

REFERRALS TO CARE

CARE Act Process

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

A few referral pathways were recently specified in CARE, including referrals from Lanterman-Petris-Short (LPS) designated facilities and court referrals. This training is designed to help county behavioral health (BH) agencies, referring facilities, and courts to understand the roles and expectations. The focus of this training is on those statutory referrals; however, we will also briefly discuss informal referrals from community partners and family members.

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.

Agenda

Introduction to Referrals in CARE

- Review the definitions of referring and petitioning, including eligible petitioners.
- Discuss referral pathways defined by statute.

Facility Referrals to CARE

- Discuss referrals from designated facilities.

Court Referrals to CARE

- Review referrals from conservatorship, incompetent to stand trial (IST), and Assisted Outpatient Treatment (AOT) courts.

Community Partner and Other Referrals

- Describe other referral sources and potential processes.

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

In today's training, we will utilize the following agenda:

- Introduction to Referrals in CARE
 - Review the definitions of referring and petitioning, including eligible petitioners.
 - Discuss referral pathways defined by statute.
- Facility Referrals to CARE
 - Discuss referrals from designated facilities.
- Court Referrals to CARE
 - Review referrals from conservatorship, incompetent to stand trial (IST), and Assisted Outpatient Treatment (AOT) courts.
- Community Partner and Other Referrals
 - Describe other referral sources and potential processes.

Objectives

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

- » Explain the difference between petitions and referrals.
- » Understand components of referrals for potential CARE respondents.
- » Identify differences in referral processes for various system and community partners.
- » Describe how counties may process and respond to CARE referrals.

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

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- Describe how counties may process and respond to CARE referrals.

Presenters



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

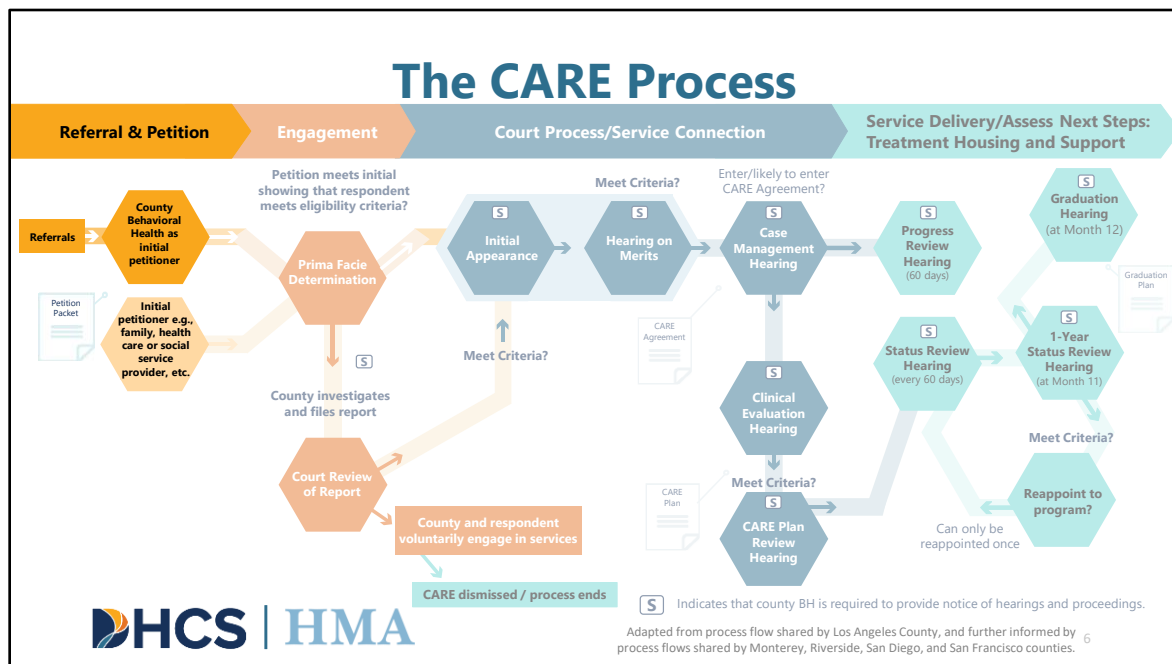
Deborah Rose, PsyD from Health Management Associates is a licensed clinical psychologist with a history of designing and scaling new initiatives in behavioral health services. She has extensive experience working with social service agencies, behavioral health centers, care coordination, supported housing,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

Leela Kapur, JD has more than 30 years of public service as an attorney representing Los Angeles County and the City of Los Angeles and has experience as counsel for the County's Departments of Health and Mental Health.



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

In this section we will give an introduction to referrals in CARE.



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

The CARE process can take different pathways through the civil court. The process begins with the petitioner initiating the case, which may be prompted by a referral. We are going to talk through instances in which a referral can be made in this training.

Description of flow:

1. Informal and formal referrals can be made to the county behavioral health (BH) agency.
2. Petitioner files a petition. This can be county BH or another initial petitioner.
3. There will be a Prima Facie Determination to see if the respondent meets the criteria.
 - If someone other than the county BH agency is the petitioner, and if the respondent is found to meet the criteria, the county BH agency will investigate and file a CARE report.
 - If they do not voluntarily engage in services and the county BH report finds

that the respondent meets the criteria, they will progress to the initial hearing.

