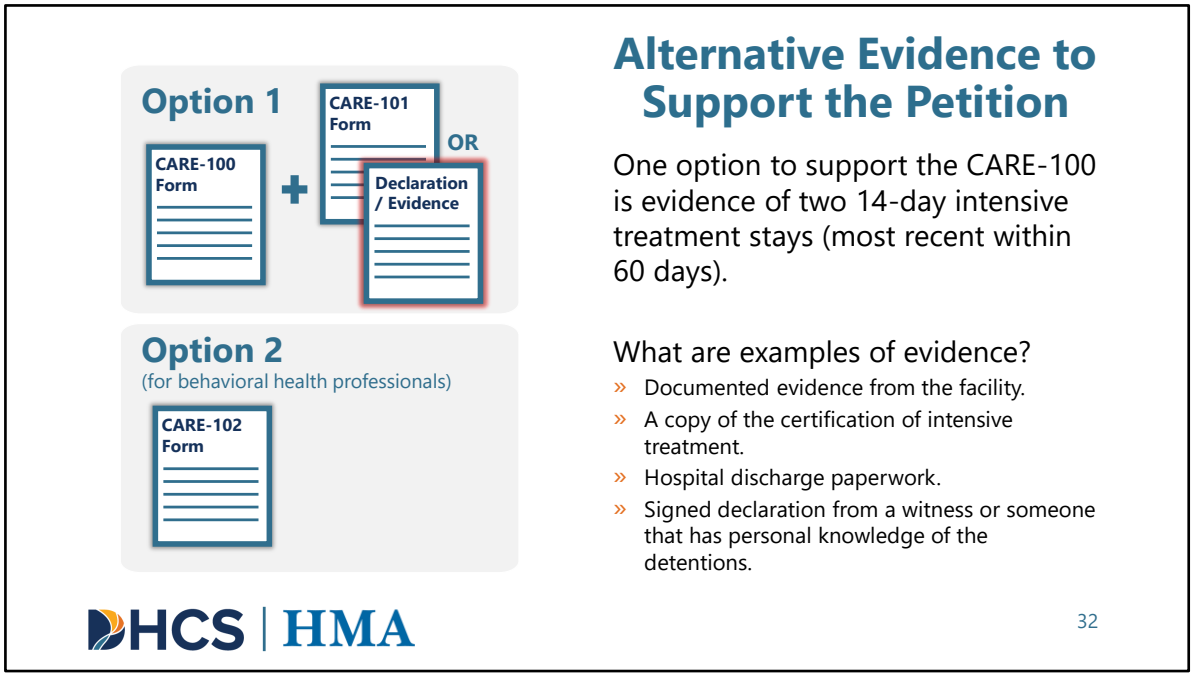


[Slide Image Description: This slide describes what you can include to document additional eligibility.]

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

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

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



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

Remember that there are two options for completing a petition. We've largely been talking about information that could be included in the CARE-100, CARE-101, or the CARE-102 forms. Remember that a CARE-100 form should either be accompanied by:

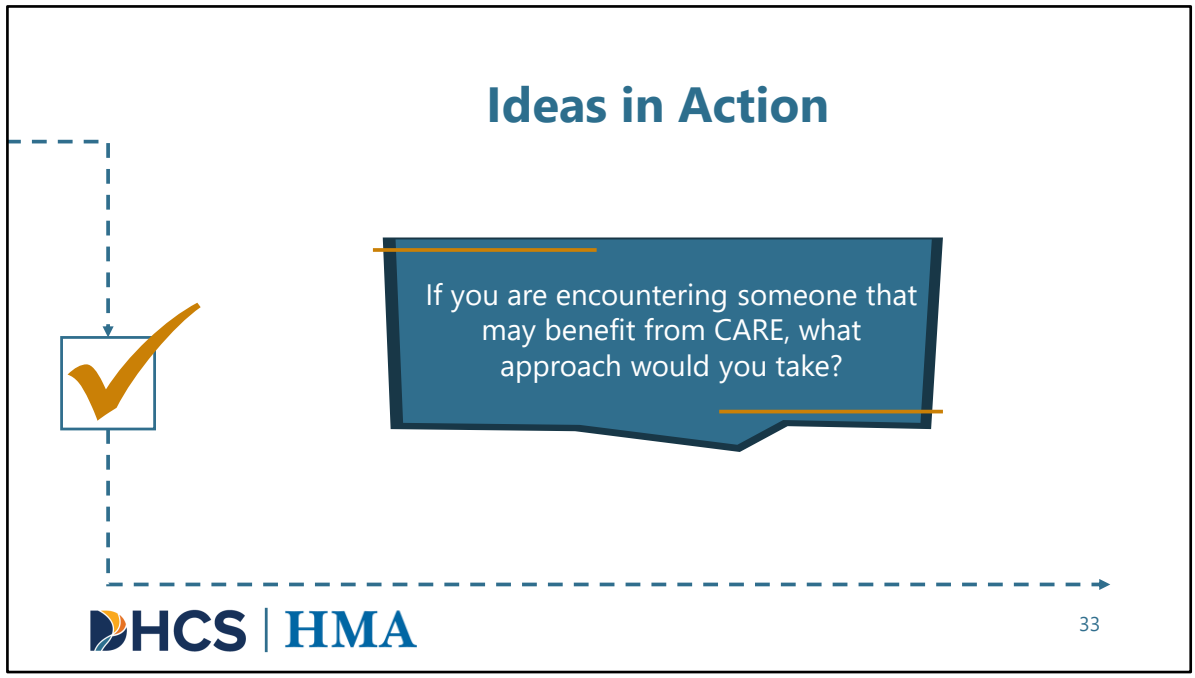
- A CARE-101 form (which will contain many of the details we've just discussed). If you're a licensed behavioral health professional, you may be asked to complete that CARE-101 form to support a petition.
- Alternative evidence that the respondent was detained for at least two 14-day holds or hospitalizations, the most recent period within the past 60 days. A CARE-100 form can either include a declaration in the CARE-100 itself (acknowledging that you have personal knowledge of these hospitalizations) or attach a document that provides evidence.

What are examples of evidence?

- Documented evidence from the facility where the respondent was detained.
- A copy of the certification of intensive treatment.

- Hospital discharge paperwork.
- Signed declaration from the petitioner if they have personal knowledge of the detentions.
- Signed declaration from a witness or someone that has personal knowledge of the detentions.

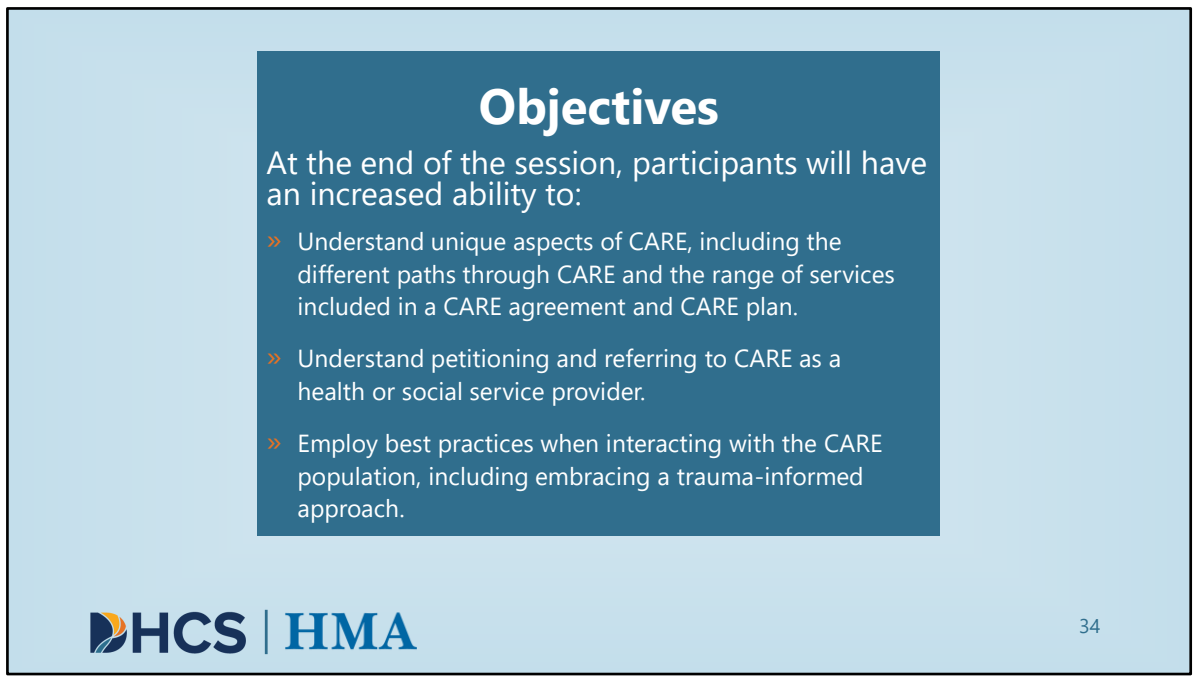
As a licensed behavioral health professional, you are not required to provide evidence of two 5250s. Having evidence of an intensive treatment is one of the possible requirements for the petition but remember that it is not an eligibility requirement for someone to participate in CARE. Meaning, they may still be eligible for CARE even if they have not had recent intensive treatments. If you do have knowledge of these hospitalizations, however, it may help you demonstrate eligibility and you should include relevant information.



