

**CARE Act Training & Technical Assistance**

**ROLE OF BEHAVIORAL HEALTH  
AND SOCIAL SERVICE  
PROVIDERS IN PETITIONING**

CARE Act Process



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



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

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## Agenda

### Overview of CARE

- Describe the purpose of CARE, including who it helps and why it was created.
- An overview of the CARE process, eligibility, 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 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.

## Objectives

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.

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

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- 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



**DEBORAH ROSE, PSYD**

Associate Principal  
Health Management  
Associates



**RACHEL JOHNSON-  
YATES, MA, LMHC, LAC**

Associate Principal  
Health Management  
Associates

[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.

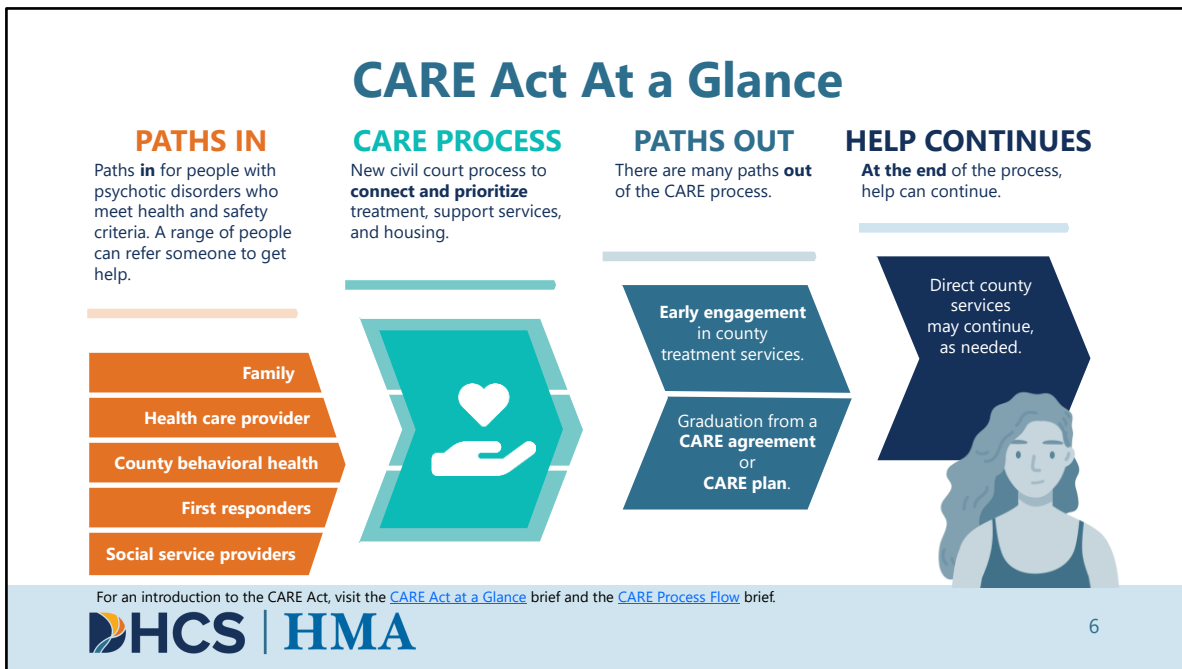
Rachel Johnson-Yates, from Health Management Associates, is a licensed mental health and addiction counselor, public speaker, and educator with a demonstrated track record of developing innovative programs that focus on mental and behavioral health. She has dedicated her career to increasing access to care through approaching her work from an

equity-focused and trauma-informed framework. Ms. Johnson-Yates has extensive experience designing, launching, and replicating complex programs to meet the disparate needs of the clients she serves, including low barrier and harm reduction shelter expansion for people with serious mental illness/substance use disorder and experiencing homelessness. She has also led the design and development of a safe haven model for unhoused veterans, in which she facilitated stakeholder engagement, educated the community, developed strong connections between supporting agencies, and implemented wrap-around treatment and case management services for populations with complex needs, including those with serious mental illness. She held significant leadership roles in outpatient behavioral health, state government, criminal justice, inpatient psychiatric care, low barrier shelters for veterans, higher education, and residential substance use disorder treatment.