4. If the respondent meets the criteria, there will be an initial appearance (with the petitioner present). There will also be a hearing on the merits (which can be combined with the Initial Appearance).
5. If the respondent still meets the criteria, then there will be a Case Management Hearing.
 - If it is determined in this hearing that a CARE agreement is likely to be reached, then there will be at least one progress review hearing (but potentially there could be more).
6. If it is determined at the Case Management Hearing that a CARE agreement is not likely to be reached, the court will order a Clinical Evaluation and then a hearing to review. That evaluation is required to include an assessment of respondent's capacity to make an informed decision around psychiatric medications.
7. If the clinical evaluation finds that the respondent is eligible, a CARE plan will be developed and then reviewed in a hearing.
8. There will then be a status review hearing at least every 60 days.
9. At month 11, there will be a one-year status review hearing to determine next steps:
 1. The respondent will graduate (and have a graduation hearing at month 12),
OR
 2. The respondent will be reappointed to the program, which can only happen once.

Referrals vs. Petitions

Referral

A person or an organization **provides information** for a county behavioral health (BH) agency to potentially **file** a petition.

Petition

An eligible petitioner or an organization **files** a CARE petition **directly** with the court.



[Slide Image Description: This slide shows two arrows pointing at a silhouette representing a person and describes a referral and petition.]

Let's set the discussion by distinguishing a petition from a referral.

- Referral
 - A person or an organization **provides information** for a county behavioral health (BH) agency to **file** a petition. Remember that when a referral is made, a petition must be filed to move forward in CARE.
 - The CARE Act provides some parameters for specific referrals. We will discuss those statutory referrals later in the presentation.
 - County BH can consider establishing referral processes from referral sources not specified in the statute. For example, nothing precludes counties from establishing a referral process that would allow system partners or family members from making a referral to county BH for their consideration.
 - Referrals in CARE can facilitate access to services for eligible individuals.

- Petition
 - An eligible petitioner or an organization **files** a CARE petition **directly** with the court.
 - The CARE Act specifies who is eligible to file a petition (see next slide).
 - It might also be appropriate for these individuals to make a referral instead.
 - County BH steps in as a petitioner at the initial appearance hearing.

Any eligible petitioner is able to file a petition directly with the court. The addition of specific referrals pathways allows these designated entities another option to instead refer to county BH. There are a few potential benefits to this referral process:

- **Timely Access to Services:** Referrals from facilities ensure that individuals are swiftly directed to BH services that can assess their needs and determine the appropriate interventions, avoiding delays in the process. It can also reduce gaps in care that might occur if an individual is discharged without engagement in place.
- **Improved Outcomes:** By referring individuals to county BH agencies, facilities help ensure that people are evaluated within the right context. This increases the likelihood of appropriate care, leading to better behavioral health outcomes.
- **Streamlined Process:** Facilities that use established referral processes with county BH can ensure that petitions contain the right information needed for the court to make initial eligibility determinations and ensure that the county BH teams can build early engagement and conduct needed assessments.

Eligible Petitioners



Lay Individuals

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

System Partners

- » A first responder or homeless outreach worker with repeated contact.
- » A licensed behavioral health professional* involved in respondent's treatment.
- » A public guardian or conservator.*
- » The director* of:
 - A hospital in which the respondent is hospitalized.
 - A public or charitable organization, agency, or home.
 - County behavioral health (BH).
 - County adult protective services.
 - A California Indian Health Services program.
- » The judge of a California tribal court.*

[Slide Image Description: This slide describes eligible petitioners.]

Let's talk about who can file a petition—you may be familiar with this list. This list is broad, and it is possible that more than one person may be eligible to file a petition.

A petitioner could include lay individuals 18 years or older, such as:

- A person who lives with the respondent.
- A spouse or registered domestic partner, parent, sibling, child, or grandparent of the respondent.
- A person who stands in the place of a parent to the respondent.

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

- The director of a hospital* in which the respondent is hospitalized.
- The director of a public or charitable organization, agency, or home* who has provided behavioral health services to the respondent within the previous 30 days or in whose institution the respondent resides.
- A licensed behavioral health professional* who has provided or supervised treatment for the respondent within the previous 30 days.
- The public guardian or public conservator* of the county.

- A first responder (e.g. a peace officer, firefighter, paramedic, emergency medical technician, mobile crisis response worker, or homeless outreach worker) who has had repeated interactions with the respondent.
- The director of a county behavioral health agency* of the county.
- The director of county adult protective services* of the county.
- The director of a California Indian health services program* or California tribal behavioral health department,* who has provided behavioral health services to the respondent within the past 30 days.
- The judge of a tribal court* located in California before which the respondent has appeared within the previous 30 days.

Note that in many instances, the eligible petitioners include a “designee,” indicated by an asterisk. This would include a designee of:

- A licensed behavioral health professional involved in respondent’s treatment.
- A judge of a California tribal court.
- The director of:
 - A hospital in which the respondent is hospitalized.
 - A public or charitable organization, agency, or home.
 - County BH.
 - County adult protective services.
 - A California Indian Health Services program.

When thinking about filing a petition, consider who is in the best position to file a petition and if there is a way to collaborate to reach that goal.

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

Statutory Referrals

» **Definition**

- A "statutory referral" is when a county BH agency must accept referrals from specific facilities or entities as required by law.

» **Governed by Law**

- These referrals are regulated by statutory laws and regulations to ensure compliance with established criteria and procedures.

