

ASSESSMENT ACTIVITIES IN CARE

Serious Mental Illness & Evidence-based Care

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

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

Agenda

Assessments in CARE

- Overview of assessments, their purpose, and linkages to eligibility and expectations in court.

Types of Assessment and Investigation

- Details assessment points in CARE, including the petition, county report, and clinical evaluation.

Practical Considerations & Next Steps with Assessment Activities

- Provides considerations around tailoring forms and processes, coordination efforts, and more.

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

- Assessments in CARE
 - Overviews assessments, their purpose, and linkages to eligibility and expectations in court.
- Types of Assessment and Investigation
 - Details assessment points in CARE, including the petition, county report, and clinical evaluation.
- Practical Considerations & Next Steps with Assessment Activities
 - Provides considerations around tailoring forms and processes, coordination efforts, and more.

Objectives

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

- » Identify the various points throughout the CARE process in which an assessment activity should occur.
- » Define which staff can complete various assessment activities.
- » List at least three areas of recommended content to be included in assessment activities.
- » Describe at least two practical approaches for completing assessment activities related to CARE.

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

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Presenters



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

Associate Principal
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LAURA COLLINS, LICSW

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

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 also has 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.

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



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

In this section, we will discuss assessments in CARE.

What is the situation?

- 51-year-old Army veteran.
- Known to county behavioral health (BH) but never formally evaluated.
- Loves music and is a talented guitar player.
- Intermittent outreach contact, no consistent treatment engagement.
- Episodes of wandering into traffic, disoriented and shouting.
- Mother is very worried about James and, with the help of the Self-Help Center, files a petition with the court.



Case Example: Meet James



Disclaimer: This is a hypothetical case example.
Any resemblance to an actual person is purely coincidental,
including race, nationality, and gender.

[Slide Image Description: This slide shows an image of an individual depicting James and a description of James's situation.]

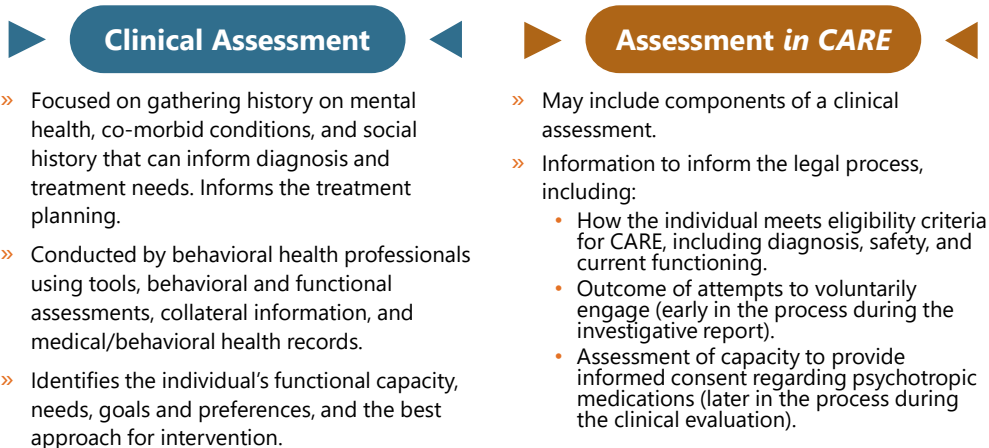
Let's introduce James and talk about how he might be assessed through CARE.

- James's background:
 - James is a 51-year-old Army veteran who has been known to county behavioral health (BH) for several years, but he has never undergone a formal clinical evaluation through their services.
 - While he has had intermittent contact with outreach teams, he has never been consistently engaged in treatment.
 - He was dishonorably discharged from the Army due to having physical altercations as a result of his mental illness.
 - James has been staying in shelters and on the streets, occasionally connecting with veteran services but not following through with treatment recommendations.
 - He is a talented guitar player who loves playing music as an outlet.
- Recent crisis:

- Recently, James has had several episodes of wandering in traffic and shouting. Witnesses reported he was disoriented, aggressive, and experiencing hallucinations.
- Due to his continued disorganization, paranoia, and concerns about his ability to care for himself, his mother is very worried about him and, with the help of the Self-Help Center, files a petition with the court.

Disclaimer: This is a hypothetical case example. Any resemblance to an actual person is purely coincidental, including race, nationality, and gender.

What “Assessment” Means in CARE



[Slide Image Description: This slide shows two columns; one describes clinical assessment and the other describes assessment in CARE.]

Today, we're going to discuss what the term “assessment” means in the context of CARE. This slide breaks down the key distinctions between clinical assessments in general and specific types of assessments used in the legal CARE process.

Let's start with what a clinical assessment is broadly:

- Focused on gathering history on mental health, co-morbid conditions and social history, that can inform the individual's diagnosis and treatment needs. The assessment informs the ensuing treatment planning.
- Typically conducted by trained behavioral health professionals using:
 - Standardized tools
 - Behavioral and functional assessments
 - Collateral information
 - Medical and behavioral health records
- Aims to identify:
 - An individual's functional capacity
 - Service and social needs
 - The individual's goals and preferences
 - The best intervention approaches

Now, shifting our attention, let's talk about assessments in the context of CARE:

- May still include components of a clinical assessment, but the focus is on **informing the legal process**. The primary focus is gathering information for legal decision-making related to eligibility and next steps.
- Not solely about diagnosis or treatment; instead, it **provides the court with critical information, for example:**
 - Determine eligibility for CARE, including diagnosis, safety and current functioning.
 - Evaluate capacity to voluntarily engage (this takes place earlier in the process during the county investigation).
 - Assess the ability to provide informed consent regarding psychotropic medications (later in the process during the clinical evaluation).

Understanding the distinction between a clinical assessment broadly and what is needed for assessments in CARE ensures that we can better support individuals and meet both their clinical and legal needs effectively. We are focusing this training on the latter, CARE assessments. However, keep in mind that it is likely that the first kind of clinical assessments could be needed when developing a CARE agreement or CARE plan (or an accompanying treatment plan).

Purpose of the CARE Assessment

Assessments in CARE have many purposes:

- » Making recommendations on CARE eligibility and other CARE-specific information.
- » Evaluating historical information regarding the participant's diagnosis, treatment history, and needs.
- » Identifying potential supports.
- » Identifying and documenting the participant's goals and preferences.
- » Identifying potentially beneficial treatment and supports, including medication.



[Slide Image Description: This slide details the purpose of CARE assessments and shows a picture of a person sitting on a couch.]