[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.

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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 lan:
  - 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 helps people access care, engage in services and supports, and improve adherence to treatment over time.

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 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](#).

[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.

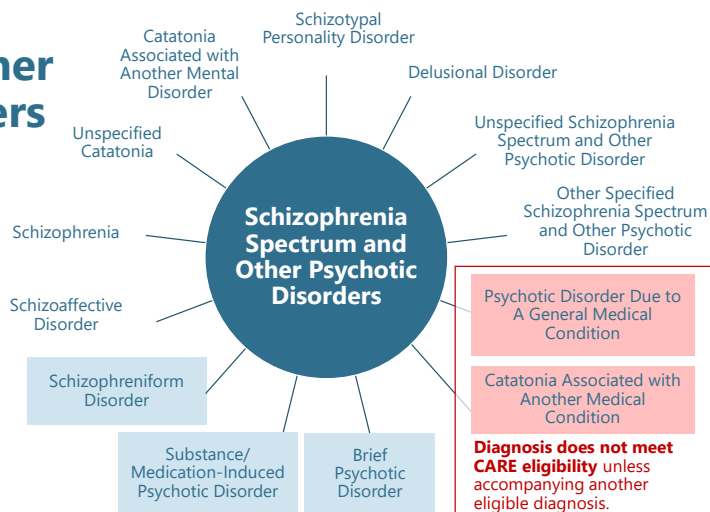
At least one of the following is true:

- 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](#).

## Schizophrenia Spectrum and Other Psychotic Disorders

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



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

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

As petitioners, you do not need to be an expert in CARE or CARE eligibility, but you need to have a reason to believe someone *may* be eligible. Therefore, it'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. All the CARE Act eligible diagnoses are contained in this chapter.

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

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

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

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

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

## Petitioning vs. Referring



### 1 As the petitioner...

- » Identify the court accepting petitions.
- » Fill out the forms (electronically or physical copy).
- » File the petition (there are no filing fees for CARE).
- » Attend the initial appearance.

### 2 As a referral source...

- » You may choose to refer to county behavioral health (BH) or other eligible petitioners who may be more familiar and better positioned to petition.
- » Share information, as appropriate, to help support their petition.
- » Identify liaisons from your organization to support communication and coordination with county BH.

[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.

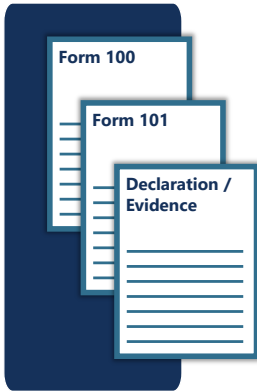


2. As a referral source, there are a few different options depending on your facility and your role:

- 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.

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

**OR**

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

**Write what you observe & know.**

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

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

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

Let's talk about what 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.

The Petition to Commence CARE Act Proceedings (also known as the CARE-100 form) was developed for use by all petitioners statewide.

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) which is a declaration of a licensed behavioral health professional stating that they have examined the respondent in the past 60 days (or have made multiple attempts to examine them) and have reason to believe that the respondent meets the diagnostic criteria for CARE proceedings.
- Option 2: Declaration, evidence, or other documentation of at least two intensive treatments (one within previous 60 days).

As 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 [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](#).

## 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

"Designee" includes individuals at the organization who have been identified by the director to complete the CARE-100.

For more information, visit [CARE Act Resources For Petitioners](#) and for additional details (such as timing) 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.

Both of these petitioners include a "designee," or individuals at the organization who have been identified by the director to complete the CARE-100. 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 (which we will discuss in a moment).

