



CARE

(Community Assistance,
Recovery and
Empowerment)
Act

California Health & Human Services Agency
Person Centered. Equity Focused. Data Driven.

CARE Act Working Group Meeting

May 17, 2023

California Health & Human Services Agency

Person Centered. Equity Focused. Data Driven.



Welcome and Introductions

Stephanie Welch, MSW, Deputy Secretary of Behavioral Health, CalHHS

Working Group Members (new members in ***bold italics***)

Al Rowlett

Anthony Ruffin

Beau Hennemann

Bill Stewart

Charlene Depner

Chevon Kothari

Christina Roup

Dhakshike Wickrema

Eric Harris

Dr. Fadi Nicolas

Harold Turner

Herb Hatanaka

Hon. Maria Hernandez

Jenny Bayardo

Jodi Nerell

Keris Myrick

Khatera Aslami

Kiran Savage

Lorin Kline

Matt Tuttle

Sarah Jarman

Stephanie Welch

Susan Holt

Tomequia Moss

Tracie Riggs

Tyler Sadwith

Dr. Veronica Kelley

Vitka Eisen

Xóchitl Rodríguez Murillo

Zach Friend

Zachary Olmstead

Virtual Meeting Guidelines

- Meeting is being recorded
- American Sign Language interpretation in pinned video
- Live captioning link provided in chat

Working Group Members

- Mute/Unmute works for members and policy partners.
- Stay ON MUTE when not speaking and use the “raise hand feature” if you have a question or comment.
- Please turn on your camera as you are comfortable
- Use chat for additional conversation

MEMBERS OF THE PUBLIC will be invited to participate during public comment period

Working Group Overview – Operations

- The Working Group will meet quarterly during the implementation of the CARE Act through December 31, 2026.
- Working Group meetings will be a mix of in person and virtual, with in person meetings held primarily in Sacramento, but at times possibly in other locations throughout California.
- Working group members are expected to attend 75% of meetings each year, with the option of sending a delegate for the remainder.
- All meetings of the Working Group shall be open to the public and subject to Bagley-Keene Open Meeting Act requirements.

Working Group Overview Operations (continued)

OPERATIONS CONT.

- Members will be respectful of each other's expertise and any differences of opinion.
- This is not an oversight or voting group. The goal is to generate ideas and solutions aimed at successful implementation of the CARE Act.
- Members are encouraged to be brief and brilliant. Keep the discussion moving to allow for new ideas from all group members.
- Members understand and acknowledge that CalHHS has a responsibility to implement the CARE Act as enacted in statute.
- Meeting agendas will be prepared and posted online in advance of a meeting. Working Group members are encouraged to suggest agenda items.

CARE Working Group 2023 Meeting Dates

- August 9, 2023
- November 8, 2023

CARE Act Implementation Update

Stephanie Welch, MSW, Deputy Secretary of Behavioral Health, CalHHS

Paula Wilhelm, Assistant Deputy Director, Behavioral Health, DHCS

Charlene Depner, Director, Center for Families, Children & the Courts | Judicial Council of California

CalHHS Roles and Responsibilities (overall)

Overall

- Lead coordination efforts with and between the Judicial Council and DHCS
- Engage with cross sector partners at city and county level, individually and through collaboratives and convenings (3rd Cohort 1 Convening this week)
- Coordinate with partners and a diverse set of stakeholders via regular meetings – including county associations (*CSAC and key affiliates like CBHDA, RCRC, CA Association of PA/PC/PG, CWDA, etc.*)
- Support DHCS training, technical assistance and evaluation efforts, as well as implementation of Behavioral Health Bridge Housing program, monitor housing related needs throughout implementation
- Support communications through a website dedicated to the CARE Act, including a listserv, respond to media, legislature, and other stakeholder inquiries, provide proactive media and community engagement and outreach

CalHHS Roles and Responsibilities (Working Group)

CARE ACT Working Group

- Working group will began in early 2023 as a mechanism to **receive feedback from partners to support successful implementation** and help key constituents understand policy and program progress who can then **disseminate accurate information**.
- Representation from families, cities and counties, behavioral health providers, judges, legal counsel, peer organizations, disability rights and racial equity stakeholders, and housing and homelessness providers.
- Provide feedback on implementation activities including:
 - Annual report and evaluation plan, including data collection and reporting
 - TA/training for counties, volunteer supporters, legal counsel, judges, etc.
 - County implementation progress
 - Housing access
 - Other emerging issues

Information and Communication Tools



Visit the [CalHHS CARE Act website](#) for updated information and communication tools, including:

- Quarter 1 Update: [English](#) / [Spanish](#)
- CARE Informational Webinar (updated 12/19/22): [Video](#) / [Slides](#)
- [SB 1338](#)
- [Department of Health Care Services \(DHCS\) CARE Act Website](#)
- [Judicial Council of California \(JCC\) CARE Act Website](#)

Cohort 1 Status Update

Counties and courts generally on track for implementation

Themes of Issues Being Tackled:

- Data sharing (particularly between BH and courts)
- Court privacy concerns – clarification on who has access to health records
- Workforce and housing/residential placement challenges
- Workflow across sectors (primarily courts and BH)
- Resolving role of legal aid vs public defender
- Role and practicalities of volunteer supporters