This slide focuses on the purpose of the CARE assessment. Throughout an individual's engagement in CARE, assessment activities serve several critical functions, which can be summarized as follows:

- **Making recommendations on CARE eligibility and other CARE-specific information.** Make recommendations whether an individual qualifies for CARE services, including whether the individual continues to meet the criteria for services through CARE. There are other points when assessment should gather specific information to the CARE process, including potential for voluntary engagement & capacity to provide informed consent related to medications.
- **Evaluating historical information regarding the participant's diagnosis, treatment history, and needs.** Review past records and gather background information to fully understand the individual's diagnosis history, what treatments/services/supports they may have accessed in the past, and what their current needs could be.
- **Identifying potential supports.** Uncover both formal and informal supports available to the participant, such as family involvement, community resources, and professional services.

- **Identifying and documenting the goals and preferences of the participant.** Ensure that the individual's voice is captured by documenting their personal goals, preferences, and desired outcomes.
- **Identifying potentially beneficial treatment and supports, including medication.** Assist in identifying appropriate treatments, therapeutic interventions, and necessary medications to support the individual's well-being.

These assessment points are integral to ensuring that each participant receives the appropriate support and that their journey through CARE is guided by accurate, comprehensive, and person-centered information.

Informing the Assessment: Revisiting CARE Eligibility Criteria



Diagnosis:

- » Has a diagnosis of schizophrenia spectrum or other eligible psychotic disorder

Assessing for these symptoms/behaviors/needs:

- » Symptoms are severe and persistent and are interfering with daily functioning.
- » Not currently stabilized in voluntary outpatient treatment.
- » Unlikely to survive safely in the community without supervision, and condition is substantially deteriorating.
- » Intervention needed to prevent relapse or deterioration.
- » Will likely benefit from participation with a CARE agreement or plan, and this is the least restrictive alternative.

For more information, see the [CARE Act Eligibility Criteria Fact Sheet](#) and the [CARE Act Eligibility in Practice](#) training.

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

Many of the required assessments in CARE require a specific recommendation regarding eligibility, so these assessments should include information that will help county BH make those recommendations.

CARE assessments should help county BH determine if the individual has a qualifying diagnosis of schizophrenia spectrum or another psychotic disorder. Please see the [CARE Act Eligibility Criteria Fact Sheet](#) for details on eligible diagnoses. Remember that if you only have a preliminary or historical diagnosis during the initial stages, that is alright. Your team can refine the individual's diagnosis as you get to know the person through your work together.

Of course, a diagnosis is not enough. When assessing eligibility, your team should consider the following symptoms, behaviors, and needs:

- The individual has **severe and persistent symptoms** that significantly interfere with daily functioning.
- They are **not stabilized** in voluntary treatment that they are currently participating

in. For example, the individual may be enrolled in Full Service Partnership (FSP) or Assertive Community Treatment (ACT) but is not engaging in services and not stabilized.

- They are **unlikely to survive safely in the community without supervision**, and their condition is worsening.
- **Intervention is necessary** to prevent further relapse or deterioration.
- The individual is **likely to benefit from a CARE agreement or plan**, which serves as the least restrictive alternative.

There are a few points to clarify regarding eligibility that you should keep in mind while doing these assessments:

- Proof of prior psychiatric hospitalizations (5250's) is not an eligibility requirement. However, if someone has been hospitalized (especially recently), this information can support the assessment for eligibility, especially related to evidence of symptom severity, lack of stability in treatment, and safety in the community.
- Current enrollment in services is not an exclusion from CARE; the person may still not be engaged or stabilized in the services.
- A substance use disorder (SUD) cannot be a stand-alone diagnosis when considering eligibility but may be co-occurring with an eligible diagnosis of schizophrenia spectrum or other psychotic disorder, such as substance/medication-induced psychotic disorder (SIPD). Note with SIPD (and all eligible diagnoses) that the individual must also meet the other CARE criteria, including that the disorder is severe in degree and persistent in duration.

For more information, see the [CARE Act Eligibility Criteria Fact Sheet](#) and the [CARE Act Eligibility in Practice](#) training.



Setting Expectations for Use in the Court

CARE respondents will hear assessment details in court and receive related documents, making advance preparation essential. Preparing participants builds trust, reduces distress, and ensures a more supportive process.

Key considerations:

- » **Determine timing and method** – Decide how and when to share assessment information while prioritizing safety.
- » **Frame the assessment activities** – Emphasize that assessments support access to services and overall well-being.
- » **Be mindful of language** – Consider that the participant will read/hear the language in the report.

For more information on taking a trauma-informed approach and managing bias, see the series on [Trauma-informed Care for County Behavioral Health](#).

[Slide Image Description: This slide details court expectations for CARE assessments and shows an image of a gavel.]

During the court hearing, the participant will hear specific information from assessment activities. They will also have access to assessment activity documents, making it crucial to prepare them in advance. Consider ways to prepare CARE participants for how these assessments will be used and referenced in the court.

- The CARE respondent will receive:
 - A copy of the petition when county BH serves initial notice.
 - A copy of the investigative report as part of the packet provided when they are served with notice of initial appearance hearing.
 - A copy of the clinical evaluation when they are served noticed of clinical evaluation hearing.

In turn, preparing the participant ahead of time fosters trust and reduces the risk of them feeling surprised during the hearing. Trauma-informed preparation helps reduce potential emotional distress and ensures the process is as supportive as possible.

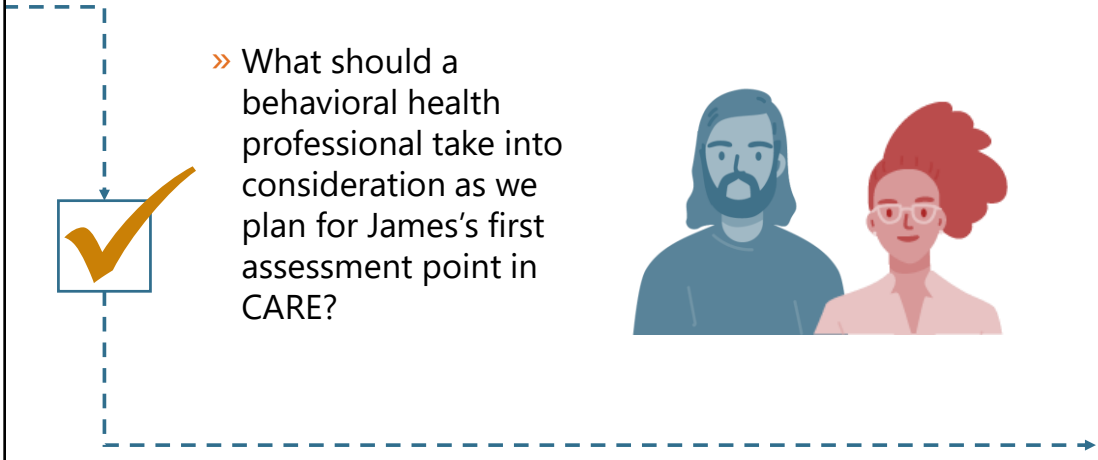

Key considerations when preparing the participant:

- **Determine timing and method.**
 - Decide when, if, and how to share a summary of the information being presented in court with the participant before the hearing. They will receive a copy of these assessment reports, but you can consider preparing them for that beforehand.
 - Prioritize the safety of yourself and the participant when sharing sensitive information.
- **Frame the assessment activities.**
 - Emphasize that the assessment process is a way to ensure the participant receives all available services and supports.
 - Help the participant understand that the information gathered is intended to benefit their overall well-being.
- **Be mindful of language.**
 - Remember that the participant will be reading and/or hearing contents of the report, and this content can feel emotionally difficult to navigate.
 - These reports are documenting eligibility, so they will include information about how someone is deteriorating or how their symptoms are impacting their activities of daily living. They may not agree with this information.
 - Language in reports should be person-centered and trauma-informed.
 - Instead of: "The individual is resistant and refuses to engage." → "The participant has expressed hesitation about engaging in services and may benefit from further education on available options."
 - Instead of "They lack insight and do not understand their illness." → "The participant has difficulty recognizing their symptoms and how they impact daily life but may respond to a structured CARE agreement."

