CARE Act

Become a Link to Care

COMMON WORDS

CARE Act: The Community Assistance, Recovery, and Empowerment Act created a legal process to assist individuals living with Schizophrenia Spectrum or Psychotic Disorders.

Lassen County Behavioral Health: Agency whose findings and resources are relied on by the CARE Act.

Petition: Form CARE-100

Petitioner: Person or entity that files a Form CARE-100.

Prima Facie: The first time a Judge reviews filed Form CARE-100 to decide if Respondent qualifies under the CARE Act.

Probate Court: A division of the court that oversees cases that involve individual rights outside of civil and criminal law.

Respondent: A person listed on Form CARE-100 as someone who qualified under CARE Act.

Schizophrenia Spectrum Disorders and Psychotic Disorders: Severe mental health disorders that interfere with someone's daily activities and their ability to be independent.

Volunteer Supporter: Respondent's chosen support person to help navigate the CARE Act.

OVERVIEW

The Community Assistance, Recovery, and Empowerment Act (**CARE Act**) may help someone link an individual living with untreated **Schizophrenia Spectrum Disorders** or other **Psychotic Disorders** to community care resources.

The person that wants to help is called the **Petitioner**. While the persons that needs the help and link to care is called the **Respondent**.

The **CARE Act** does not force a **Respondent** to receive care. The **Respondent** may decline to receive care or stop participating at any time. There are not civil or criminal penalties for the **Respondent**.

If you are unsure if the **CARE Act** is the right link to resources for the **Respondent**, please reach out to Lassen County Behavioral Health or Lassen Superior Court's Self-Help Services before completing this packet.

PARTICIPANTS

Petitioner

A **Petitioner** can link a **Respondent** to care through the **CARE Act** by filing a petition with the **Probate Division**. However, not everyone that wants to help a **Respondent** can be a **Petitioner**. The following persons may serve as **Petitioners**:

The **Respondent's**:

- ☐ Parent or Legal Guardian
- ☐ Spouse
- ☐ Sibling
- ☐ Child
- ☐ Grandparent
- ☐ Roommate
- ☐ Homeless outreach worker
- ☐ Service provider who is treating or has recently treated **Respondent**.
- ☐ Director of a hospital in which the **Respondent** was recently or is hospitalized in.
- ☐ Directors of Public Service Agencies or their designees.
- ☐ A first responder who has had repeated contact with the **Respondent**.

Respondent

Under the **CARE Act**, a person in need of care can only be a **Respondent** if:

- ☐ They are at least 18 years old;
- ☐ Have a diagnosis of **Schizophrenia Spectrum Disorder** or other **Psychotic Disorder**;
- ☐ A statement signed by a licensed behavioral health professional confirming the diagnosis can be obtained;
- ☐ There are other eligibility criteria that will be fully assessed by the court to determine if the **Respondent** qualified under the **CARE Act**.

Lassen County Behavioral Health

Lassen County Behavioral Health is responsible for protecting and promoting Lassen County community health. As a centralized resource hub, **Behavioral Health** is a key part of the **CARE Act**.

Behavioral Health can be a **CARE Act Petitioner**. If **Behavioral Health** did not file the **Petition**, **Behavioral Health** will be responsible for contacting, investigating, and submitting a report to the Court about whether the **Respondent** is eligible.

If you believe that someone that needs assistance may not be eligible for **Care Act** help, reach out to **Behavioral Health** to learn about other resources here:

1-888-530-8688
Monday – Friday: 8:00 am – 5:00 pm
Crisis Line Available 24/7

You can also visit **Behavioral Health's** webpage where you can find additional information and resources 24/7:

www.co.lassen.ca.us/dept/behavioral-health/behavioral-health

Lassen County Public Defender

Once the **CARE Act Petition** is filed, a Lassen County Public Defender (PD) will be appointed to represent **Respondent**, free of charge. The PD must ensure the **Respondent's** interests are recognized and **CARE Act** requirements met.

Volunteer Supporter

A **Respondent** may choose a **Volunteer Supporter**. The **Volunteer Supporter** helps the **Respondent** think through potential consequences or care options offered and feel heard and understood.

ROADMAP

Participants

Complete Forms

Affidavit

Review

File

Prima Facie

The **Volunteer Supporter** may attend hearings or related appointments.

Judge

The **Judge** will be a neutral facilitator ensuring the **CARE Act** is followed. The **Judge** is responsible for determining:

- ☐ The **Respondent** qualifies under the **CARE Act**.
- ☐ The **Respondent** is willing to participate.
- ☐ The **Respondent** understands and agrees to the plan of care and the plan continues to meet the **Respondent's** needs.
- ☐ The **Respondent** has received available benefits.

PROCEDURE

*[If you are viewing this packet on an internet enabled device, forms in **BOLD** are attached and can be clicked on to open and view electronically.]*

If you are ready to serve as **Petitioner** and believe that a potential **Respondent** meets all **CARE Act** requirements, you must complete:

- ☐ **CARE-100: Petition to Commence Care Act Proceedings**
- ☐ **CARE-101: Mental Health Declaration**
  - Complete the top of Pg. 1 – **Petitioner's** name and contact information, case name, and case number.
  - The rest of the form must be completed by a licensed behavioral health professional and must be attached to **CARE-100** at the time of filing.
- ☐ **CARE-105: Order for CARE Act Report**
  - Complete the top of Pg. 1 – **Petitioner's** name and contact information, case name, and case number and Item 1.
    - The rest of **CARE-105** is completed by the Court.