» **Key Sources**

- LPS-designated facilities
- Specific courts

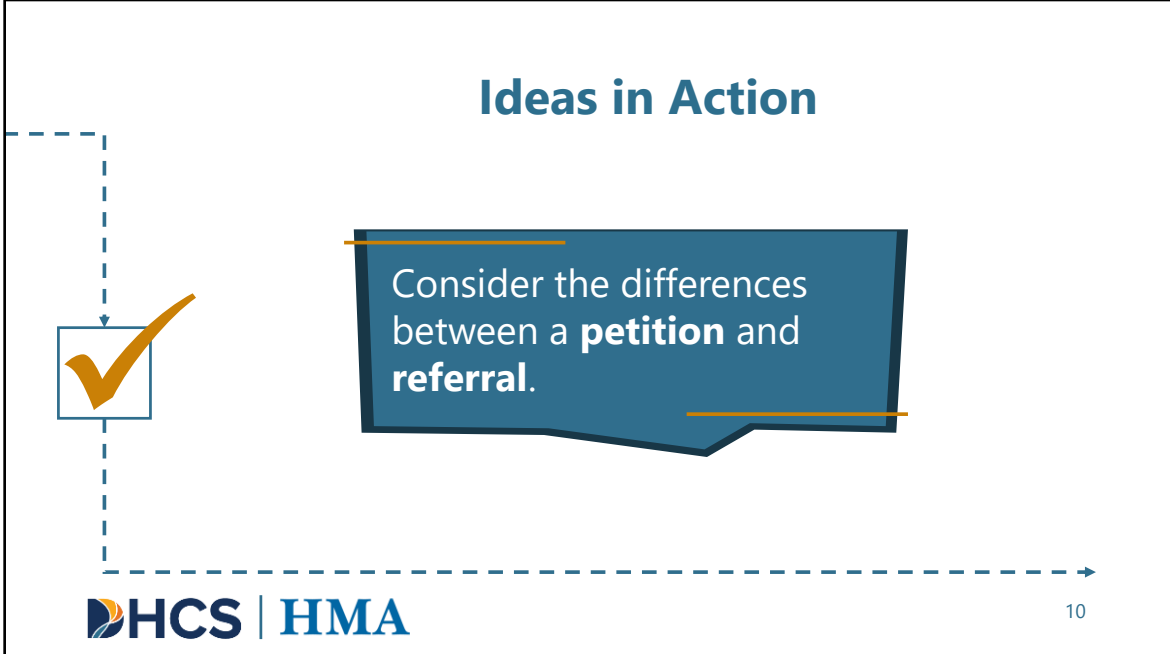


[Slide Image Description: This slide has information about “statutory referrals” and a picture of arrows.]

A "statutory referral" refers to when a county BH agency is required to accept referrals from certain facilities or entities. This type of referral is governed by statutory laws and regulations, ensuring that certain criteria and procedures are followed. We will talk through the specifics in a moment, but two main categories of these types of referrals are from LPS-designated facilities and specific courts.

In the next several slides, we will go over what is specified about statutory referrals.

Ideas in Action

The slide features a dashed blue line forming a U-shape. On the left vertical segment, there is a small square checkbox containing a large orange checkmark. A dashed arrow points from the top of this segment to the right, where a blue speech bubble with a white border contains the text "Consider the differences between a **petition** and **referral**.". The bottom horizontal segment of the dashed line ends in an arrow pointing to the right. At the bottom left, the DHCS and HMA logos are displayed. The number 10 is in the bottom right corner.

Consider the differences between a **petition** and **referral**.

DHCS | HMA

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

Let's take a moment to check our knowledge so far.

What

- **Petition:** A document required to be filed in court to initiate the CARE process.
- **Referral:** A person or an organization provides information to another party to consider filing a petition. We will be focusing on statutory referrals, in which county BH will likely be the ones to file the petition.

Who

- **Petition:** Eligible petitioners are defined by statute.
- **Referral:** The CARE Act allows for and provides some parameters for certain referrals, but counties can choose to accept referrals from a broader range of individuals.

Regardless of who files the petition, early on in the CARE process, **county BH is substituted in as the petitioner**. The original petitioner will no longer attend hearings, have access to court proceedings or documents filed with the courts, unless they have another role such as conservator/guardian or as a volunteer supporter.

Starting July 1, 2025, the court will keep family members or roommate petitioner informed about the CARE case unless the judge decides—on their own or at the respondent’s request—that doing so would harm the respondent’s treatment or well-being. The petitioner will receive updates on case proceedings, including notifications of continuances with general reasons and case dismissals with the legal basis, but without protected medical information.



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

In this section we will discuss facility referrals to CARE.



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

Referrals from Involuntary Holds

Eligible facilities can refer individuals under an involuntary hold to county BH for CARE consideration.

- » **Timing:** Facility is to make a referral as soon as clinically indicated.
- » **County BH Action:** County BH assesses the individual and files a petition within 14 days, if the individual meets or is likely to meet CARE criteria.
- » **Involuntary Hold Limitations:** A referral does not allow for an extended hold unless individual meets hold criteria.

For more information about updates in SB 42, see the [Senate Bill 42 Amendments](#) brief.

[Slide Image Description: This slide has a picture of two women speaking and outlines considerations for referrals from involuntary holds to CARE.]