May Budget Revision

- **Total:** \$128.9 million General Fund in 2023-24, \$234 million General Fund in 2024-25, \$290.6 million General Fund in 2025-26, and **\$290.8 million General Fund in 2026-27 and annually thereafter for the Department of Health Care Services and Judicial Branch to implement the CARE Act**
- **Judicial Branch** \$32.7 million in 2023-24, \$55.3 million in 2024-25, and **\$68.5 million ongoing for CARE Act implementation.**
- **County Behavioral Health:** Of this amount, \$67.3 million General Fund in 2023-24, \$121 million General Fund in 2024-25, and **\$151.5 million in 2025-26 and annually thereafter** is to support estimated **county behavioral health department costs for the CARE Act.**
- Compared to the Governor's Budget, the **annual increase is between \$43 million and \$54.5 million to account for refined county behavioral health department cost assumptions** based on engagement with county stakeholders, and additional **one-time \$15 million General Fund for Los Angeles County start-up funding.**

Training & Technical Assistance (TTA) Update

Paula Wilhelm

Assistant Deputy Director, Behavioral Health

California Department of Health Care Services



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.



DHCS' Role and Responsibilities

- » DHCS is a department within the California Health and Human Services Agency (CalHHS) that finances and administers a number of individual health care service delivery programs, including Medi-Cal.

Technical assistance to support CARE Act implementation	Consultation to support CARE Act implementation	Annual report
Welfare and Institutions Code (W&I Code) 5980 & 5983	W&I Code 5983	W&I Code 5985
Independent evaluation	Administer startup funds, accountability fund, and ongoing mandated costs	Issue guidance for delayed implementation
W&I Code 598	W&I Code 5970.5, 5979, 5977, 5977.1, 5977.2 & 5977.3	W&I Code 5970.5

DHCS' TTA Contractor

Health Management Associates (HMA)

- » Project Management
- » TTA coordination, development, provision, and iteration
 - Internal subject matter experts (SMEs) with TTA expertise across behavioral health (BH), housing/community supports, legal, and communications
 - Partner with local SMEs and other CARE Act stakeholders in TTA design and delivery
- » Data Collection and Reporting
 - Develop and manage data collection and reporting process
 - Support county BH data collection efforts
 - Support development of annual report
 - Assist DHCS' independent evaluation contractor with data collection to determine program outcomes, impact, and lessons learned related to the CARE Act program

Working Group – Past and Present

- » In the last Working Group meeting, DHCS provided an overview of the following:
 - Training Target Groups
 - Priority Training Topics, Modalities, and Timeline
 - CARE Act Data Collection and Reporting
 - Stakeholder Collaboration
- » In today's Working Group meeting, we will discuss the following:
 - DHCS/HMA Stakeholder Collaboration
 - TTA and Data-related Efforts to Date
 - Upcoming Milestones
 - Data Collection & Reporting Update

Stakeholder Coordination (Pt 1)

CalHHS

- Lead Coordinator Between JCC and DHCS
- Engagement with Cross-Sector Partners
- Desert Vista - Working Group Coordination
- Desert Vista - Cohort I County Learning Community Coordination

JCC

- TTA to Judges, Counsel/Courts
- Probate and Mental Health Advisory Committee
- Support to Self-Help Centers
- TTA Data Collection and Reporting and Rules & Forms
- Office of the Center for Families, Children, & the Courts

DHCS

- Implementation of BH Bridge Housing
- Admin on startup funds, accountability fund, & ongoing mandated costs
- Guidance on delayed implementation
- Independent Evaluator
- Annual Data Report

Stakeholder Coordination (Pt 2)

DHCS (HMA)

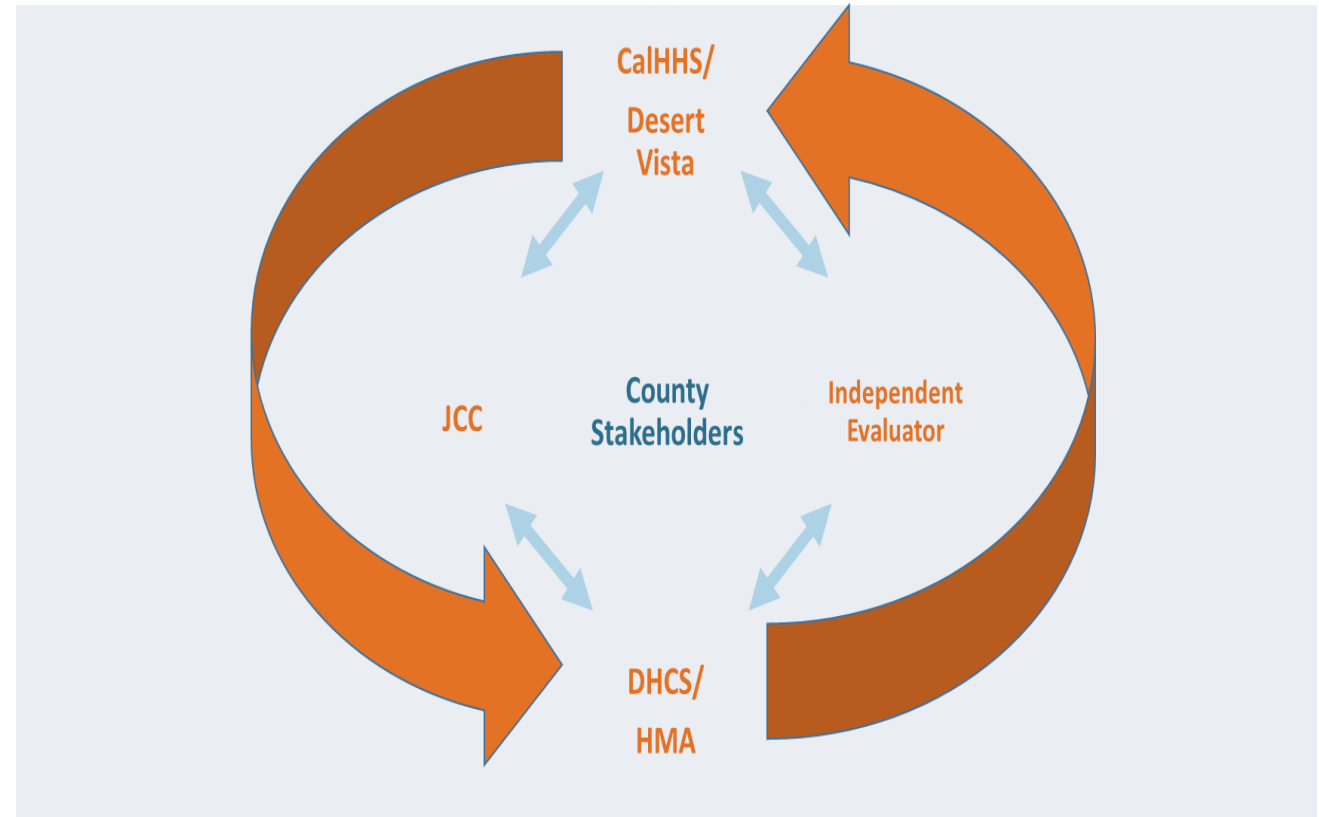
- TTA and Cross-Agency Collaboration to
 - County BH Agencies
 - Counsel/Courts
 - Volunteer Supporters
 - Other County Stakeholders (e.g., Housing)
- TTA and Cross-Agency Collaboration on Data Collection Process & Reporting
- Communications Support (website, inbox, stakeholder feedback)