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

## 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.

[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 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.

[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.

[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 petitioners (including health and social service providers) with county BH, who will from then on be considered the petitioner.

## Incorporating a Trauma-Informed Approach

### Understand the patient's trauma history.

- Review medical and social history.
- Ask about trauma in a sensitive manner.

### Provide clear, compassionate communication.

- Explain the CARE process.
- Be transparent about next steps.

### Involve the patient in decision-making.

- Collaborative approach.
- Engage family and support systems.

### Ensure safety and trust.

- Create a safe environment.
- Build trust with the patient.

### Minimize re-traumatization.

- Avoid coercive or punitive approaches.
- Recognize triggers.

### Practice cultural humility.

- Be sensitive to cultural backgrounds.
- Avoid stereotyping.
- Consider culturally specific supports.
- Consider access supports for rural populations.

[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.

The slide is titled "Ideas in Action" in a blue font. On the left side, there is a white square checkbox with a large orange checkmark inside. A dashed blue line starts from the top left, goes down to the checkbox, then right, then down again, ending in an arrowhead pointing towards the bottom right. In the center of the slide, there is a dark blue speech bubble with a white border and a drop shadow. Inside the bubble, the text reads: "What should clinicians consider as they are preparing to complete a petition?". At the bottom left of the slide, the logos for "DHCS" and "HMA" are displayed in blue. At the bottom right, the number "18" is shown.

[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.]

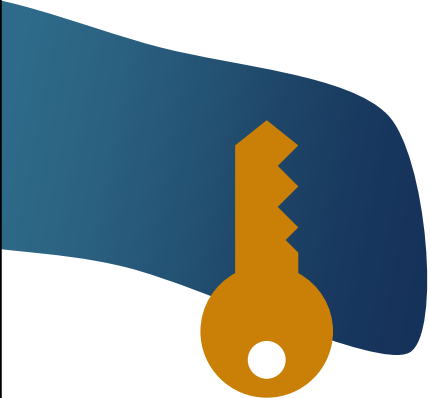
What should clinicians consider as they are preparing to complete a petition?

- 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.



## Key Tips

- Reach out to your county's CARE contacts regarding the initial petitioner role once the court process initiates.
- If completing the CARE-101, indicate this documentation in question 5 of the CARE-100 and provide the details in the CARE-101.
- 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 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.
- If completing the CARE-101, indicate that in question 5 of the CARE-100 and provide the details in the CARE-101.
- 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.

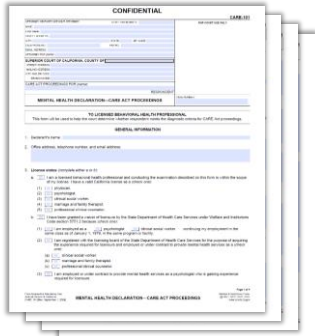


## The Petition Forms & Documentation


**Petition**  
**CARE-100 form**



**Mental Health Declaration**  
**CARE-101 form**



For more information about the petition process, including completing required forms, see the video tutorial series on [Petitioning for System Partners](#).


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[Slide Image Description: This slide includes two images representing CARE-100 form and CARE-101 form.]

Here are what the two forms look like. Both are fillable PDFs, and both forms allow for narrative descriptions and to attach additional documentation.

In each of these forms, there is a portion to include biographical information, as well as information that will help a judge determine eligibility. We will get to what you can include in a moment.

For more information about the petition process, including completing required forms, see the video tutorial series on [Petitioning for System Partners](#).

## CARE-100 – Petition to Commence Proceedings

### CARE-100 form



#### Who

Eligible petitioners, including health and social service providers.

#### What

Questions speak to functionality, stability, safety, and predicted benefit of CARE.

[Slide Image Description: This slide has an image of the CARE-100 form.]

The CARE-100 form, like we mentioned, is the petition to commence CARE proceedings.

It can be completed by eligible petitioners, including health and social service providers.