One of those statutory referrals are those from LPS-designated facilities (we will talk about what it means to be an LPS-designated facility in a moment). A facility can refer individuals on an involuntary hold to county BH for CARE consideration.

Let's look at some of the specifics:

- **Timing:** The facility should make the referral as soon as it's clinically appropriate, usually during discharge planning.
- **County BH Action:** County BH has 14 business days to assess the individual after receiving the referral. If the individual meets or is likely to meet CARE criteria, county BH will file a petition.
- **Involuntary Hold Limitations:** A referral to CARE does not allow the facility to extend the involuntary hold if the individual no longer meets the criteria for the hold, in order to wait for a county BH assessment.

A CARE referral does not affect the ability of a facility to also make an AOT referral.

Since an individual is in an LPS facility and may be eligible for CARE, the facility should consider using the referral option as part of discharge planning. This will enable the facility and county BH to collaborate while BH assesses the individual's situation and, if appropriate, files a petition. However, keep in mind that CARE allows facilities to file a petition directly with the court as well.

This referral pathway was specified in an amendment to the CARE Act in Senate Bill 42. For more information about updates in SB 42, see the [Senate Bill 42 Amendments brief](#).



The individual being considered for CARE must be on an involuntary hold within the eligible facility.

Eligible Facilities

Definition

A facility that provides assessment, evaluation, and crisis intervention, pursuant to W&I Code section 5150(a).

OR

A designated facility as defined in W&I Code section 5008(n):

- » A facility that is licensed or certified as a mental health treatment facility or a hospital
- » May include a licensed psychiatric hospital, a licensed psychiatric health facility, and a certified crisis stabilization unit

[Slide Image Description: This slide has a picture of individuals walking on stairs and outlines facilities eligible for CARE statutory referrals.]

The law defines which facilities can make statutory referrals for CARE. These include one of the following:

1. **Facilities authorized under W&I Code § 5150(a):** A facility that provides assessment, evaluation, and crisis intervention, pursuant to California Welfare and Institutions Code (W&I Code) section 5150(a) which allows facilities to hold an individual for an evaluation and treatment for up to 72 hours.
2. **Designated Mental Health Treatment Facilities:** A designated facility is one that is licensed or certified as a mental health treatment facility or a hospital, by the State Department of Public Health, (as defined in W&I Code section 5008(n)) which may include:
 - A licensed psychiatric hospital
 - A licensed psychiatric health facility
 - A certified crisis stabilization unit.

Please keep in mind that the individual being considered for CARE must be on an involuntary hold within the eligible facility.

Specifics Around Facility Referrals

- » **Where:** Facilities may refer individuals to county BH in:
 - Their county of residence; or
 - The county where they are receiving involuntary treatment.
- » **Who:** Referral must be authorized by a licensed BH professional who:
 - Knows the individual's case;
 - Was involved in their treatment during the involuntary hold; and
 - Believes the individual meets or is likely to meet CARE criteria.
- » **What:** The licensed BH professional or designee must sign the referral authorization.



[Slide Image Description: This slide has a picture of a woman writing on a document on a desk and outlines specifics around facility referrals.]

The CARE Act provides for these facility referrals and sets forth some parameters and processes for them.

- **Where:** Facilities may refer to the county BH agency of the individual's county of residence or to the county where the individual is receiving involuntary treatment.
- **Who:** A licensed BH professional employed or contracted by the facility must authorize the referral. This professional must:
 - Have knowledge of the individual's case;
 - Have been involved in the individual's treatment during their involuntary hold; and
 - Believe that the individual meets or is likely to meet criteria to qualify for the CARE process.
- **What:** The licensed BH professional or their designee must sign documentation of the authority for each referral.

Facility Referral Requirements

- » DHCS provided a standard referral form for facilities and encourages its use. LPS-designated facilities must also include a copy of the patient's [Model of Care Coordination Plan](#).
- » If facility or county BH develops their own form, the minimum information (if available):
 - Referred individual's name, birthdate, and contact information
 - Medi-Cal Client Index Number (CIN)
 - Social Security Number (SSN)
 - BH professional or their designee's name
 - Facility name and contact information
 - Receiving county BH agency
 - Date of referral
 - Start and end date of involuntary hold
 - Confirmation the referring professional is authorized to make the referral

FACILITY REFERRAL TO COUNTY			
Referring Facility Contact Information			
Today's Date:	First Name:	Last Name:	
Facility Name:	Provider E-Mail:	Provider Phone Number:	
Facility Address:	City:	Zip Code:	
Fax Number:			
Individual Referred for CARE Act Proceedings			
First Name:	Last Name:	Date of Birth:	
Primary Phone Number:	Secondary Phone Number:	E-Mail:	
Physical Address (if the physical address is unknown, write "Unknown"):	City:	Zip Code:	
If the individual's physical address is unknown, please provide the last known location and any additional information to assist with locating the individual:			
County of Residence (if the county of residence is unknown, write "Unknown"):			
Name of the County to which the referral is being sent:			
Start Date of Involuntary Hold:		End Date of Involuntary Hold:	
Medi-Cal Client Index Number (if applicable):		Social Security Number (if available):	
Notes for County Behavioral Health Agency			
Please indicate any information that will help with a successful transition. For example, the reason for hospitalization, client-specific needs, client support system, etc.			