Counties

- Startup Funding to support CARE Act implementation
- Participation in TTA
- Participation in Learning Community
- Data Collection and Submission

Stakeholder Collaboration & Engagement

- All trainings will be customized for specific stakeholder audience(s).
- HMA will engage with identified local stakeholders to provide input on their unique structures and needs to inform the development of training materials.



Efforts to Date

- **DHCS**

- In April, DHCS released Behavioral Health Information Notice 23-016, which provides guidance to counties on how to apply for delayed implementation.
- Completed an assessment of CARE Act reporting requirements and the existing data systems that may be leveraged for data collection

- **Counties**

- Assigned HMA TTA Liaison to each Cohort I County
- Conducted 1:1 Data Team Discussion with each Cohort I County
- Outreached to all counties (Cohort 1 & 2) and their local stakeholders

- **Supports**

- Created scope of work to subcontract with NAMI CA and local SMEs with LPS, AOT, CA mental health law and policy knowledge
- Began development of CARE Act & Behavioral Health Bridge Housing training resource

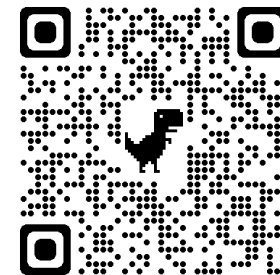
- **Training**

- CARE Act 201: Process Overview & Open Forum Webinar
- CARE Act 202: CARE Agreements/Plans & Open Forum Webinar

CARE Act Resource Center

CARE-Act.org

- Information regarding upcoming trainings
- Resource library
- Timeline with implementation milestones and progress
- FAQ
- Technical assistance request form
- Stakeholder feedback form
- Ability to join the listserv



Upcoming Milestones

Administration

- Release a Request for Information (RFI) for the Independent Evaluation Contractor (Summer 2023)
- Release guidance on CARE Act data and reporting requirements (Summer 2023)

June Trainings

- CARE Act Eligibility in Practice
- Housing Resources, Strategies & Best Practices

Technical Assistance

- Standardization of CARE plan and agreement forms
- Continued Cohort I county specific TA
- TA to volunteer supporters and counsel

CARE Act Working Group

Judicial Council Progress Report

May 17, 2023



CARE ACT PROGRESS UPDATE: JUDICIAL COUNCIL

- **May Revision:** Provided FY23-24 funding to Judicial Branch for CARE Act implementation, including funding for early implementation in Los Angeles. Increased funding for representation by Legal Services and Public Defenders.
- **Budget:** Trial Courts Budget Advisory Committee recommendations for allocation of funds will be heard by Judicial Branch Budget Advisory Committee May 17.
- **Rules and Forms:** Rules and Forms approved at May 12 Judicial Council meeting.
- **Training and Technical Assistance:** Training schedule in development; Cohort 1, Los Angeles Training will begin in June.
- **Communications:** Care Act Communication Hub and JC CARE Act mailbox. Monthly meetings with courts and bimonthly convenings with courts and local partners.
- **Information Resources:** CARE Act Fact Sheet; Adult Mental Health site on Judicial Council [website](#)
- **Data Collection and Reporting:** Center for Children, Families & the Courts, Office of Court Research, and Information Services, design team
- **Self-Help Center Readiness:** Site Visits, Check lists, Training, Information resources
- **Representation:** Meetings with Legal Services on implementation schedule

May 17, 2023

Overview of Rules and Forms


Community Assistance, Recovery, and Empowerment (CARE) Act

Theresa Chiong, Attorney
Anne Hadreas, Supervising Attorney
Center for Families, Children & the Courts
Judicial Council of California

May 17, 2023



Agenda

- Role of the Judicial Council
 - New California Rules of Court
 - New CARE Act Forms
 - Mandatory Forms
 - Initial Filing Forms
 - Information for Respondents
 - Optional Forms
 - Information for Petitioners
 - Questions and Contact Info
- 

Role of the Judicial Council

- Support the integrity and independence of the judicial branch and seek to ensure that judicial procedures enhance efficiency, and access to the courts.
- Improve the administration of justice by adopting rules for court administration and procedure that are not inconsistent with statute.
- Rules of court cannot enact substantive policy changes, which require legislative action and approval by the Governor.