For more information on taking a trauma-informed approach and managing bias, see the series on [Trauma-informed Care for County Behavioral Health](#).

Ideas in Action

» What should a behavioral health professional take into consideration as we plan for James's first assessment point in 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.]

What should a behavioral health professional take into consideration as we plan for James's first assessment point in CARE?

It's important to understand that throughout James's life, he has likely experienced many assessments of varying types. Assessments can feel very anxiety-provoking because they ask a person to discuss issues and experiences that often feel very private. When a person has had many assessments, especially if they feel that they haven't resulted in help, they may feel frustrated by the process. It's important to use a trauma-informed approach throughout all of the assessment points and ensure that you are:

- Clearly informing the person about the purpose of the assessment and with whom the information will be shared.
- Providing a summary of what will be presented to the court.
- Ensuring the individual is connected with supports throughout the CARE process, even before eligibility is determined.



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

In this section, we will discuss types of assessment and investigation.

Assessment Points in CARE

Petition

Who: Prepared by the petitioner.

What: Must contain facts that support that respondent meets or may meet the eligibility criteria.

How Used: Presented to court for prima facie review and if individual meets or may meet eligibility, the court may order the county to investigate and report or provide additional information.

County Report

Who: Prepared by county BH after prima facie showing.

What: The report includes a BH assessment of eligibility, the outcome of efforts to engage, and an assessment of the respondent's ability to voluntarily engage.

How Used: If the court determines that the report supports eligibility, the court shall set the petition for an initial hearing, and a hearing on the merits shall be held under a clear and convincing standard.

Clinical Evaluation

Who: Prepared by county BH through licensed BH professional after court determines that CARE agreement is unlikely at case management hearing.

What: Must address diagnosis, legal capacity to give informed consent for medications, helpful information, and recommended supports.

How Used: Considered at the clinical evaluation hearing held under clear and convincing standard.

In order to walk through the CARE process flow for each of these assessments of eligibility, see the [CARE Act Eligibility in Practice](#) training.



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[Slide Image Description: This slide shows three boxes that describe the petition, county report, and clinical evaluation]

On this slide, we are highlighting the different **assessment points** in the CARE process, using James's case as an example. Each point of assessment—documented in **the petition, county investigative report, and clinical evaluation**—plays a crucial role in gathering information that informs court decisions and ensures appropriate interventions. As we go through each type of assessment, we will emphasize:

- **Who conducts it**
- **What information it needs to include**
- **How it is used in the CARE process**

James's case helps illustrate how assessments shape the process and guide the next steps in treatment and support.

Petition

- **Who:** Prepared by the petitioner. In our case, this petition was filed by a family

member. However, if county BH had filed the petition, it would likely require an assessment of some kind.

- **What:** Must contain facts that support that respondent meets or may meet the eligibility criteria.
- **How Used:** Presented to court for prima facie review and if meets or may meet eligibility, the court may request a county investigative report.
- **Case Example:** Since a family member completed the petition, county BH would be responsible for sharing a copy of the petition when serving notice and beginning to conduct the county investigation.

County Report

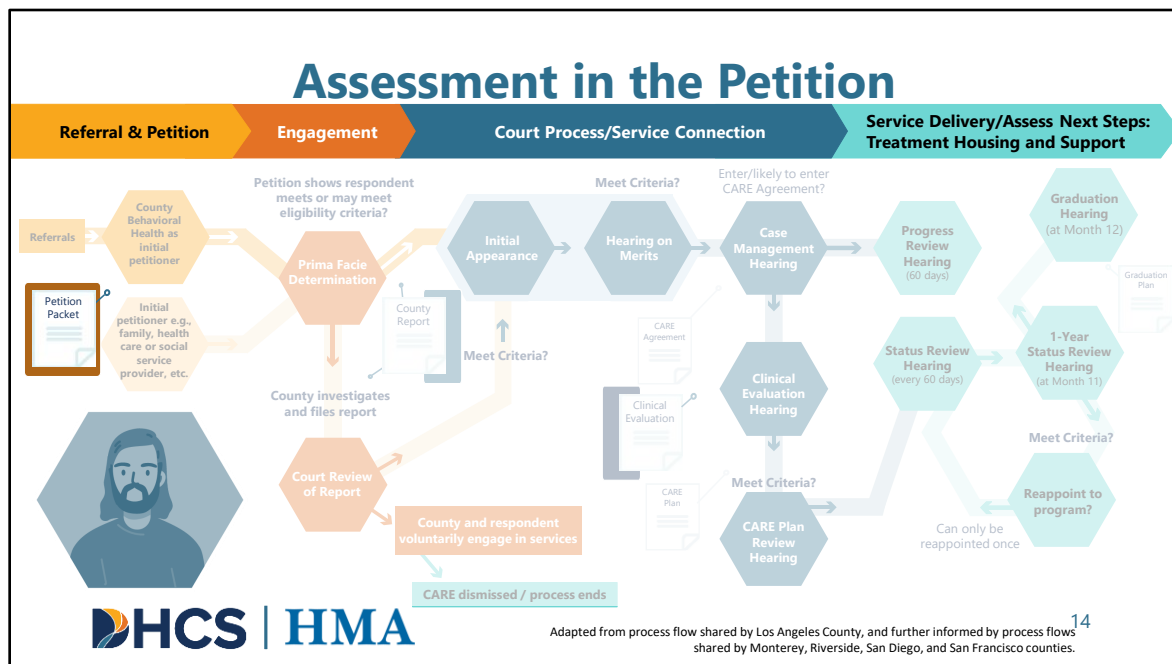
- **Who:** Prepared by the county BH agency after prima facie showing has been met, meaning the court has determined that “at first impression” the individual may meet eligibility criteria. The county report is typically ordered only if the petitioner was not county BH.
- **What:** The report includes an assessment of eligibility, the outcome of efforts to engage, and an assessment of the respondent's ability to voluntarily engage.
- **How Used:** If the court determines that the report supports eligibility, the court shall set the petition for an initial hearing, and a hearing on the merits shall be held under a clear and convincing standard.
- **Case Example:** In our case, since James’s mother is filing the petition, it will be required that county BH complete an investigative report.