[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?

- Collect all relevant information that supports the petition and possible eligibility.
- Collaborate with others to gather information to complete the petition.



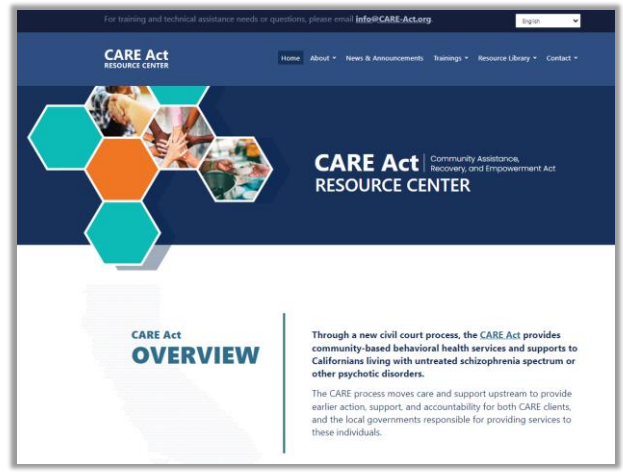
[Slide Image Description: This slide recaps the learning objectives for this training with a light blue background.]

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

- Understand unique aspects of CARE, including the different paths through CARE and the range of services included in a CARE agreement and CARE plan.
- Understand petitioning and referring to CARE as a health or social service provider.
- Employ best practices when interacting with the CARE population, including embracing a trauma-informed approach.

CARE Act Resource Center

- Resources:
  - Resources for Petitioners
  - Training and Resource library
  - County Directory
  - Frequently Asked Questions
- Ways to contact:
  - Listserv
  - Technical assistance (TA) request form
  - Data TA request form
  - Stakeholder feedback form
  - Email: info@CARE-Act.org



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[Slide Image Description: This slide shows a screenshot of the CARE Act Resource Center website.]

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

- Resources:
  - We have consolidated resources for petitioners, where you can find how-to videos, fact sheets, and other helpful materials.
  - 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., Office of State Public Defender [OSPD]).

  - 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 frequently asked questions (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
  - Technical assistance (TA) request form
  - Data TA request form
  - Stakeholder feedback form
  - Email: info@CARE-Act.org

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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). Also, see the training on implicit bias.