Role of the Judicial Council in CARE Act Implementation

CARE Act requires the Judicial Council to adopt:

- A mandatory petition form, as well as any other forms “necessary for the CARE process”
- Rules of court to “implement the policies and provisions” of sections 5977–5977.4 “to promote statewide consistency,” including:
 - Documents to be included in the petition form packet
 - Clerk’s review of the petition
 - The process by which counsel will be appointed

CARE Act Implementation: Rules and Forms

In response to the CARE Act requirements, the Judicial Council has:

- Adopted 11 new rules of court
- Developed 13 new forms
 - Adopted 8 Mandatory forms
 - Approved 5 Optional forms
- Full proposal approved by the Judicial Council, [see this site.](#)

New California Rules of Court

Eleven new rules of court

- Preliminary provisions
- Commencement of proceedings
- Notice and joinder
- Accountability

Rules

Preliminary Provisions

- State the purpose of the CARE Act rules, define terms, and provide general provisions regarding the superior courts ability to adopt local rules.
- General provisions also include provisions as to the confidentiality of records and limits who is allowed access to records.

Commencement of proceedings

- Guide the beginning of the judicial proceedings under the CARE Act
- Include provisions on petition packet, clerk's duties, venue and transfer procedures and appointment of counsel.

Rules - Notice and Joinder

- Specifies notice requirements for various proceedings that may occur throughout the CARE process.
- Personal service on respondent for all notice, unless impracticable. If impracticable, then by any means calculated to give actual notice. Must give explanation as to why personal service was impracticable.
- Alternative methods of service when personal service is not required.

Rules - Accountability Rules

Accountability Rules

- Implement the accountability provisions in the Act.
- Section 5979(b) provides a procedural mechanism for the court to exercise authority to hold a county or other local government entity accountable for failing to provide services and supports ordered in a CARE plan or failing to comply with court orders.
- The accountability rules provide a process for service of the order to show cause and provide that respondent and respondent's counsel are entitled to be present and participate in hearings under Section 5979.

New CARE Act Forms

Eight mandatory forms

- Initial filing
- Notice
- Information for Respondents

Five optional forms

- Information for Petitioners
- Proof of Service
- Request for Order or New Hearing

Mandatory Forms

Initial Filing

- Petition (CARE-100)
- Mental health declaration (CARE-101)

Notice

- Order for CARE report (CARE-105)
- Notice of order for CARE report (CARE-106)
- Notice of initial appearance (CARE-110)
- Notice of hearing (CARE-115)

Information for Respondents

- Information for respondents (CARE-060-INFO)
- Notice of respondents rights (CARE-113)

Initial Filing Requirements

Initial Filing Forms (Rule 7.2221)

- Petition (CARE-100)
- Supporting Documentation
 - Mental health declaration (CARE-101) or
 - Evidence respondent was detained for a minimum of two intensive treatments.

Petition – CARE-100

- Required to initiate CARE proceedings
- Fulfills the mandate in WIC Section 5975 for a mandatory petition form
- 6 pages long
- Enables the petitioner to provide the information required by the statute

CONFIDENTIAL		CARE-100																
<table border="1"><tr><td>ATTORNEY OR PETITIONER WITHOUT ATTORNEY</td><td>STATE BAR NUMBER:</td></tr><tr><td>NAME:</td><td></td></tr><tr><td>FIRM NAME:</td><td></td></tr><tr><td>STREET ADDRESS:</td><td></td></tr><tr><td>CITY:</td><td>STATE: ZIP CODE:</td></tr><tr><td>TELEPHONE NO.:</td><td>FAX NO.:</td></tr><tr><td>EMAIL ADDRESS:</td><td></td></tr><tr><td>ATTORNEY FOR (name):</td><td></td></tr></table>		ATTORNEY OR PETITIONER WITHOUT ATTORNEY	STATE BAR NUMBER:	NAME:		FIRM NAME:		STREET ADDRESS:		CITY:	STATE: ZIP CODE:	TELEPHONE NO.:	FAX NO.:	EMAIL ADDRESS:		ATTORNEY FOR (name):		FOR COURT USE ONLY
ATTORNEY OR PETITIONER WITHOUT ATTORNEY	STATE BAR NUMBER:																	
NAME:																		
FIRM NAME:																		
STREET ADDRESS:																		
CITY:	STATE: ZIP CODE:																	
TELEPHONE NO.:	FAX NO.:																	
EMAIL ADDRESS:																		
ATTORNEY FOR (name):																		
<table border="1"><tr><td>SUPERIOR COURT OF CALIFORNIA, COUNTY OF</td></tr><tr><td>STREET ADDRESS:</td></tr><tr><td>MAILING ADDRESS:</td></tr><tr><td>CITY AND ZIP CODE:</td></tr><tr><td>BRANCH NAME:</td></tr></table>		SUPERIOR COURT OF CALIFORNIA, COUNTY OF	STREET ADDRESS:	MAILING ADDRESS:	CITY AND ZIP CODE:	BRANCH NAME:												
SUPERIOR COURT OF CALIFORNIA, COUNTY OF																		
STREET ADDRESS:																		
MAILING ADDRESS:																		
CITY AND ZIP CODE:																		
BRANCH NAME:																		
CARE ACT PROCEEDINGS FOR (name):																		
RESPONDENT																		
PETITION TO COMMENCE CARE ACT PROCEEDINGS		CASE NUMBER:																
For information on completing this form, see <i>Information for Petitioners—About the CARE Act</i> (form CARE-050-INFO).																		