Clinical Evaluation

- **Who:** Prepared by county BH through a licensed BH professional after the court determines that CARE agreement is unlikely at case management hearing. This is used to help inform the development of the CARE plan (digging deeper into the needs, presentation, and history of the participant to inform the development of the CARE plan, ideally in partnership with the participant).
- **What:** Must address diagnosis, legal capacity to give informed consent for medications, helpful information, and recommended supports.
- **How Used:** Considered at clinical evaluation hearing under a clear and convincing standard.
- **Case Example:** James is evaluated. The judge determines James meets eligibility and orders the parties to work together on a CARE plan.

Each of these points are highlighted in the CARE process flow visual. We will discuss each step in more detail as we explore the role of assessment in CARE.

Again, each of these assessment points includes an evaluation of eligibility. In order to walk through the CARE process flow for each of these assessments of eligibility, see the CARE Act Eligibility in Practice training.



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

If we look at the overall process, the first point at which an assessment could occur, is with the filing of the petition. Now, in James's case, his family filed a petition. One of the options to support the petition is an assessment – or mental health declaration – that a behavioral health provider could include. The details of that assessment or mental health declaration are highlighted in multiple trainings that can be located on the [Resources for Petitioners](#) webpage.

If county BH is filing the petition, they would need to complete this assessment (or mental health declaration) at this time.

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.
1. 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).
 2. 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).
 3. 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.
 4. If the clinical evaluation finds that the respondent is eligible, a CARE plan will be developed and then reviewed in a hearing.
 5. There will then be a status review hearing at least every 60 days.
 6. 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.

Petition Information



- » When completing a petition, the petitioner may assess several aspects regarding the participant to inform the information submitted to the court.
- **Key assessment factors** – Consider diagnosis, observed behaviors, deteriorating condition, self-care difficulties, and lack of effective treatment engagement.
 - **Supporting facts** – Mental health (MH) declaration **or** evidence or attestation of two 5250 hospitalizations, one within the last 60 days.
 - **Who conducts the MH declaration/assessment** – Licensed BH professionals may support the petition with documentation or county BH can complete the MH declaration when filing or supporting a petition.

For more information on petitioning, see [CARE Act Resources for Petitioners](#). For more information about documenting eligibility, see the [CARE Act Eligibility in Practice](#) training.

[Slide Image Description: This slide shows an icon of a petition with a silhouette of a person representing James. A description of what needs to be included in a petition is listed.]

When a licensed BH professional or county BH is completing a petition (or supporting a petition with a declaration that they believe the respondent meets eligibility criteria), they will assess several aspects regarding the CARE respondent to inform what is submitted to the court.

The petition must document facts that support that the respondent meets or may meet the eligibility criteria. If county BH was completing the petition, they must assess the individual's eligibility and include facts to support this.

Consider facts such as:

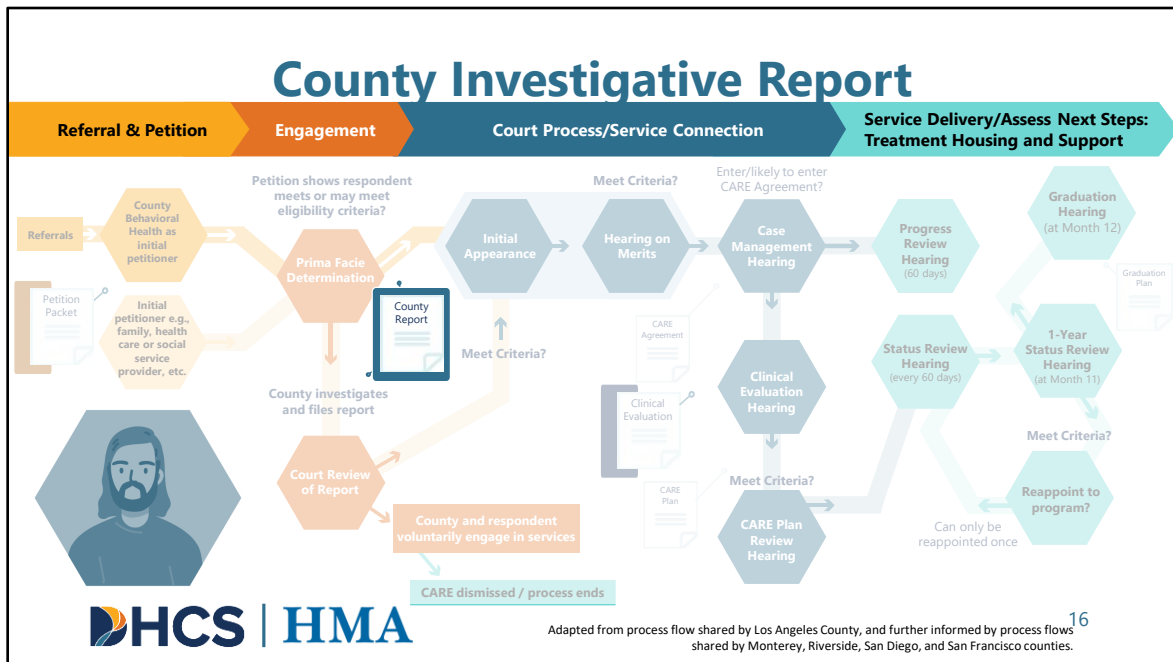
- Diagnosis of schizophrenia spectrum or other psychotic disorders.
- Observed behaviors and symptoms.
- Declining mental/physical state and inability to meet basic needs.
- Difficulty with self-care.
- Difficulty maintaining a residence, using transportation, or managing money.

- Difficulty developing and maintaining relationships.
- Declining to engage in treatment or treatment isn't effective at stabilizing symptoms.

The petitioner should either include a mental health declaration by a licensed BH professional or provide evidence or attestation of the individual's hospitalizations, specifically two 5250s (one within the last 60 days). Please note, the information regarding a 5250 can bolster the petition but is not technically a CARE Act eligibility criteria.

In James's case, his mother is the petitioner. She isn't required to do a formal assessment, but she could ask a BH provider to complete a declaration and attest that they believe James is eligible for CARE in order to support her petition. If county BH decided to file the petition, they would seek to assess his eligibility.

For more information on petitioning, see [CARE Act Resources for Petitioners](#), which includes detailed information about what to include in the petition and supporting documentation. For more information about documenting eligibility, see the [CARE Act Eligibility in Practice](#) training.



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

Now let's take a look at the second point in the CARE process in which an assessment could be required to support the legal process: the investigation for county report.

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.

