



**CARE | GRADUATION PLAN**

**FROM: BHS CARE TEAM**

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**TO: SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN DIEGO**

CENTRAL DIVISION, CENTRAL COURTHOUSE, 1100 UNION ST., SAN DIEGO, CA 92101

EAST COUNTY DIVISION, 250 E. MAIN ST., EL CAJON, CA 92020

NORTH COUNTY DIVISION, 325 S. MELROSE DR., VISTA, CA 92081

SOUTH COUNTY DIVISION, 500 3<sup>RD</sup> AVE., CHULA VISTA, CA 91910

**ATTN:** \_\_\_\_\_

**PARTICIPANT INFORMATION:**

Participant's Name: \_\_\_\_\_

Primary Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

Participant's Qualifying Diagnosis: \_\_\_\_\_

Date CARE Plan was ordered by Court: \_\_\_\_\_

Case #: \_\_\_\_\_

Petition#: \_\_\_\_\_

Preferred Name: \_\_\_\_\_

Primary Language: \_\_\_\_\_

State: \_\_\_\_\_

ZIP Code: \_\_\_\_\_

**SUPPORTER INFORMATION (if applicable):**

Supporter's Name: \_\_\_\_\_

Relationship to Participant: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

Primary Phone Number: \_\_\_\_\_

Primary Language: \_\_\_\_\_

State: \_\_\_\_\_

ZIP Code: \_\_\_\_\_

**NOTICE / PROOF OF SERVICE:**

	<b>CARE-115</b>	<b>CARE-113</b>	<b>CARE-116</b>	<b>BHS POS (If No CARE-115)</b>
<b>Participant</b>	<input type="checkbox"/> Attached	<input type="checkbox"/> Attached	<input type="checkbox"/> Attached	<input type="checkbox"/> Attached
<b>Participant's Counsel</b>	<input type="checkbox"/> Attached			<input type="checkbox"/> Attached
<b>Joined Local Entity</b>	<input type="checkbox"/> Attached			<input type="checkbox"/> Attached
<b>Supporter (after written or oral consent in court)</b>	<input type="checkbox"/> Attached			<input type="checkbox"/> Attached

**GRADUATION PLAN RECITAL:**

The following Graduation Plan was developed by CARE participant, (insert name), in collaboration with their CARE Team, and outlines a plan to ensure continued progress towards treatment, recovery, and rehabilitation goals through ongoing engagement in treatment services and supports. This plan has been endorsed by the CARE participant, CARE Team, and the Court.



**CARE | GRADUATION PLAN**

Terms of this agreement are as follows:

Participant shall make efforts to:

- Continue participation in behavioral health treatment services.
- Adhere to medications as discussed and agreed upon with prescriber(s) to include all psychotropic medications and/or medications for substance use.
- Avoid all alcohol and illicit substance use, and work with provider if a lapse occurs.
- Continue practicing symptom management to maintain safety in the community.
- Continue engagement with service providers to maintain housing stability.
- Avoid behaviors and activities that may lead to any arrest/incarcerations.
- Discuss and share Psychiatric Advance Directive with treatment providers and trusted family and support person(s).
- Follow through with all required actions to maintain social services/benefits.
- Participate in recovery, rehabilitation, and wellness activities to maintain social connectedness.
- Utilize informal and formal supports/resources as needed, to include Peer Support Specialist.
- Other:

**MY GOALS AND PROGRESS:**

My Goal	Goal Met?	What helped me achieve my goal?	I'd like to continue to work on...
	Yes Partially No		

**MY SUPPORTS AND RESOURCES:**

My Support System (Family, Friends, Community, etc.):

Name	Relationship	Phone Number

Primary Care Physician: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 Address: \_\_\_\_\_ State: \_\_\_\_\_  
 City: \_\_\_\_\_ Zip Code: \_\_\_\_\_



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Psychiatrist/Prescriber: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 Address: \_\_\_\_\_

Pharmacy: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 Address: \_\_\_\_\_

Behavioral Health Provider: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 Address: \_\_\_\_\_

Housing Program/Provider: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 Address: \_\_\_\_\_

Peer Support: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 Address: \_\_\_\_\_

Other Important Contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 Address: \_\_\_\_\_

**MY CURRENT MEDICATIONS:**

List medications participant is currently prescribed:

Medication Name	Dose	Frequency	Method of administration	New/Existing/Prior	End date	End Reason

How I will obtain my medication:

What helps me adhere to my medication regimen:

**MY CURRENT SOCIAL SERVICES:**

- |  |   |  |  |
|--|---|--|--|
| <input type="checkbox"/> Social Security Disability Insurance (SSDI) | <input type="checkbox"/> Supplemental Security Income (SSI) | <input type="checkbox"/> State Supplemental Payment (SSP)    | <input type="checkbox"/> Cash Assistance Program for Immigrants (CAPI) |
| <input type="checkbox"/> CalWORKS                                    | <input type="checkbox"/> California Food Assistance Program | <input type="checkbox"/> In-Home Supportive Services Program | <input type="checkbox"/> CalFresh                                      |
| <input type="checkbox"/> Other Food: _____                           | <input type="checkbox"/> Other Transportation: _____        |  |  |
| <input type="checkbox"/> Other: _____                                |   |  |  |



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## CARE | GRADUATION PLAN

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My AfterCARE Plan:

Early warning signs that tell me I may need help:

My coping skills/things I can do to help myself:

Things my support system can do to help:

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### OTHER RESOURCES AVAILABLE TO ME:

- The Access & Crisis Line at 888-724-7240.** Available 24 hours/7 days a week. Languages other than English are available. Live Chat is also available Monday-Friday from 4:00pm-10:00pm via computer or smartphone at [www.optumsandiego.com](http://www.optumsandiego.com) or [www.up2sd.org](http://www.up2sd.org).
- 911.** If you feel you are in immediate danger of emergency, do not hesitate to call. Ask if PERT is available.
- Mobile Crisis Response Team (MCRT) at 888-724-7240.** The MCRT provides in-person, behavioral health crisis intervention services to all ages, 24 hours/7days a week. Call the ACL to request an MCRT response.
- San Diego County Emergency Psychiatric Unit at 619-692-8200, located at 3853 Rosecrans Street, San Diego, CA 92110.** Available to adults for emergency psychiatric assistance.
- California Coalition for Youth Crisis Line at 1-800-843-5200.** Available 24 hours/7 days a week. Languages other than English are available. Anonymous and confidential for those youth and TAY struggling with behavioral issues. Provides local community resources for youth and family. Text and live chat are available from 4:30pm-8:30pm daily via the website [www.calyouth.org](http://www.calyouth.org) or phone 1-800-843-5200.
- Consumer-to-Consumer **WARM Line at 1-800-930-9276 (WARM).** Daily: 3:30 p.m.—11:00 p.m.