1. Petitioner (name):
is 18 years of age or older and (check all that apply):

a. <input type="checkbox"/> A person who lives with respondent.	g. <input type="checkbox"/> 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 respondent.
b. <input type="checkbox"/> A spouse or registered domestic partner, parent, sibling, child, or grandparent of respondent.	h. <input type="checkbox"/> The public guardian* or public conservator* of the county named above or a private conservator referred by the court under Welfare and Institutions Code section 5978.
c. <input type="checkbox"/> A person who stands in the place of a parent to respondent.	i. <input type="checkbox"/> The director* of the county behavioral health agency of the county named above.
d. <input type="checkbox"/> The director* of a hospital in which respondent is hospitalized.	j. <input type="checkbox"/> The director* of adult protective services of the county named above.
e. <input type="checkbox"/> The director* of a public or charitable organization, agency, or home	k. <input type="checkbox"/> The director* of a California Indian health services program or a California tribal behavioral health department.
(1) <input type="checkbox"/> who is or has been, within the past 30 days, providing behavioral health services to respondent; or	l. <input type="checkbox"/> A California tribal court judge.*
(2) <input type="checkbox"/> in whose institution respondent resides.	m. <input type="checkbox"/> Respondent.
f. <input type="checkbox"/> A licensed behavioral health professional* who is or has been, within the past 30 days, treating or supervising the treatment of respondent.	

* This person may designate someone else to file the petition on their behalf. If the petitioner is a designee, check this category and put designee's name in item 1, above.

2. a. Petitioner asks the court to find that respondent (name):
is eligible to participate in the CARE Act process and to commence CARE Act proceedings for respondent.

b. Petitioner's relationship to respondent (specify and describe relationship):

Page 1 of 8
Form Adopted for Mandatory Use
Judicial Council of California
CARE-100 (New September 1, 2023)

Welfare & Institutions Code,
§§ 5972–5975, 5977–5977.4, 5978
www.courts.ca.gov

PETITION TO COMMENCE CARE ACT PROCEEDINGS

Petition – CARE-100 Changes

Due to comments submitted in response to the invitation to comment, the following revisions were made:

- Item 3 was expanded to include language encouraging the petitioner to provide additional contact and location information of the respondent.
- Expanded optional information questions.

CONFIDENTIAL		CARE-100
CARE ACT PROCEEDINGS FOR (name):		CASE NUMBER:
RESPONDENT		
<p>2. c. <input type="checkbox"/> Petitioner's interactions with respondent (if petitioner is specified in 1d, 1e, 1f, or 1g, specify the number of interactions with respondent and the date of the most recent interaction, and describe the nature and outcome of each interaction):</p> <p><input type="checkbox"/> If you need additional space, please include on a separate piece of paper and label as Attachment 2c.</p>		
<p>3. Respondent lives or was last found at (give respondent's residential address, if known and one exists; otherwise, state that the address is unknown and provide the last known location and any additional contact information, such as a phone number, including whether the number can receive texts, or an email address):</p> <p><input type="checkbox"/> If you need additional space, please include on a separate piece of paper and label as Attachment 3.</p>		
<p>4. Respondent (check all that apply):</p> <p>a. <input type="checkbox"/> Is a resident of the county named above.</p> <p>b. <input type="checkbox"/> Is currently located in the county named above.</p> <p>c. <input type="checkbox"/> Is a defendant or respondent in a criminal or civil proceeding pending in the superior court of the county named above.</p> <p>d. <input type="checkbox"/> Is a resident of (specify county if known and different from the county named above):</p>		
<p>5. Respondent meets each of the following requirements and is eligible to participate in the CARE Act process and receive services and support under a CARE agreement or CARE plan (provide information below to support each requirement):</p> <p>a. Respondent is 18 years of age or older. Date of birth (if known): Age in years (if exact age not known, give approximate age):</p> <p>b. Respondent has a diagnosis of a schizophrenia spectrum disorder or another psychotic disorder in the same class, as defined in the current <i>Diagnostic and Statistical Manual of Mental Disorders</i>. Diagnosis and additional information are provided <input type="checkbox"/> on Mental Health Declaration—CARE Act Proceedings (form CARE-101), attached as Attachment 6a. <input type="checkbox"/> on separate documents, attached and labeled as Attachment 5b. <input type="checkbox"/> below.</p>		
CARE-100 [New September 1, 2023]		PETITION TO COMMENCE CARE ACT PROCEEDINGS
		Page 2 of 6

Mandatory Forms for Respondents

Information for Respondents

- Information for respondents (CARE-060-INFO)
- Notice of respondent's rights (CARE-113)

Information for Respondents – CARE-060-INFO

- **Mandatory Form:** To be provided to respondent with Order for Report and Notice of Initial Appearance.
- Explains why a respondent is being given CARE Act forms.
- Informs respondent that counsel has been appointed and provides respondent with counsel's contact info.
- Provides information about the CARE Act, CARE eligibility and what happens after a petition has been filed.
- Describes the rights of the petitioner and respondent.