Investigation for County Report



- » If county BH agency is not the petitioner, the court *will* order the county to complete an investigative assessment and report:
 - Determination if the respondent meets or may meet eligibility criteria.
 - Outcomes of efforts to engage the respondent voluntarily prior to the filing of the petition.
 - Conclusions and recommendations about the respondent's voluntary engagement.
- » If county BH is the petitioner, the court *may* request the county BH agency to provide more information (a supplemental report) as needed.

[Slide Image Description: This slide shows an icon of a county report with a silhouette of a person representing James. A description of when a county report is ordered and what a county report should contain is listed.]

If the county BH agency *is not* the petitioner, the court will order the county to complete an investigative assessment and report (also known as the CARE-105 form):

- Determination if respondent meets or may meet eligibility criteria.
- Outcomes of efforts to engage the respondent voluntarily prior to the filing of the petition.
- Conclusions and recommendations about the respondent's voluntary engagement.

If the petitioner was the county BH agency, the courts *may* request more information as needed. The court may use the CARE-105 form and could request similar information noted above; or the court could request other information that would help make a determination on eligibility.

Since the petition was filed by James's mother, county BH is ordered to assess James and document their findings in a county investigative report.

Responding to the CARE-105 Order

County BH *is not* the Petitioner

- » More comprehensive response regarding eligibility, engagement, and supporting documentation (including PHI) to support recommendations.
- » Reminders
 - Proof of prior psychiatric hospitalizations (5250's) is not an eligibility requirement.
 - Current enrollment in services is not an exclusion from CARE – the person may not be engaged or stabilized in the services.

County BH *is* the Petitioner

- » The court may still issue a CARE-105 form requesting additional information.
 - Team can respond with original petition content, plus supplemental information that the court requests.
- » Process moves to initial hearing/hearing on the merits.

[Slide Image Description: This slide shows two columns, one describes when county BH is not the petitioner and the other when county BH is the petitioner.]

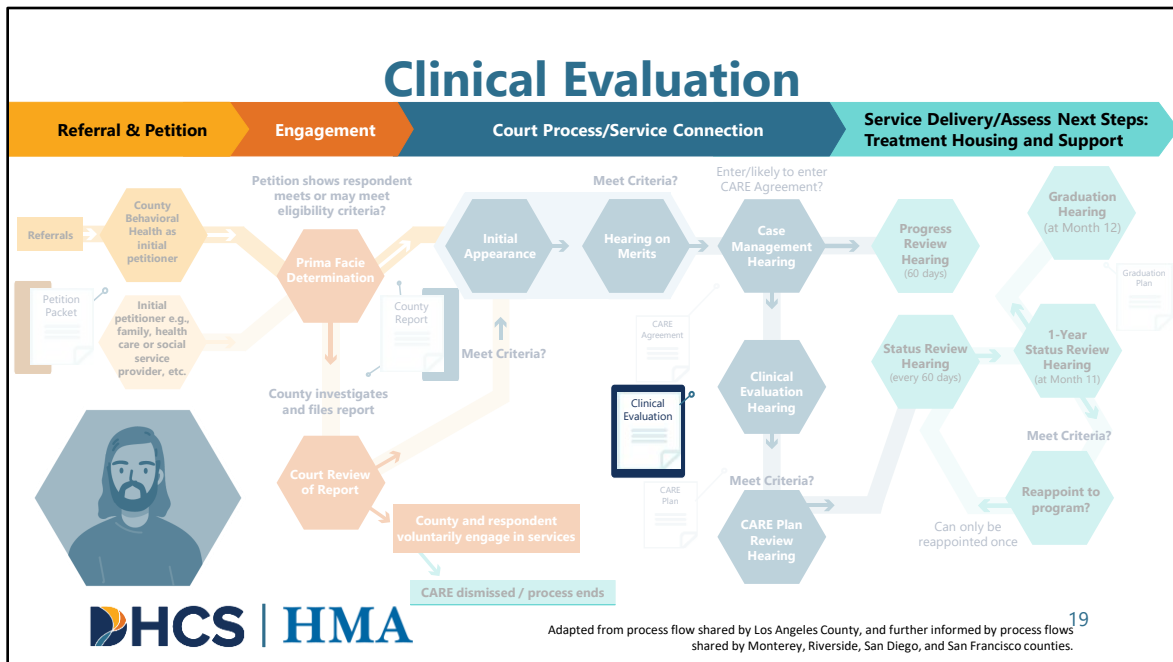
Let's discuss the CARE-105 form, which is how the court will order county BH to produce an "investigative report."

If county BH *is not* the petitioner:

- The county BH team will need to provide a comprehensive response regarding eligibility, engagement, and supporting documentation (including protected health information) to support recommendations.
- Keep in mind that proof of prior psychiatric hospitalizations (5250's) is not an eligibility requirement. Additionally, current enrollment in services is not an exclusion from CARE – the person may not be engaged or stabilized in the services.

If county BH *is* the petitioner:

- The process would move to initial hearing and hearing on the merits.
- However, the court may *still* order county BH to provide additional information, and they may choose to use the CARE-105 form.
 - The county BH team can respond to the order with their original petition content plus any additional supplemental information that the court is requesting.



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

Now we are going to skip forward in the CARE process to the next required assessment: the clinical evaluation. The clinical evaluation occurs after it is determined that the parties could not come to a CARE agreement. The clinical evaluation can inform elements of the CARE plan.

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.

Clinical Evaluation



- » A clinical evaluation is ordered if:
 - CARE agreement is unlikely.
 - There is no existing clinical evaluation in the last 30 days.
 - The parties do not stipulate to the use of an existing clinical evaluation conducted within the last 30 days.
- » Must be completed by a licensed BH professional.
- » The evaluation must address:
 - A clinical diagnosis.
 - Respondent's capacity to give informed consent regarding psychotropic medication.
 - Other information, as ordered by the court, and information to help determine care and services.
 - Recommended services, programs, housing, medications, and interventions that support the recovery and stability of the respondent.

For a deep dive into assessing for the capacity to provide informed consent, see the training on [Capacity & Informed Consent in the CARE Process](#).

[Slide Image Description: This slide shows an icon of a clinical evaluation with a silhouette of a person representing James. A description of when a clinical evaluation is ordered and what a county report should address is listed.]

At this time, the court will order a county BH agency to conduct a clinical evaluation of James.

A clinical evaluation is ordered if:

- A CARE agreement is unlikely.
- There is no existing clinical evaluation in the last 30 days.
- The parties do not stipulate to the use of an existing clinical evaluation conducted within the last 30 days.

Because of the detailed clinical information and recommendations made at this point, the clinical evaluation must be completed by a licensed BH professional.

The evaluation must address:

- A clinical diagnosis of the respondent.
- Whether the respondent has the capacity to give informed consent regarding psychotropic medication.