The bulk of the form asks questions related to functionality, stability, safety, and predicted benefit of CARE.

## CARE-101 – The Mental Health Declaration

### CARE-101 form

#### Who

Licensed behavioral health professional who has examined the individual in the last 60 days or made multiple attempts.

#### What

Questions speak to functionality, stability, safety, and predicted benefit of CARE.

**No need to duplicate the CARE-101 clinical questions in the CARE-100!**

[Slide Image Description: This slide has an image of the CARE-101 form.]

If you're completing the petition yourself or supporting another eligible petitioner, you have the option of filling out a CARE-101.

The CARE-101 is a mental health declaration that must be completed by a behavioral health clinician. Like the CARE-100, the CARE-101 form asks the clinician to speak to the specific eligibility requirements for CARE.

If you're attaching this CARE-101 form, you will notice that section 7 asks the same questions about eligibility. Since you're filling this information out here, it doesn't need to be duplicated on the CARE-100. You will simply check the box that indicates you are attaching the declaration.




### **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 provisional diagnoses.
- » Note any co-occurring substance use disorder.

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

Let's spend a little time on what to include in the CARE-100 or the CARE-101 to document eligibility.

First, when you are noting the diagnosis on these forms, you may only have historical diagnostic information, or even provisional 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.



**Documenting  
Serious Mental Disorder**

- 1 Severe & Persistent**
- 2 Interfere with Daily Living**
- 3 Impact on Stability or Functioning**


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

Another key element that supports eligibility in the 101 is that the person is experiencing a serious mental disorder. There are three components to document in support of this assertion regarding symptoms that:

1. Are severe and persistent.
2. Interfere with daily living.
3. Impact on stability or functioning.

Let's take a look at each of these and how you might document it.



**Documenting  
Serious Mental Disorder**

**1** Severe & Persistent

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


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[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:
  - 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 regard to the mental disorder being “persistent in duration,” it’s important to note for how long you have observed these symptoms, and/or any knowledge of when the individual was first diagnosed.



**Documenting  
Serious Mental Disorder**

**2** Interferes with  
Daily Living

**Behavior interferes with the person's activities of daily living**

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


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[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 ADLs. Some key examples of behavior interfering with the person's activities of daily living include:

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



**Documenting  
Serious Mental Disorder**

**3** **Impact on Stability  
or Functioning**

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

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

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

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

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

This is where you could note their history of housing instability and challenges with social and community functioning.

A reminder that when you are documenting on all three of these areas supporting serious mental illness, to note your objective observations, avoiding biased or stigmatizing language.





**Documenting  
Additional Eligibility**

Enrolled in voluntary outpatient treatment yet not clinically stable:

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

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

**or**

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


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

Now moving to the additional requirements called out in the CARE-100 and CARE-101:

- 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.



**Documenting  
Additional Eligibility**

- » Participating in a CARE agreement or CARE plan is the least restrictive alternative.
- » **And** the individual is likely to benefit.
  - Make recommendations for wrap-around models of care, such as Full-Service Partnership (also known as FSP) or Assertive Community Treatment (also known as ACT).
  - How the CARE process may improve or enhance the care of the individual and promote their recovery.

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

The final pieces of information you will need to document in the CARE-101 is speaking to the fact 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 which 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 CARE Act may enhance their care.

## The Petition Forms & Documentation

**CARE-100 form**

### Declaration / Evidence

- » The other option to support the petition is a declaration, evidence, or other documentation that the respondent was detained for at least two periods of intensive treatment, the most recent period within the past 60 days.
- » What are examples of evidence?
  - Documentary evidence from the facility where the respondent was detained.
  - A copy of the certification of intensive treatment.
  - A declaration from a witness to the intensive treatment.
  - Hospital discharge paperwork.
  - Signed declaration from the petitioner if they have personal knowledge of the detentions.
  - Family member's knowledge of hospitalizations.