For more information, see [Behavioral Health Information Notice 25-012: Facility Referrals to the CARE Act Process](#) and the [Facility Referral to County](#) template.



1

[Slide Image Description: This slide lists the referral form components.]

Behavioral Health Information Notice 25-012 provides guidance to counties and facilities on the referral procedures and includes a form for these forms to be used by facilities. Along with this information, facilities must also include a copy of the patient's [Model of Care Coordination Plan](#).

- A facility or a county behavioral health agency may adopt the CARE Act referral form published on the DHCS website or develop and use its own form. DHCS encourages the use of the referral form published on the DHCS website. While facilities are encouraged to use this form when making referrals, county BH is required to accept facility referrals in any form or manner received.
- If facility or county BH develops their own form, the minimum information (if available):
 - Minimum information (if available):

- Individual's name, date of birth, and contact information (name, phone number, address, and email)
- Medi-Cal Client Index Number (CIN)
- Social Security Number (SSN)
- Behavioral health professional or their designee's name
- Facility name
- Receiving county BH agency
- Date of referral
- Start and end date of involuntary hold
- The facility should include any information that will help with a successful transition through the CARE referral process. For example, the facility may include the reason for hospitalization, client-specific needs, and the client support system.
- They also need to confirm that the licensed BH professional is authorized to make the referral, meaning they:
 - have knowledge of the individual's case
 - have been involved in the individual's treatment during their involuntary hold, and
 - believe that the individual is likely to meet CARE eligibility criteria.

For more information, see [Behavioral Health Information Notice 25-012: Facility Referrals to the CARE Act Process](#) and the [Facility Referral to County](#) template.

Information Sharing in Referrals

- » When making referrals, facilities need to consider HIPAA and state law confidentiality protections to determine how they can most effectively share information with county BH.
 - Ideally, partner with the individual to gain their consent to share their information.
 - If consent isn't provided, facilities should work with their privacy officers and legal counsel to discuss options for sharing information.



For more information, the [Senate Bill 35 Amendments](#) brief outlines updates to definitions, clarifications on the legal proceedings and disclosure of health information, confidentiality specifications, and other details.

[Slide Image Description: This slide includes an icon representing a referral document and outlines information sharing considerations.]

When making referrals, facilities need to consider HIPAA and state law confidentiality protections to determine how they can most effectively share information with county BH.

- With CARE's focus on collaboration, voluntary engagement and participation, ideally, you would want to partner with the individual to gain their consent to share their information.
- If consent isn't provided, facilities should work with their privacy officers and legal counsel to discuss options for sharing information when making a referral.

For more information, the [Senate Bill 35 Amendments](#) brief outlines updates to definitions, clarifications on the legal proceedings and disclosure of health information, confidentiality specifications, and other details.

Ideas in Action

Reflect on the factors facilities should consider when determining whether to make a statutory CARE referral.

- » Eligibility for CARE and potential benefit.
- » Least restrictive alternative.
- » Potential reception to participating in CARE.
- » Opportunity to collaborate with county BH.



Referral

[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.]

Let's take a moment to think about factors that facilities might consider in making a referral:

- Whether the individual is potentially eligible for CARE and would likely benefit.
- If CARE is a less restrictive alternative.
- If the individual is receptive to participating in CARE.
- Whether a referral can be addressed through collaboration with the county BH agency.



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

In this section we will discuss court referrals to CARE.

Referrals from LPS Conservatorship Court



The CARE Act provides that an LPS conservatorship court may refer an individual to CARE.

- » The referral is made by the court. The conservator or proposed conservator will need to file the petition.
- » There is no designated process or timing, so courts and county agencies need to coordinate the referral.
- » Courts will need to coordinate the potential overlapping proceedings.

[Slide Image Description: This slide has a picture of a scale and outlines the process for referrals from LPS conservatorship court.]

Again, always keep in mind that CARE is a less restrictive option to conservatorship that should be considered as part of an individual's treatment.

The CARE Act provides that an LPS conservatorship court may refer an individual to CARE.

- The referral is made by the court (but a petition needs to be filed to initiate the process).
- The conservator (or proposed conservator) serves as the petitioner.
- There is no designated process or timing, so courts and county agencies will need to coordinate the referral.
- Courts will need to coordinate the potential overlapping proceedings (conservatorship court and CARE court).

Courts will have to work out how to coordinate the referral and the potentially

overlapping jurisdiction.

It is important to note that while the CARE Act provides for this referral process from conservatorship court to CARE court, it does not provide for a referral from CARE to conservatorship.

Incompetent to Stand Trial

County BH and the courts should collaborate on CARE referrals.

Misdemeanor IST	Felony IST
» Referral by the court.	» Referral by court.
» Petitioner is the county BH agency.	» Petitioner is not specified.
» A hearing to determine CARE eligibility is to be held 14 court days from the date a petition is filed with CARE court. <ul style="list-style-type: none"> ▪ If held beyond 14 court days, a defendant in county jail shall be released pending the hearing. 	» A hearing to determine CARE eligibility is to be held 14 court days from the date a petition is filed with CARE court. <ul style="list-style-type: none"> ▪ If held beyond 14 court days, a defendant in county jail shall be released pending the hearing.
» Criminal case will be dismissed 6 months after the referral is made unless the case is referred back to the criminal court before that time.	» Criminal case will be dismissed if and when individual is <i>accepted</i> into CARE.

