

The graphic consists of several overlapping hexagons in shades of orange, teal, and dark blue. Some hexagons contain photographs: one shows a person's hands clasped, another shows a man and a woman walking outdoors, and a third shows a person's torso. 

# CARE Act

## Community Assistance, Recovery, and Empowerment Act

### Engaging with System Partner Petitioners at the County Level

A petition can be filed by a number of system partners (e.g., hospital directors, licensed behavioral health professionals, public guardians), allowing for various pathways to connect individuals to CARE. Developing relationships and fostering engagement with system partners can ensure a coordinated approach to initiating the CARE process. While system partners can file petitions independently, collaboration with county behavioral health (BH) allows for alignment in identifying eligible individuals and ensuring thorough documentation.

System partners also have the ability to make a statutory referral, meaning the person or organization provides information for county BH to potentially file a petition. These referrals can be made from designated facilities, such as Lanterman-Petris-Short (LPS) Act facilities. Conservatorship, Assisted Outpatient Treatment (AOT), and Incompetent to Stand Trial (IST) courts can also make statutory referrals.

Successful partnerships reduce duplication of efforts, help to address gaps in services, and improve outcomes for individuals in need. To improve engagement with system partners, county BH may consider developing a feedback mechanism for system partners to share their experiences with training, collaboration, and the petition process. This can help identify strengths, bottlenecks, and areas for improvement.

## ELIGIBLE SYSTEM PARTNER PETITIONERS

Eligible petitioners from system partners include:

- The director of:
  - **A hospital in which the respondent is hospitalized**, including hospitalized pursuant to Section 5150 or 5250, or the director's designee.
  - **A public or charitable organization, agency, or home**, or their designee, who has, within the previous 30 days, provided or who is currently providing behavioral health services to the respondent or in whose institution the respondent resides.
  - **A county behavioral health agency**, or their designee, of the county in which the respondent resides or is found.

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- **County adult protective services**, or their designee, of the county in which the respondent resides or is found.
- **A California Indian Health Services program, California Tribal Behavioral Health Department**, who has, within the previous 30 days, provided or who is currently providing behavioral health services to the respondent, or the director's designee.
- **A licensed behavioral health professional**, or their designee, who is, or has been within the previous 30 days, either supervising the treatment of, or treating the respondent for a mental illness.
- **A first responder**, including a peace officer, firefighter, paramedic, emergency medical technician, mobile crisis response worker, or homeless outreach worker, who has had repeated interactions with the respondent in the form of multiple arrests, multiple detentions and transportation pursuant to Section 5150, multiple attempts to engage the respondent in voluntary treatment, or other repeated efforts to aid the respondent in obtaining professional assistance.
- **The public guardian or public conservator**, or their designee, of the county in which the respondent resides or is found.
- **The judge of a tribal court located in California** before which the respondent has appeared within the previous 30 days, or the judge's designee.

Note that in many instances, the eligible petitioners include a "designee," or individuals at the organization that can complete a petition. A "designee" of the director of a hospital could, for example, include clinicians or social workers.

## ROLE & EXPECTATIONS FOR PETITIONERS

### System Partner Role during Referral & Petition Phase

Consider the following roles that a system partner can have during the referral and petition phase of CARE:

- **Identifying eligible individuals:** Community-based system partners are often the first to encounter individuals that could be eligible for CARE. Recognizing the signs of clinical instability and understanding the CARE Act's eligibility criteria are essential to identifying individuals who may benefit from the CARE process.

Explore ways to simplify the petitioner's role, such as collaborating with the court to increase flexibility. This could include allowing petitioners to join hearings virtually or by phone. In consultation with your county court, consider substituting county BH in as petitioner early in the hearing or outside of a court appearance altogether.

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- **Initiating petitions:** By submitting a CARE petition to a court, system partners can initiate a connection to support. A well-documented petition—including all required forms and supporting documentation—can help initiate the process effectively. Petitions don't have to be exhaustive, but they should provide enough information so that a judge can make an initial determination of eligibility. Petitioners can use records or information they have, as appropriate (e.g., police reports, clinical notes, electronic health records, firsthand experience or observations). Providing helpful information about how and where to engage an individual can also help outreach teams after a petition is filed.



- **Making referrals:** The CARE Act allows and establishes processes for referrals to county BH agencies from designated facilities, such as Lanterman-Petris-Short (LPS) Act facilities. The CARE Act also specifically allows for referrals from conservatorship, Assisted Outpatient Treatment (AOT), and Incompetent to Stand Trial (IST) courts. For more information about these statutory referrals, see the [Referrals to CARE](#) training materials. In addition to these statutory referrals, county BH agencies may choose to establish broader referral processes for other system partners—such as first responders, behavioral health or social services providers, or community-based organizations—to streamline the petition process.
- **Supporting another petitioner:** Partners may be asked to collaborate with another eligible petitioner by sharing relevant information, assisting with locating the individual, or helping to build engagement. This might include providing relevant medical or behavioral health information, discharge plans, or other documentation that supports the CARE petition, as appropriate.