CARE-060-INFO Information for Respondents—About the CARE Act

This information sheet provides information about the CARE Act and CARE Act proceedings.

① Why am I being given these documents?

A family member, friend, or someone who has interacted with you due to your mental illness has filed a petition to begin CARE Act proceedings for you (the respondent). The petition asks the court to determine whether or not you qualify for services and treatment under the CARE Act. Based on a petition that was filed a court has found that you may qualify and is requesting additional information.

Note:

- You have been appointed an attorney, free of charge.
- Your court-appointed attorney will try to contact you about these proceedings using your last known location given to the court.
- You should make sure to keep your attorney updated with your contact information.
- You may also contact your attorney at any time. Your attorney's contact information is listed in item 5 on *Order for Care Act Report* (form CARE-105) and in item 4 of the *Notice of Initial Appearance—CARE Act Proceedings* (form CARE-110).
- You may also choose an attorney to represent you instead of the appointed attorney. If you choose your own attorney, you are responsible for paying their fees.

② What is the CARE Act?

CARE stands for Community Assistance, Recovery, and Empowerment. The CARE Act is a way to get court-ordered treatment, services, support, and a public housing plan for people with certain untreated severe mental illnesses, specifically schizophrenia spectrum or other psychotic disorders.

CARE Act proceedings involve outreach, meetings, and court hearings to determine whether you, the respondent, meet the eligibility requirements and to identify the services and supports you might need. One or more county agencies will be involved in the proceedings.

If the court determines that you have met the standards for CARE eligibility, you may work with the county behavioral health agency to develop a CARE agreement for services and supports. If you do not reach a CARE agreement with the county agency, the court will order a clinical evaluation of your mental health. After reviewing the evaluation, if the court determines you meet CARE eligibility, the court will order you and the county agency to develop a CARE plan.

③ What is CARE eligibility?

To be eligible for the CARE process, you need to be at least 18 years old, have a schizophrenia spectrum disorder or another psychotic disorder, and be currently experiencing a severe mental illness that has lasted for a long time, can make you do things that interfere with your life, and can make it impossible for you to live on your own for very long without treatment, support, and rehabilitation.

You also cannot be stabilized in a voluntary treatment program. Either it has to be unlikely that you will survive safely in the community without somebody watching over you and your condition is getting a lot worse, or you have to need services and supports to keep your symptoms from coming back or getting bad enough that you would probably become severely disabled or you or somebody else would get seriously hurt. Finally, it has to be likely that going through the CARE Act process would help you, and that nothing less restrictive than the CARE Act will make sure that you recover and stabilize.

④ What is a CARE agreement or CARE plan?

A CARE agreement and CARE plan are written documents that specify services designed to support you. They must be approved by court order. They may include clinical behavioral health care; counseling; specialized psychotherapies, programs, and treatments; stabilization medications; a housing plan; and other supports and services, directly and indirectly through a local government entity. Stabilization medications must not be forcibly administered.



Notice of Respondent's Rights – CARE-113

- Mandatory Form: To be provided to respondent with notice of any CARE Act proceeding.
- Lists respondent's rights that are enumerated in the CARE Act including:
 - the right to counsel, right to a supporter, right to notice of proceedings, right to receive a copy of petition and court ordered reports, and
 - the right to be present and participate at hearings, present evidence, and call witnesses and cross examine witnesses.

CONFIDENTIAL			CARE-113
ATTORNEY OR PARTY WITHOUT ATTORNEY		STATE BAR NUMBER:	FOR COURT USE ONLY
NAME:			
FIRM NAME:			
STREET ADDRESS:			
CITY:	STATE:	ZIP CODE:	
TELEPHONE NO.:	FAX NO.:		
EMAIL ADDRESS:			
ATTORNEY FOR (name):			
SUPERIOR COURT OF CALIFORNIA, COUNTY OF			
STREET ADDRESS:			
MAILING ADDRESS:			
CITY AND ZIP CODE:			
BRANCH NAME:			
CARE ACT PROCEEDINGS FOR (name):			
RESPONDENT			
NOTICE OF RESPONDENT'S RIGHTS—CARE ACT PROCEEDINGS			CASE NUMBER:

A petition to begin CARE Act proceedings for you has been filed. You have been appointed an attorney, free of charge. Your court-appointed attorney will be contacting you about these proceedings. You may also retain an attorney of your choosing to represent you instead of the appointed attorney. If you choose your own attorney, you are responsible for their fees. A person who, like you, is the subject of a CARE Act petition is called the respondent.

THE CARE ACT RESPONDENT'S RIGHTS

Each respondent has all of the following rights.

During the CARE Act proceedings, the respondent has a right to:

- Be informed of the proceedings;
- Receive notice of each hearing;
- Be present and personally participate at each hearing;
- Be represented by counsel at all stages of the proceedings, regardless of ability to pay;
- Receive a copy of the petition;
- Receive a copy of the court-ordered evaluation and court-ordered report;
- Have a supporter be present with them and assist them, as explained below;
- Present evidence;
- Call witnesses;
- Cross-examine witnesses;
- Appeal decisions; and
- Keep confidential all evaluations, reports, documents, and filings submitted to the court for CARE Act proceedings.