[Slide Image Description: This slide outlines considerations for referrals to CARE for individuals determined incompetent to stand trial.]

CARE statute provides for a referral for individuals who have been determined incompetent to stand trial (IST) in a criminal matter. There has been a lot of discussion over these referrals as the statutory language is not clear. County BH and the courts would benefit from working together on the process and timing of these referrals.

- Misdemeanor IST
 - Referral by court
 - Petitioner is the county BH agency
 - The Penal Code language reads if "a hearing to determine eligibility for the CARE program" is not held within 14 court days "after the date on which the petition for the referral is filed" a defendant in county jail shall be released pending the hearing.
 - This language does not line up clearly with the CARE Act so courts may interpret and apply the statutory language differently.

- One interpretation, based on the statute's language contemplating a petition being filed is that a hearing on eligibility is to be held within 14 court days from when a petition, based on IST court referral, is filed in CARE court.
 - The hearing to determine eligibility could be seen as the hearing on the merits.
 - The CARE proceedings time frames would need to be compressed to allow for the hearing on the merits occurs within the 14 court days of the filing of the petition.
- Misdemeanor case will be dismissed 6 months after the referral is made unless the case is referred back to the criminal court before that time.
- Felony IST
 - Referral by court
 - Petitioner is not specified. Again, BH agencies and judicial partners will need to coordinate over how the petition will be filed and the process for the referral.
 - Criminal case will be dismissed if and when individual is *accepted* into CARE.
 - The statute doesn't define acceptance. Acceptance is within the discretion of the judge.
 - As statute doesn't tie dismissal to the completion of CARE process, the question is how far a respondent needs to progress through the process before being "accepted."
 - Courts may correlate acceptance to when the CARE court has determined the respondent is eligible for CARE, which generally occurs by the time of the Hearing on the Merits.

Assisted Outpatient Treatment

CARE statute provides for referrals from Assisted Outpatient Treatment (AOT) court.

- » County BH serves as the petitioner.
- » There is no designated process or timing.

Coordination is Key

AOT programs and county BH programs should coordinate to ensure services are comprehensive and unduplicated.



[Slide Image Description: This slide has a picture of a judge and outlines considerations for referrals from AOT court to CARE.]

CARE provides for referrals from Assisted Outpatient Treatment (AOT) / Laura's Law court. In this situation, the petitioner is the county BH agency. CARE does not specify the process for making and receiving referrals, nor does it designate specific timelines.

In addition to coordinating with judicial partners, it is important for AOT programs and county BH programs to coordinate with each other to ensure that services are comprehensive and unduplicated.

Communication Between Courts

- » CARE allows communication between courts when a respondent has dual cases pending.
 - CARE court and referring courts (AOT, LPS, MIST) can share case status and relevant orders while cases are pending.
 - Courts handling juvenile dependency, delinquency, or transition cases may communicate on case status and orders.
 - Parties may participate in communications, but case disposition discussions must be on the record in court.



For more information, see the [Senate Bill 42 Amendments](#) brief and [W&I Code Section 5978.2](#).

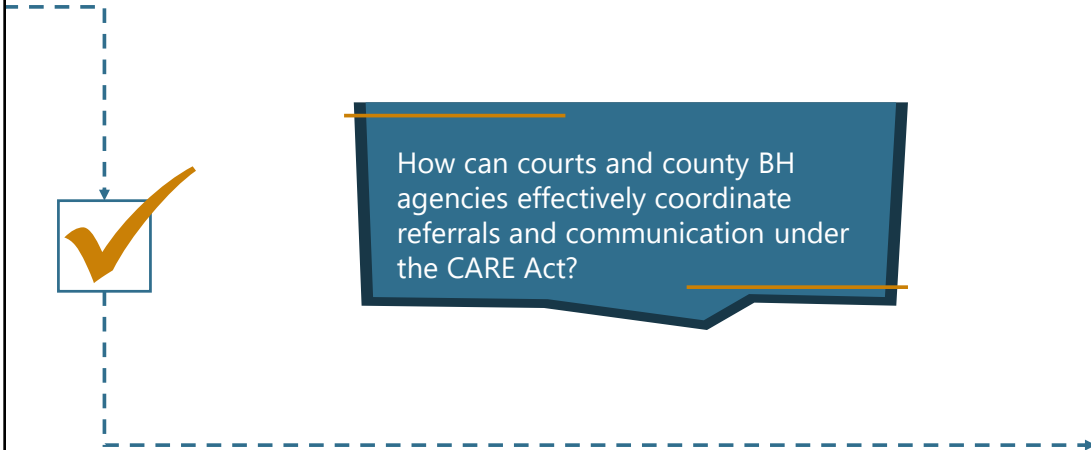
[Slide Image Description: This slide has an icon of a court and outlines considerations for communication between courts.]

Recent amendments in SB 42 to CARE Act legislation specifically allow communication between courts when a respondent has dual cases pending.


- CARE court and referring court (AOT, LPS, MIST) may communicate regarding the status of the respondent's cases and any relevant court orders while both cases are still pending.
 - Does not include FIST
- If the petition involves a respondent with a case within juvenile dependency, delinquency, or transition jurisdiction, the courts may communicate regarding the status of the respondent's cases and any relevant court orders while both cases are still pending.
- Courts may allow parties to participate in communication, but all communication related to case disposition shall be in court on the record.