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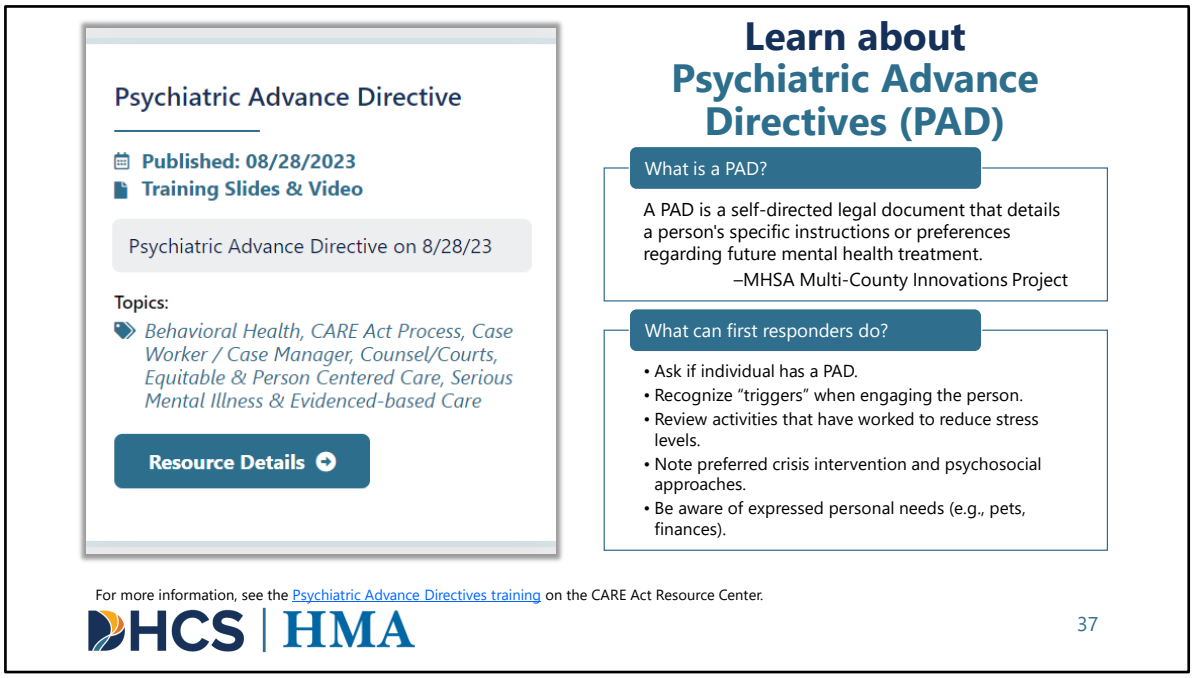
[Slide Image Description: This slide shows an image of an individual putting their arm around another individual's shoulder. The definition and description of trauma-informed care are listed.]

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.

https://care-act.org/training-material/addressing-implicit-bias-for-behavioral-health-agencies/



[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.

https://care-act.org/training-material/psychiatric-advance-directives/

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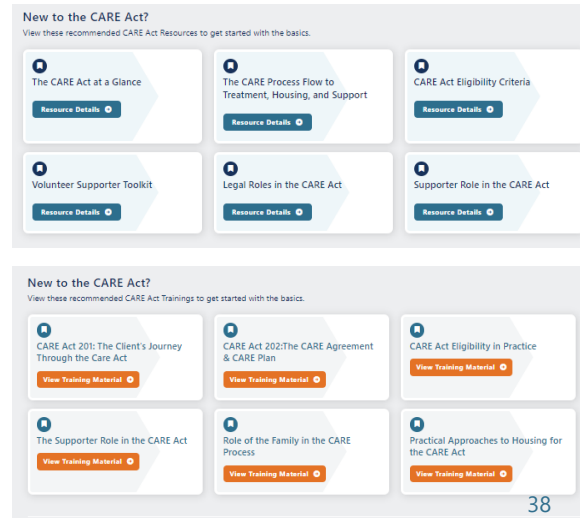
Available Trainings and Resources

- 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.



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[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 includes resources, fact sheets, toolkits, and FAQs, as well as links to other resources on CalHHS, DHCS, or JC's CARE websites.

[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,** and our email address is **info@CARE-Act.org.**