CARE Act hearings are closed to the public unless the court orders otherwise (see below). However, the respondent has a right to:

- Demand that the hearing be public and be held in a place suitable for attendance by the public;
- Request the presence of any family member or friend, including a supporter, without waiving the right to keep the hearing closed to the rest of the public; and
- Be informed by the judge of these rights before each hearing begins.

Note: The court may grant a request by any other party to the proceeding to make a hearing public if the judge conducting the hearing finds that the public interest in an open hearing clearly outweighs the respondent's interest in privacy.

The respondent has a right to a supporter throughout the CARE Act process.
The supporter's role is to assist the respondent with understanding, communicating, and making decisions and expressing preferences at hearings and meetings throughout the CARE Act process. For more information, see *Information for Respondents—About the CARE Act* (form CARE-080-INFO).

What if I don't speak English?
When you file your papers, ask the clerk if a court interpreter is available. You can also use *Request for Interpreter—Civil* (form [INT-300](#)) or a local court form or website to request an interpreter. For more information about court interpreters, go to <https://selfhelp.courts.ca.gov/request-interpreter>.

What if I have a disability?
If you have a disability and need an accommodation while you are at court, you can use *Disability Accommodation Request* (form [MC-410](#)) to make your request. You can also ask the ADA Coordinator in your court for help. For more information, see *How to Request a Disability Accommodation for Court* (form [MC-410-INFO](#)).

Form Adopted for Mandatory Use
Judicial Council of California
CARE-113 [New September 1, 2023]

NOTICE OF RESPONDENT'S RIGHTS—CARE ACT PROCEEDINGS

Wetmore & Institutions Code, §§ 5971, 5976, 5976.5, 5977, 5977.4, 5980
www.courts.ca.gov

Page 1 of 1

Optional Forms

- Information for Petitioners (CARE-050-INFO)
- Proof of Personal Service on Respondent
 - POS for Notice of Order for CARE Act Report (CARE-107)
 - POS for Notice of Initial Appearance (CARE-111)
 - POS for Notice of Hearing (CARE-116)
- Request for new or modified order and request for hearing (CARE-120)

Info for Petitioners – CARE-050-INFO

- Gives guidance and step-by-step instructions on how to complete CARE-100.
- Provides information about the CARE Act and alternatives to CARE Act proceedings.
- Explains what may happen after a petition has been filed and at the initial appearance.
- Describes the rights of the petitioner.
- Provides the definition of a vexatious litigant.
- Includes information on how to request a interpreter and how to request a disability accommodation.

CARE-050-INFO Information for Petitioners—About the CARE Act

This information sheet describes the CARE Act and how to fill out *Petition to Commence CARE Act Proceedings* (form CARE-100). You may also be able to receive assistance at the court self-help center. Go to <https://selfhelp.courts.ca.gov/self-help/find-self-help> to find one for your court.

① What is the CARE Act?

CARE stands for Community Assistance, Recovery, and Empowerment. The CARE Act is a way to allow specific people, called “petitioners,” to request court-ordered treatment, services, support, and a housing plan for certain people, called “respondents,” who have certain untreated severe mental illnesses, specifically schizophrenia or another psychotic disorder. A respondent must be 18 years of age or older.

CARE Act proceedings involve assessments and hearings to determine whether the respondent meets eligibility requirements. A county behavioral health agency will be involved in the process. If the respondent meets the standards for CARE eligibility, a CARE agreement or plan may be created and, if approved, ordered by the court.

② What is a CARE agreement or CARE plan?

A CARE agreement and a CARE plan are written documents that specify services designed to support the recovery and stability of the respondent. They must be approved by court order. They may include clinical behavioral health care; counseling; specialized psychotherapies, programs, and treatments; stabilization medications; a housing plan; and other supports and services directly and indirectly through a local government entity. Stabilization medications must not be forcibly administered.

A CARE agreement is a voluntary agreement entered into by a respondent and the county behavioral health agency after a court has found that the respondent is eligible for the CARE program. The agreement is subject to court modification before approval.

A CARE plan is an individualized range of community-based services and supports for the respondent that is ordered by the court.

③ Have you considered alternatives to CARE Act proceedings?

There may be other ways to help a person with a severe mental illness. If the person has commercial health insurance, contact the health plan/insurer. If you do not know if the person has commercial health insurance or if they do not have commercial insurance, contact your county’s behavioral health agency or check its website for services. County behavioral health agencies offer an array of services, from counseling, psychiatrists, psychologists, or therapists, to full-service partnerships, rehabilitative mental health services, peer support services, intensive case management, crisis services, residential care, substance disorder treatment, assertive community treatment, and supportive housing. Counties are required to provide services to Medi-Cal beneficiaries who qualify for specialty mental health and substance use disorder services, but may also provide access to their services to a broader population, depending on local funding and eligibility criteria, without a court order.

A *full-service partnership* is designed for a person with a severe mental illness who would benefit from an intensive service program. A full-service partnership can assist a person who is homeless, involved with the justice system, or uses crisis psychiatric care frequently. *Assertive community treatment* is a form of mental health care provided in a community setting to help a person become independent and integrate into the community as they recover.

Find out if the person has made an advance health care directive or psychiatric advance directive, designating someone else to make health care decisions on their behalf when they cannot. Consider looking into local social services and community-based organizations, too.



Questions About Rules and Forms?