For more information, see the [Senate Bill 42 Amendments](#) brief and [W&I Code Section 5978.2](#).

Ideas in Action



How can courts and county BH agencies effectively coordinate referrals and communication under the CARE Act?



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

How can courts, county BH agencies effectively coordinate referrals and communication under the CARE Act?

- **Establish county/court protocols.** Courts and county BH can develop agreements to clarify roles, responsibilities, and timelines for referrals. These agreements may also contain guidance and protocols for sharing of information. For example, some courts may use a shared system to electronically exchange information and notices as CARE require specific protocols to keep information confidential.
- **Regular cross-stakeholder meetings:** Stakeholders can hold regular coordination meetings between courts, BH agencies, public defenders, and district attorneys to address referral logistics and align expectations.
- **Centralized points of contact:** Designating a liaison within both the courts and BH agencies can help streamline communication and ensure timely follow-ups on referrals and hearings.
- **Leverage CARE trainings and resources:** Stakeholders should share training and resources materials to help other courts understands CARE referral pathways, eligibility criteria, and benefits.



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

In this section we will discuss system partners and other referrals to CARE.

Collaboration with Other Referral Sources

- » Multiple possible referral sources:
 - First responders
 - Justice system (e.g., jails and prisons)
 - Hospitals (e.g., emergency department or inpatient units)
 - Family members
 - Community providers
- » County BH may be the petitioner.
- » As these referrals are not specified in the statute, county BH and their partners can develop effective processes.



[Slide Image Description: This slide has a picture of individuals collaborating in an office setting and outlines collaboration with other referrals to CARE.]

As we discussed, the CARE statute provides for certain referrals; we have called these the “statutory” referrals.

While the statute does not require a county BH agency to accept referrals from community and other stakeholders, there is nothing that precludes county BH agencies, system partners, and community members working together to develop referral pathways. As county BH agencies are substituted in as the petitioner on non-BH filed petitions early on in the CARE process, consider how establishing additional referral processes could make the petitions filed more effective.

- Referrals may come from many sources:
 - First responders
 - Justice system (e.g., jails and prisons)

- Hospitals (e.g., Emergency Department or inpatient units)
- Family members
- Community providers
- County BH may choose to assess the individual for eligibility and file the petition or can choose to support the filing of a petition through the completion of a Mental Health Declaration. We are focusing on how county BH agencies can set up informal referral pathways, it is possible for individuals to work with other eligible petitioners (such as private mental health providers) to file a petition.

We've heard from some county BH agencies that they are partnering with jails and inpatient units to accept referrals and file a petition on the organization's behalf, particularly when there are short or unknown lengths of stay, as the individual may soon be in the community. Working together toward a county BH filed petition may allow for more engagement and flexibility when the person is out of a facility.

Considerations for Accepting Non-statutory Referrals



County BH may...

- » Already have knowledge of the individual.
- » Have better access to respondent BH information.
- » Be able to avoid tensions that may exist between family members.

Accepting referrals allows county BH to...

- » Screen for potential eligibility before filing.
- » Initiate engagement more quickly.
- » Collaborate more effectively.
- » Follow up with services for respondents who don't meet CARE criteria.

[Slide Image Description: This slide shows a document icon representing a referral, as well as lists considerations for county BH accepting non-statutory referrals to CARE.]

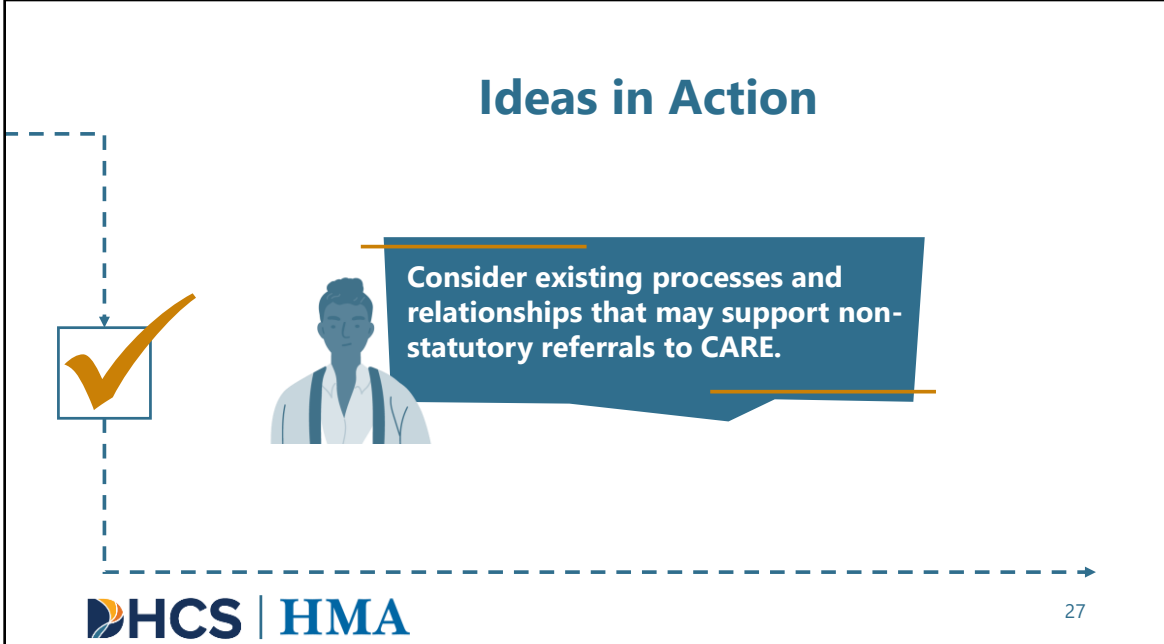
Keep in mind some considerations for accepting non-statutory referrals:

- County BH may already have knowledge of the individual; for example, the person may have a prior treatment history with the county.
- County BH may have better access to the respondent's behavioral health information.
- County BH may also be able to avoid tensions that may exist between family members.