- Any other information as ordered by the court or that the licensed behavioral health professional conducting the evaluation determines would help the court make future informed decisions about the appropriate care and services the respondent should receive.
- An analysis of recommended services, programs, housing, medications, and interventions that support the recovery and stability of the respondent.

For a deep dive into assessing for the capacity to provide informed consent, see the training on [Capacity & Informed Consent in the CARE Process](#).

The Clinical Evaluation & Capacity/Informed Consent for Medications

- » Under usual circumstances, clinicians must obtain written informed consent before prescribing psychotropic medication.
- » Court orders allow clinicians to prescribe psychotropic medications legally when someone is found to lack capacity.
- » Capacity assessment evaluates whether the individual has the cognitive ability to understand the information provided and make a reasoned decision.



For a deep dive into assessing for the capacity to provide informed consent, see the training on [Capacity & Informed Consent in the CARE Process](#) and [California Welfare and Institutions Code \(W&I Code\) section 5977.1, subdivision \(d\)\(1\)\(3\)](#)

[Slide Image Description: This slide describes CARE Act references to capacity and informed consent for medications with a picture of a gavel and a gray text box that reads, “What is the purpose of a court order for psychotropic medications?”.]

As we just mentioned, during the clinical evaluation, the licensed BH professional must assess the respondent’s capacity to give informed consent regarding psychotropic medication. We have a separate training on [Capacity & Informed Consent in the CARE Process](#), but essentially, it’s important to assess for capacity at this point.

When evaluating if someone has the *capacity* to provide informed consent, the clinician must determine whether the individual has the cognitive or mental ability to understand the information provided and to make a reasoned decision. This typically involves making sure the individual:

- Is aware of their mental condition and recommended treatments.
- Can understand the benefits and the risks of, as well as the alternatives to, the proposed treatment and medication.
- Can evaluate the information required and participate in the treatment decision by means of rational thought processes.
- Can express what their decision regarding treatment is and explain they are making it.

Under normal circumstances, a clinician is legally and ethically bound to obtain informed consent before prescribing psychotropic medication. In the case of prescribing medication, this can be a barrier for the CARE population to have access to a critical component of their treatment. If the prescriber finds that an individual lacks the capacity to provide informed consent but needs medication, the subsequent court-ordered medication can help overcome that barrier. Once it is court-ordered, a prescriber can in good conscience prescribe psychotropic medications. Note that a court order does not order an individual to take a medication; it orders the clinician to write a prescription.

Even though the medications may not be forcibly administered, the BH provider is now legally able to prescribe medication with the court order, even if they feel they are not able to get informed consent. This reduces the obstacle to prescribing medication during an appointment if the respondent is refusing medications at that time and/or no next-of-kin or power of attorney is available at the time.

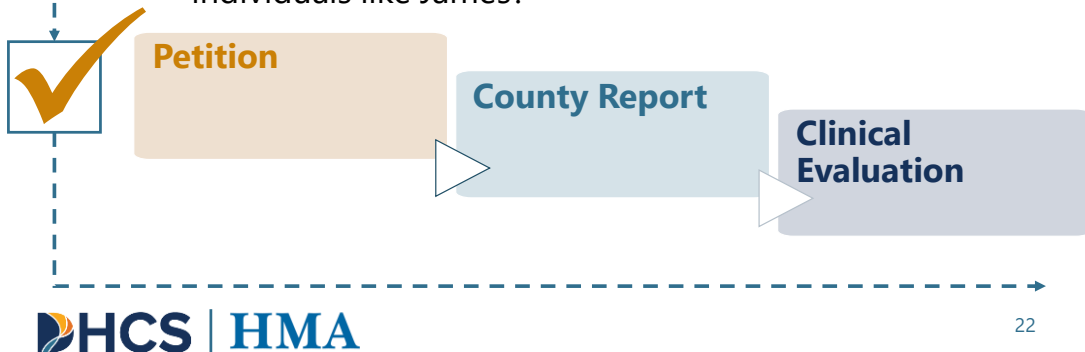
How does a clinician use or approach a court order for psychotropic medications for a person who lacks capacity, when the order does not allow for forcible medication?

- The respondent's psychiatrist, psychiatric nurse practitioner (Psych NP), or other prescriber should be alerted to the presence of the court order, and it should be made available for reference at the clinical appointment. Prescribers who work in this field are often quite familiar with how to work with persons who may have partially impaired decision-making capacity. The court order can become an additional tool for the prescriber to use to prescribe needed medication, even if they feel they are not able to get informed consent at that time.
- Since the impaired capacity variable is often not absolute, the prescriber will usually still work to gain the person's agreement to receive a prescription—even if that consent is not legally required—by documenting which aspects of the treatment recommendation the person *does* understand and to what extent they *do* agree to treatment. Use of psychiatric advance directives (PADs) or drawing in family, peers, or other support persons can also help. Also, once a person eventually *does* exhibit restored capacity, the prescriber will often repeat the medication consent procedures.

For a deep dive into assessing for the capacity to provide informed consent, see the training on [Capacity & Informed Consent in the CARE Process](#) and [California Welfare and Institutions Code \(W&I Code\) section 5977.1, subdivision \(d\)\(1\)\(3\)](#)

Ideas in Action

» How do assessment stages in the CARE process contribute to **determining eligibility** and **identifying the most effective interventions and supports** for individuals like James?



[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 do assessment points throughout the CARE process—from the initial petition to the county investigative report to the clinical evaluation—help determine eligibility and guide appropriate interventions and supports for individuals like James?

Sample responses:

- **Identifying eligibility early.** The initial petition helps identify individuals who may meet CARE criteria by documenting observed behaviors, symptoms, and challenges related to mental health and daily functioning.
- **Building a comprehensive picture.** Each assessment stage gathers additional information, from legal documentation to clinical evaluations, ensuring a well-rounded understanding of the individual's needs.
- **Tailoring interventions.** Assessments help determine the most appropriate supports, such as medication management, housing assistance, peer support, or therapy, to improve long-term outcomes.



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

In this final section, details about practical considerations and next steps for assessment activities will be presented.

Practical Considerations across Assessments



Take an unstructured assessment approach when possible, avoiding duplication of effort.



Be as adaptable as you can, working with both the court timelines and participant needs.



Coordinate between legal and clinical teams.



Take creative and multidisciplinary approaches, being thoughtful about different team members.



Forms should document CARE requirements, strengths, preferences, and co-occurring information.

[Slide Image Description: This slide details practical considerations for assessments. Each consideration is listed in a gray box with a descriptive icon.]

Some practical considerations to keep in mind across all CARE assessments:

Take an unstructured assessment approach when possible.

- Many have experienced trauma, distrust in systems, and instability, which can impact their ability to participate in structured assessments. A rigid approach risks missing critical information, retraumatizing individuals, or forcing assessments at times when they are unable to meaningfully engage.
- Utilize collateral information (medical/mental health records, family input, provider reports) to minimize repetitive questioning and support a trauma-informed approach. This helps build and maintain rapport.
- Focus on filling information gaps while building rapport with the respondent, relying on clinical observations, including non-verbal cues and visible symptoms.
- Complete the assessment over time, where the initial discussions gather essential information, with follow-ups to fill in gaps if the person is in crisis or unable to complete the full evaluation.