## System Partner Role after Filing a Petition

Consider the following steps after a petition is filed by a system partner (note that the process will differ slightly if county BH files the petition):

- **Preliminary Determination of Eligibility:** After a petition is filed, the court will make a preliminary (“prima facie”) determination that the individual meets or may meet the eligibility criteria.

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- **County Report:** If this preliminary determination finds the individual meets or may meet eligibility, the court will order the county BH to investigate and file a report, notifying the petitioner of the order (but not the report's contents).<sup>1</sup>
- **Initial Appearance:** If the court finds the report confirms eligibility and the individual hasn't engaged in services voluntarily, the court schedules an initial appearance which the petitioner must attend (often remotely) and may briefly speak.
- **Ongoing:** At the initial appearance, the county BH agency is appointed as the petitioner, taking over that role from the original petitioner.

### CONFIDENTIALITY AND DATA-SHARING

Facilities making referrals to county BH or submitting petitions to the court should comply with the Health Insurance Portability and Accountability Act (HIPAA) and state confidentiality laws to ensure appropriate information sharing. Given CARE's emphasis on collaboration and voluntary engagement, providers should partner with the individual to obtain their consent. If consent is not given, facilities should consult their privacy officers and legal counsel to explore alternative options. This includes determining when a respondent's consent, a court order, or a disclosure notification is required.

Senate Bill (SB) 35 (Umberg, Chapter 283, Statutes of 2023) added provisions to the CARE Act that discuss the disclosure of health information by health care providers in support of the CARE process. These provisions are outlined in the [Senate Bill 35 Amendment](#) brief. In summary, the amendments provide that health care providers who have filed a CARE petition or an affidavit in support of a petition *shall* share with county BH agencies information about the respondent that may be relevant to CARE court proceedings (e.g., investigation, evaluation, or other reports or hearings) or to the provision of services and supports under CARE. The amendments also provide that other health care providers (those not involved in filing the petition) *may* share information about the respondent that is relevant to the county BH agency's provision, coordination, or management of services and supports. This includes the preparation of required investigations, evaluations, or reports ([W&I Code § 5977.4](#)).

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<sup>1</sup> If county BH was the original petitioner, and the court doesn't need additional information, they may proceed to the Initial Appearance. The court may ask county BH to provide supplemental information as to eligibility and voluntarily engagement efforts. Some courts choose to use the same order as the investigative report, but it's not required. The counties should work to provide the additional supplemental information that the court needs to help establish eligibility.

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The SB 35 amendments establish a process for county BH agencies to seek a court order requiring a health care provider to share information with the county BH agency, the court, or both. This information must be relevant to an investigation, evaluation, report, hearing, or the provision, coordination, or management of services and supports. The amendments also require county BH agencies to notify the respondent of any disclosure, and both the respondent and their counsel are entitled to receive the information or a summary of it. Additionally, health care providers are protected from civil or criminal liability for disclosures authorized or required under these provisions ([W&I Code § 5977.4](#)).

Providers should consult with their legal counsel as to their obligations under these CARE Act provisions and how these provisions should be read in conjunction with the federal and state confidentiality laws.

### PETITIONING RESOURCES

Resources to share with system partners are available in the CARE Act Resource Center, in both the [Training](#) and [Resource](#) libraries. There are also many resources consolidated on the [CARE Act Resources for Petitioners](#) landing page.

### Overview Materials

Consider sharing overview materials with system partners:

- [Petitioning at a Glance – Short Video](#): Overview of petitioning for system partners, including tips for what to expect and what to include. Consider sharing this video when initially engaging with potential partners, introducing petitioning to a broad audience, and promoting CARE through newsletters and social media channels.
- [Completing a CARE Act Petition: A Tutorial for Key Steps and Tips](#): Provides guidance on how to complete a CARE Act petition. It outlines the overall purpose of the petition, the type of information that should be included across the required forms, and what to expect during the court's review process.
- [CARE Act at a Glance](#): Provides an overall look at the CARE Act and answers to frequently asked questions. Consider sharing with system partners to provide to their members/employees, hang up in offices, and share with their partners.
- [CARE Act Eligibility Criteria Fact Sheet](#): Overview of eligibility criteria, CARE-eligible diagnoses, and additional information. Consider sharing when there are questions about eligibility for CARE.

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- **Referrals to CARE:** Overview of the referral process for statutory CARE referrals from LPS designated facilities and court referrals, as well as referrals from community partners and family members.

Consider sharing clinically-focused trainings with relevant partners:

- **Clinical Features and Diagnosis of Schizophrenia** in the **Understanding Serious Mental Illness** series for clinicians.
- Understanding Bipolar I with Psychotic Features **training** and **brief**

### Resources for Specific System Partners

The trainings below include an overview of CARE and the petitioning process. They also have unique considerations for each group.

- Public Guardians & Conservators **training** and **brief**
- Hospitals & Emergency Departments **training** and **brief**
- Behavioral Health & Social Service Providers **training** and **brief**
- First Responders **training** and **brief**