Accepting referrals allows county BH to:

- Screen for potential eligibility before filing.
- Initiate engagement more quickly.
- Collaborate more effectively, including:
 - Time and resources
 - Sharing of information
 - Frame the petition from the outset
- Follow up with services for respondents who don't meet CARE criteria.

Ideas in Action



The slide features a central graphic with a dashed blue line forming a path. On the left, a blue square contains a large orange checkmark. A dashed line leads from the checkmark to a blue speech bubble on the right. Inside the speech bubble is a silhouette of a person and the text: "Consider existing processes and relationships that may support non-statutory referrals to CARE." At the bottom left, the DHCS and HMA logos are displayed. A dashed line extends from the bottom of the checkmark box across the bottom of the slide, ending in an arrowhead pointing to the right. The number 27 is in the bottom right corner.

Consider existing processes and relationships that may support non-statutory referrals to CARE.

DHCS | HMA

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

Before we start to wrap up, let's consider existing processes and relationships that may support non-statutory referrals to CARE.

A few things come to mind, including the following:

- Establishing liaisons to work with system partners.
- Leveraging communication venues for collaboration, including regular CARE county and community partner meetings.
- Providing a mechanism for families to refer individuals.
- Developing Memorandums of Understanding (MOUs) between organizations that support CARE efforts.

Objectives

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

- » Explain the difference between petitions and referrals.
- » Understand components of referrals for potential CARE respondents.
- » Identify differences in referral processes for various system and community partners.
- » Describe how counties may process and respond to CARE referrals.

[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:

- Explain the difference between petitions and referrals.
- Understand components of referrals for potential CARE respondents.
- Identify differences in referral processes for various system and community partners.
- Describe how counties may process and respond to CARE referrals.

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](#) or the [series for volunteer supporters](#). Also, see the training on [implicit bias](#).



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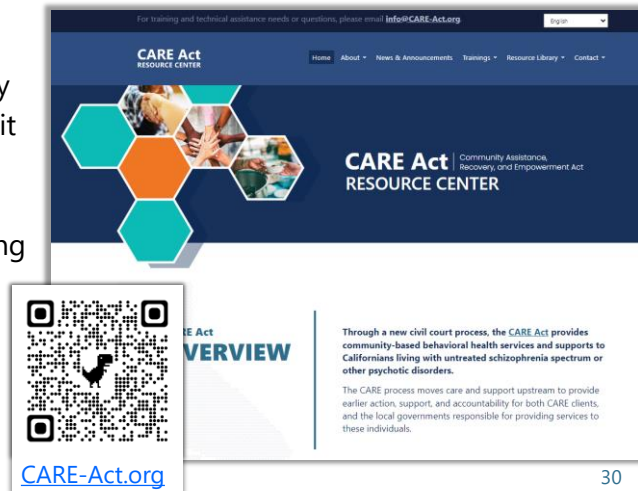
[Slide Image Description: This slide shows an image of an individual putting their arm around another individual's shoulder. The definition and description of trauma-informed care are listed.]

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](#) or the [series for volunteer supporters](#). Also, see the training on [implicit bias](#).

CARE Act Resource Center

- » Training & Resource library
- » Volunteer Supporter Toolkit
- » Family Resource Guide
- » Resources for Petitioners
- » Data Collection & Reporting
- » County Directory
- » FAQs



[Slide Image Description: This slide shows a screenshot of the CARE Act Resource Center and a QR code to access it. It also lists components of the CARE Act Resource Center.]

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

- Resources
 - Training and Resource library
 - We post all trainings to the CARE Act Resource Center, these include trainings that we have done live and also trainings that we record and are available asynchronously. The training materials include a video (with captions available) and an 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, CalHHS, and other groups (e.g., OSPD, SMI Advisors, etc.).
 - We also have a Volunteer Supporter Toolkit and a Family Resource Guide.
 - 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 then county-specific links (including county CARE websites created by county BH and by courts in counties).

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

Connect with Us!



- [Listserv](#)
- Visit **[CARE-Act.org](#)**
- [TA request form](#)
- [Data TA request form](#)
- [Stakeholder feedback form](#)
- Email: info@CARE-Act.org

[Slide Image Description: This slide shows an icon of a linkage and lists opportunities to connect.]

There are a number of ways you can connect with us.

- [Listserv](#)
- Visit **[CARE-Act.org](#)**
- [TA request form](#)
- [Data TA request form](#)
- [Stakeholder feedback form](#)
- Email: info@CARE-Act.org

Questions?

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

[Slide Image Description: This slide shows the CARE-act website and the email address.]

We are here to support you and provide you with those opportunities to connect and hear about implementing the CARE Act. The website is [**CARE-Act.org**](https://www.care-act.org) and our email address is [**info@CARE-Act.org**](mailto:info@CARE-Act.org).