Legal Support Team for the Courts and Resource Links

For more information on Rules and Forms:

Theresa Chiong, Attorney: theresa.chiong@jud.ca.gov

Anne Hadreas, Supervising Attorney: anne.hadreas@jud.ca.gov

Audrey Fancy, Principal Managing Attorney: audrey.fancy@jud.ca.gov

Care Act E-mail: care.act@jud.ca.gov

Resource Links

See: [Adult Civil Mental Health Site](#)

CARE Act Data Collection, Reporting and Evaluation Approach

Stephanie Welch, MSW, Deputy Secretary of Behavioral Health, CalHHS
Paula Wilhelm, Assistant Deputy Director, Behavioral Health, DHCS
Serene Olin, PhD, Principal, Health Management Associates

Data Collection & Reporting Update

Serene Olin, PhD

Health Management Associates



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.



Discussion Outline

- » Background
- » CARE Act Reporting Requirements
- » Data Collection Considerations
- » DHCS' Approach to the Annual Report
- » Timeline for Creation of the Data Collection System
- » Questions for Discussion

Background

01

Develop and Manage
data collection and reporting
process

02

**Support County Behavioral
Health**
data collection efforts

03

Develop a Data Dictionary
and performance metrics

04

**Collaborate with
Stakeholders**
and leverage existing data
sources and systems

05

Timeline and Development
of an annual report

06

**Assist DHCS' Evaluation
Contractor**
with data collection

CARE Act Reporting Requirements

Annual Report

Collect process measure data to monitor the performance of CARE Act model implementation.



Include outcome measures to assess the scope and impact of the CARE Act model.



Conduct a health equity assessment of the CARE Act to identify demographic disparities to inform disparity reduction efforts.



Produce the annual report

Independent Evaluation

Survey program participants



Conduct an independent evaluation to highlight racial, ethnic, and other demographic disparities



Include analyses regarding the impact of the CARE Act on disparity reduction efforts.



Develop legislative reports in year 3 and year 5 of implementation.

Data Collection Considerations

- » CARE implementation will vary across counties due to differences in how CARE services and supports are delivered and partnership models with courts, housing and other systems.
- » Counties have unique data systems and varying methodologies and processes for capturing and reporting data on CARE participants' journey through the CARE program.
- » Counties have different definitions for data elements described in the Statute. Standardization is essential for the collection of valid data that can be meaningfully used in an independent evaluation of the CARE Act.

Data Collection Considerations (continued)

- » The data submitted by county BH agencies will include protected health information (PHI), so it must be handled in accordance with HIPAA standards.
- » To ensure relevant data for evaluation is collected for an Annual Report and an Independent Evaluation, it is critical to
 - Specify key policy questions of interest for understanding the scope and impact of the CARE program implementation
 - Identify key issues stakeholders are interested in to evaluate the effectiveness in improving outcomes and reducing disparities
- » A common understanding of the key questions and issues of interest is important to guide our data collection efforts.

DHCS' Approach to the Annual Report

Develop an annual report to examine the scope of impact and monitor the performance of CARE Act model implementation consistent with the annual reporting requirements and metrics specified in W&I Code Section 5985(e) and 5985(f)

» DHCS/HMA Approach:

- Create guidelines for standardized reporting of data elements from JCC and Counties
- Develop a data dictionary with detailed specifications for the data elements to support consistency in data reporting, aligning where possible with existing state definitions or industry standards.
- Create a data collection system to support regular reporting by JCC and Counties
- Provide technical assistance and consultation to county BH agencies and their providers
- Provide quality assurance for data integrity
- Develop dashboards and data visualizations to track reporting efforts over time
- Provide on-going support and collaboration with Independent Evaluator

Data Collection System Cohort I Timeline

May

Develop system
design and
confirm
requirements

June

Finalize technical
components,
approach &
system design

July – September

Training, technical
assistance on data
file requirements
and quality
assurance

October

Data Collection
System Live

Questions for Discussion

What questions of interest would you or your organization want to see addressed by the CARE Act evaluation?

What issues are most important to you or your organization in assessing the impact of the CARE Act?

Questions?



BREAK

DISCUSSION

Potential Initial Time Limited Ad Hoc Sub-Group Categories and Objectives

Goal today and approach for ad-hoc groups

Purpose: Allow for more time and expansive input from experts, advocates, stakeholders, etc., on key issues

- Establish three groups
- Meet at least once per group before August meeting
- Groups to be comprised of 10-12 participants
- Monthly or every other month virtual meetings
- Recommendations for groups based on feedback from CARE Working Group member survey. Topic Areas surveyed:
 - Peers & Psychiatric Advance Directives, Substance Use Disorder, Data, Training and Technical Assistance, Racial Justice, Housing, Workforce, and Court/BH Coordination

Potential Initial Time Limited Ad Hoc Sub-Group Categories and Objectives

Goal is to establish 2-3 groups. Potential topics include:



Peers, Families,
Lived Experience



Racial and Social
Justice



Services and
Supports

← Cross-cutting topics and issues: Communications, workforce, housing, data, etc. →

Closing Thoughts

*Stephanie Welch, MSW, Deputy Secretary of
Behavioral Health, CalHHS*

Public Comment

Public Comment will be taken on any item on the agenda

There are 4 ways to make comments (please keep comments to 2 minutes):

1. In person, please come to designated location
2. Raise hand on zoom to speak. If joining by call-in, press *9 on the phone.
3. Type comment in chat function
4. We encourage email comment to CAREAct@chhs.ca.gov

NOTE: members of the public who use translating technology will be given **additional time** .

Adjourn and Thank you!