[Slide Image Description: This slide describes the petition and includes two images representing the CARE-100 form and declaration/evidence.]

Now remember that there are two options to support the petition. The CARE-101 is the mental health declaration we've been talking about. The other option to support the petition is declaration, evidence, or other documentation that the respondent was detained for at least two periods of intensive treatment, the most recent period within the past 60 days.

What are examples of evidence?

- Documentary evidence from the facility where the respondent was detained.
- A copy of the certification of intensive treatment.
- A declaration from a witness to the intensive treatment.
- Hospital discharge paperwork.
- Signed declaration from the petitioner if they have personal knowledge of the detentions.
- Family member's knowledge of hospitalizations.

**Ideas in Action**

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

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The slide features a title 'Ideas in Action' at the top center. Below it is a dark blue speech bubble containing the question: 'If you are encountering someone that may benefit from CARE, what approach would you take?'. To the left of the speech bubble is a white square checkbox with a large orange checkmark inside. A dashed blue line starts from the top left, goes down to the checkbox, then right to the bottom of the slide, and finally right to an arrowhead. At the bottom left of the slide is the logo 'DHCS | HMA' and at the bottom right is the number '32'.

[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.

## Objectives

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.

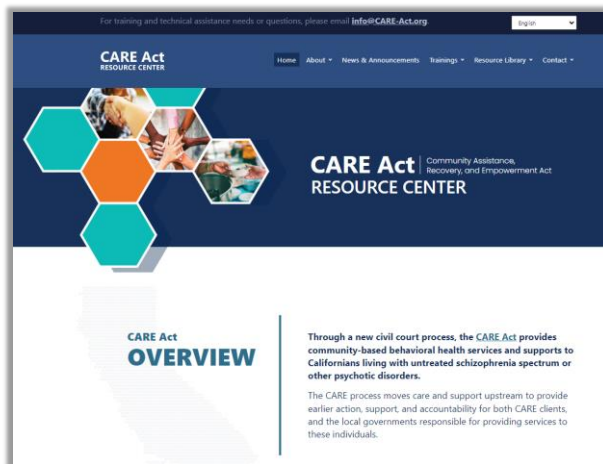
[Slide Image Description: This slide recaps the learning objectives for this training with a light blue background.]

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



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

## 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](#).

[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](#).



**Psychiatric Advance Directive**

Published: 08/28/2023  
Training Slides & Video

Psychiatric Advance Directive on 8/28/23

Topics:

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

Resource Details

**Learn about Psychiatric Advance Directives (PAD)**

**What is a PAD?**

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

**What can first responders do?**

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

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

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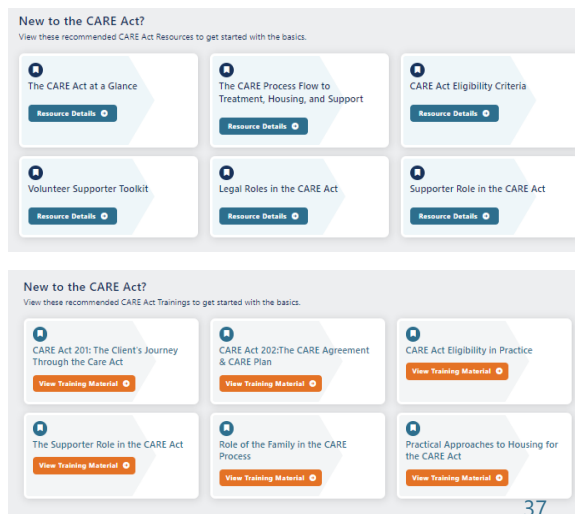
[Slide Image Description: This slides shows an image of the psychiatric advance directive (PAD) training resource with a detailed description of the background, purpose, and use of PADs.]

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

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

## Available Trainings and Resources

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



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

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

The CARE Act Resource Center resource library includes 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](mailto: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).