Be as adaptable and flexible as you can.

- Use core clinical and legal criteria as a foundation but allow team members to modify their approach based on the individual's needs, engagement level, and current mental state.
- Use continuances strategically to allow time for engagement rather than forcing assessments when the individual is unprepared or in distress.

Coordinate between legal and clinical teams.

- Ensure early and ongoing communication between BH providers, legal representatives, and social services to align expectations and prevent delays.

Take creative and multidisciplinary approaches.

- Involve peer specialists or volunteer supporters (as appropriate) to help facilitate engagement and bridge gaps in communication. Counties have reported that doing assessments in pairs can be helpful, with a clinician taking the lead on assessments.
- Consider alternative assessment locations (e.g., shelters, homes, veteran centers) to reduce barriers.
- Use multi-provider assessments (e.g., psychiatrist + social worker) to ensure a holistic understanding while expediting the process.

Forms should document CARE requirements, strengths, preferences, and co-occurring information.

- Develop standardized templates that prompt clinical content (including co-occurring substance use disorder diagnoses), the individual's priorities, while incorporating the legal requirements for CARE.
- While the petition form is standardized statewide, counties have flexibility in designing other assessment forms and processes to fit county needs.

Practical Considerations for Each Assessment Point



» **Petition**

- Respond as quickly as possible when individuals are hospitalized or incarcerated.
- Leverage collateral information.

» **Court Report**

- Take an unstructured assessment approach when possible.
- Conduct a clinical assessment when diagnosis is uncertain but use a different clinician.

» **Clinical Evaluation**

- Maintain trust and emphasize autonomy and choice.
- Use a different evaluator to preserve the relationship.
- Create a comfortable environment.
- Re-engage the individual based on their preferences if declined.

[Slide Image Description: This slide shows an icons of a clinical evaluation, county report, and petition with a silhouette of a person representing James in a magnifying glass. A description of practical considerations for each of the three points is listed.]

As counties have completed these assessments, they've shared some best practices to consider for the specific assessment.

Petition:

- Respond as quickly as possible to referrals/petitions when the individual is hospitalized/incarcerated. This is an opportunity to locate the individual and coordinate care, including the discharge or release.
- Avoid approaching someone with repetitive and invasive questions. Rather, use available medical/mental health records, family information, and information from other providers. This allows the team to focus on any gaps of information and work on building rapport with the individual.

County Report:

- Like with the petition, begin with an informal, unstructured assessment that pulls in historical information and clinical observations, including non-verbal cues and visible symptoms.

- The county report can include input from multiple team members, documenting observations from outreach and engagement activities, peer support specialists, and case discussions where clinicians collaborate on an individual's specifics.
- At times, a more formal clinical assessment may be necessary, particularly if there are diagnostic concerns. It's helpful for the person conducting the formal assessment to be different from the primary point of contact to preserve the ongoing relationship. If a formal evaluation is required, the county may need to request a continuance to complete this assessment before the initial hearing.

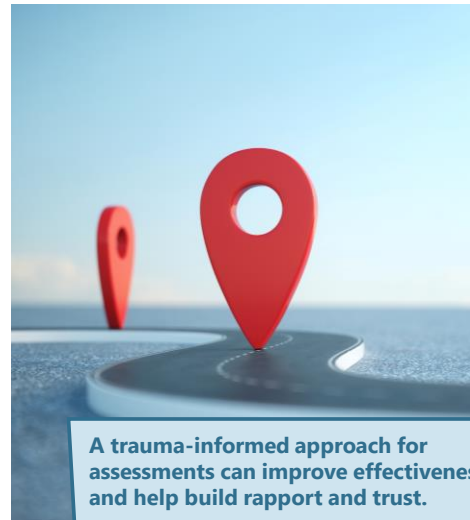
Clinical Evaluations:

- In the CARE process, the clinical evaluation requires a more structured environment and an assessment of capacity. It might also include medication recommendations. This can be an uncomfortable situation for CARE participants. It's important to maintain trust and transparency with the individual. Communicate the goal of this formal evaluation and emphasize that the individual maintains their autonomy and choice.
- Again, it's helpful for the person conducting the formal assessment to be different from the primary point of contact to preserve the ongoing relationship.
- Consider ways to build a comfortable environment, which may include engaging a peer support specialist and/or volunteer supporter to support the CARE participant.
- There may be circumstances where the individual chooses not to participate in the clinical evaluation at this stage. In that case, teams should still work to re-engage the individual in services, prioritizing their preferences and choices.

Meeting Individuals Where They Are

Consider **supportive measures** to augment an individual's capacity to voluntarily participate throughout the process:

- » Use assessment activities to build rapport.
- » Simplify information.
- » Repeat explanations.
- » Use visual aids.
- » Use supported decision-making.
- » Take a trauma-informed approach.



For guidance on plain language principles to make your communications more accessible, see the Public Health Communications Collaborative's [Plain Language for Public Health](#) guide. For strategies on creating a supportive environment, see [Incorporating Trauma-Informed Care into the CARE Process for Behavioral Health Agencies](#). For more information on supported decision-making, see the [supported Decision-Making & The CARE Act](#) training.

[Slide Image Description: This slide has a list of supportive measures and has an image depicting two locations on a road.]

We have been talking about the specific moment in the CARE Act related to assessing decisional capacity to give informed consent. Taking a step back, consider ways to support the CARE respondent's ability to consent throughout the CARE process. Even when they may be actively experiencing symptoms, you can use these supportive measures to gain consent and encourage voluntary participation:

- **Use Assessment Activities to Build Rapport:** Each assessment activity is an opportunity to build trust and rapport with the participant. Focus on how CARE can help ensure the participant has follow-through on necessary supportive services and how the CARE team wants to incorporate the participant's preferences throughout the process.
- **Simplify information:** Present information in a clear, simple, and straightforward manner, avoiding legal and clinical jargon. For guidance on plain language principles to make your communications more accessible, see the Public Health Communications Collaborative's [Plain Language for Public Health](#) guide.
- **Repeat explanations:** Be prepared to explain information multiple times and check for understanding throughout the discussion. Avoid showing impatience or rushing the conversation.

- **Use visual aids:** Use visual aids and written materials in addition to verbal explanations.
- **Create a supportive environment:** Create a calm and supportive environment to reduce anxiety and distractions. Consider asking the individual what helps keep them calm (e.g., music, art, nature, animals). For strategies on creating a supportive environment, see [Incorporating Trauma-Informed Care into the CARE Process for Behavioral Health Agencies](#).
- **Use supported decision-making:** Implement supported decision-making strategies that help individuals make decisions without undermining their autonomy. For more information on supported decision-making, see the [Supported Decision-Making & The CARE Act](#) training.
- **Trauma-Informed Approach:** A trauma-informed approach for assessments can make them more effective and can help build rapport and trust. Remember that court-related interventions can feel triggering.
 - Offer choice where possible, e.g., location, support people, choice in staff.
 - Take breaks as needed.
 - Clearly explain the purpose of each assessment activity and how the information will be used.

By addressing these challenges with tailored approaches, health care providers can better support individuals with schizophrenia spectrum or other psychotic disorders in making informed decisions about their care.

For guidance on plain language principles to make your communications more accessible, see the Public Health Communications Collaborative's [Plain Language for Public Health](#) guide. For strategies on creating a supportive environment, see [Incorporating Trauma-Informed Care into the CARE Process for Behavioral Health Agencies](#). For more information on supported decision-making, see the [Supported Decision-Making & The CARE Act](#) training.



Effective Outreach & Engagement Strategies

Our training on [Strategies for Outreach & Engagement in CARE](#) discuss the following:

- » Principles for effective outreach & engagement.
- » The engagement continuum.
- » Trauma-informed approach.
- » Cultural humility.
- » Harm reduction approach.
- » Practical strategies.
- » Common team roles.
- » Lessons learned and adaptations.

For more information, see the training on [Strategies for Outreach & Engagement in CARE](#).



[Slide Image Description: This slide lists effective outreach and engagement strategies and shows a picture of two set of hands interlocking.]

In our training on strategies for effective outreach and engagement with this population within the CARE framework, we emphasize taking an equitable and person-centered approach throughout outreach, engagement, and retention.

Key components include:

- **Principles for effective outreach & engagement:** This section covers the importance of trauma-informed, person-centered, and culturally humble approaches. It highlights the need for patience, persistence, and consistency, as well as the value of peer involvement and collaboration across systems.
- **The engagement continuum:** The training outlines actionable strategies for each stage of the engagement continuum: outreach, engagement, and retention. It provides practical strategies, common team roles, and responsibilities, and ideas for an outreach toolkit.

- **Trauma-informed approach:** This approach emphasizes creating a non-threatening environment, building trust, clear communication, and active listening. It also encourages self-care among staff and building community supports.
- **Cultural humility:** The training advises putting aside one's own culture and values to empower others' experiences and cultures. It suggests using resources to broaden understanding and mitigate biases.
- **Harm reduction approach:** This approach prioritizes listening, respecting autonomy, and promoting safety. It focuses on engaging first and assisting rather than directing.
- **Practical strategies:** It includes practical strategies for outreach and engagement, such as building rapport, de-escalation techniques, and maintaining connections.
- **Common team roles:** The training describes typical roles in outreach teams, such as social workers, peer support specialists, and community health workers. It emphasizes the importance of a multidisciplinary and wrap-around approach.
- **Lessons learned and adaptations:** The training shares lessons learned from the field and suggests adaptations for different environments and cultural considerations.

For more information, see the training on [Strategies for Outreach & Engagement in CARE](#).

Claiming for Assessment Activities

Counties can be reimbursed for time spent performing the CARE assessment activities, which includes ancillary time for preparation, internal meetings, and oversight by supervisors and managers.

Key activities related to assessment:

- » Outreach and engagement
 - Includes activities related to developing the CARE agreement and graduation plan.
- » Court reports



For more information, see [Behavioral Health Information Notice \(BHIN\) 24-015: CARE Act Reimbursement Rates and Billing](#) and the [CARE Act Sanctions and Claiming Process](#) training. For additional questions, contact care_claiming@dhcs.ca.gov.

[Slide Image Description: This slide details reimbursement for assessment activities with a picture of a person filling out paperwork on a clipboard.]

Behavioral Health Information Notice (BHIN) 24-015: CARE Act Reimbursement Rates and Billing provides specific details about reimbursement rates and claiming procedures for time spent performing administrative activities related to CARE. This BHIN outlines allowable activities and the corresponding hourly reimbursement rates. Keep in mind that ancillary time for any CARE administrative activity is also claimable, which would include preparation, internal meetings, and oversight by supervisors and managers.

Key administrative activities can be claimed.

- **Outreach and engagement:** Efforts to reach individuals and encourage participation in CARE services and activities that support the development of a CARE agreement and graduation plan.
- **Court reports:** Preparing and submitting reports required for court reviews.

Importance of Understanding Reimbursement Procedures:

- Ensures counties can claim funding for administrative tasks associated with CARE.
- Helps cover costs related to staffing, documentation, and court requirements.

For more information, see [Behavioral Health Information Notice \(BHIN\) 24-015: CARE Act Reimbursement Rates and Billing](#) and the [CARE Act Sanctions and Claiming Process training](#). For additional questions, contact care_claiming@dhcs.ca.gov.

Ideas in Action



How would you work with James to prepare him for the initial appearance where the county investigative report will be discussed?



[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 would you work with James to prepare him for the initial appearance where the county investigative report will be discussed?

To prepare James for the court hearing there are several actions that should be considered:

- Clearly describe the purpose of the hearing and what to expect.
- Discuss what content will be in the report and how it will be used.
- Help James identify supports that may accompany him to the hearing.
- Ensure James has an opportunity to ask questions before and during the hearing.

Objectives

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

- » Identify the various points throughout the CARE process in which an assessment activity should occur.
- » Define which staff can complete various assessment activities.
- » List at least three areas of recommended content to be included in assessment activities.
- » Describe at least two practical approaches for completing assessment activities related to CARE.

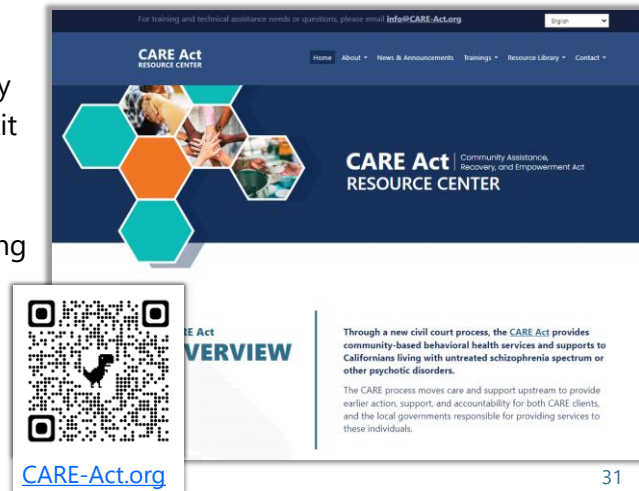
[Slide Image Description: This slide recaps the learning objectives for this training with a light blue background.]

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

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- Define which staff can complete various assessment activities.
- List at least three areas of recommended content to be included in assessment activities.
- Describe at least two practical approaches for completing assessment activities related to CARE.

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).