Document Review

The Lassen Superior Court's Self-Help Center can conduct a free optional document review service for self-represented litigants. To add yourself to the first come, first served list, text of call (530) 251-3935 and be sure to include your name and a good callback number. Please be prepared to answer a text or call back from the number above to be provided with the appropriate assistance. Friday callback clinics are conducted remotely. For a list of dates for Self-Help services, view the Self-Help page on the Court's website:

www.Lassen.Courts.CA.gov/self-help

The Self-Help Attorney cannot provide you with legal advice or strategy.

ROADMAP

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Prima Facie

Filing

CARE Act Petitioner's must file in the county where:

1. The **Respondent** lives, or
2. The **Respondent** is found, or
3. The **Respondent** is facing criminal or civil proceedings.

In Lassen County, a **CARE Act Petition** may be filed:

- ☐ In Person:
  - Hall of Justice
    2610 Riverside Drive
    Susanville, CA 96130
- ☐ Mail:
  - Lassen Superior Court
    Attn: Probate Division
    2610 Riverside Drive
    Susanville, CA 96130
- ☐ Fax:
  - See www.Lassen.Courts.CA.gov/civil-fax-filing for information.

Filing Fee

There is no fee for filing.

What is Next?

The Judge will review the **CARE Act Petition** and determine if the **Respondent's** needs meet the basic requirements of the **CARE Act**. This is called a **Prima Facie** review.

If the **Respondent** does not, the Judge will dismiss the case.

If the **Respondent** does, the Judge will assign **Lassen County Behavioral Health** to complete a report and will appoint a Public Defender to represent the **Respondent**.

Once the report is completed, the Judge must decide whether to move forward to develop a care plan to meet the **Respondent's** needs.

ROADMAP

Participants

Complete Forms

Affidavit

Review

File

Prima Facie

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). A court self-help center may also be able to help you. Go to https://selfhelp.courts.ca.gov/self-help/find-self-help to find your court's self-help center. **Note:** There is no cost to file a CARE Act petition.

1 What is the CARE Act?

CARE stands for Community Assistance, Recovery, and Empowerment. The CARE Act allows specific people, called *petitioners*, to ask for court-ordered treatment, services, support, and a housing plan for people, called *respondents*. A respondent must be at least 18 years old, have a schizophrenia spectrum or other psychotic disorder, and meet several other requirements.

The CARE process uses evaluations and court hearings to figure out whether the respondent is eligible for services. A county behavioral health agency may contact the respondent as part of the process. If the respondent is eligible, a CARE agreement or plan for services may be created. If the court approves, it will order the CARE agreement or plan.

2 What is a CARE agreement or CARE plan?

A CARE agreement and a CARE plan are written documents that describe services to support the recovery and stability of the respondent. They must be approved by court order. Services may include clinical behavioral health care; counseling; specialized psychotherapy, programs, and treatments; stabilization medications; a housing plan; and other supports and services provided directly and indirectly by local government. The agreement or plan cannot give anyone the right to use force to medicate the respondent.

A CARE agreement is a voluntary agreement for services and treatment between the respondent and the county behavioral health agency after a court has found that the respondent is eligible for the CARE program. For the agreement to be valid, the court must approve it. The court can change the agreement before approving it.

A CARE plan is a set of community-based services and supports for the respondent that is ordered by the court if the respondent and the county cannot reach a CARE agreement.

3 Have you thought about ways to help other than CARE Act proceedings?

There may be other ways to help a person with a serious mental illness. If the person has private health insurance, contact their health plan/insurer. If you do not know if the person has private health insurance or if they do not have private insurance, contact your county's behavioral health agency or check its website. County behavioral health agencies offer many services. These include services like counseling, therapy, and medication and can also include programs like full-service partnerships, rehabilitative mental health services, peer support services, intensive case management, crisis services, residential care, substance use 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. They are also allowed to provide their services to people who do not receive Medi-Cal, depending on local funding and eligibility standards. These services do not require a court order.

A *full-service partnership* is a program for a person with a serious mental illness who would benefit from intensive services. A full-service partnership can help 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 live as part of the community as they recover.

Find out if the person has made an advance health care directive or psychiatric advance directive. These written documents name someone else to make health care decisions for a person when that person cannot. If the person has a directive, you can contact the person named in it to ask for their help. Think about looking into local social services and community-based programs too.

4 How do I complete *Petition to Commence CARE Act Proceedings* (form CARE-100)?

Item 1: Who Can Be the Petitioner?

The petitioner is the person who asks the court to start CARE Act proceedings for a person who needs help because of a serious mental disorder.

To be a petitioner, you ***must*** be 18 years of age or older ***and*** be one of the following:

- A person who lives with the respondent.
- The respondent's spouse or registered domestic partner, parent, sibling, child, or grandparent.
- A person who has authority to act as the respondent's parent.
- The director of a county behavioral health agency of the county where the respondent lives or is present, or the director's designee.
- A licensed behavioral health professional who is or has been supervising the treatment of or treating the respondent for a mental disorder within the last 30 days, or the professional's designee.
- The director of a public or charitable agency who is or has, within the last 30 days, been providing behavioral health services to the respondent or in whose institution the respondent resides, or the director's designee.
- The director of a hospital in which the respondent is or was recently hospitalized, or the director's designee.
- A California tribal court judge in whose court the respondent has appeared within the previous 30 days, or the judge's designee.
- The director of adult protective services of the county where the respondent lives or is present, or the director's designee.
- The director of a California Indian health services program or tribal behavioral health department that is or has, within the previous 30 days, been providing behavioral health services to the respondent, or the director's designee.
- A first responder who has encountered the respondent multiple times to arrest or involuntarily detain the respondent, engage the respondent in voluntary treatment, or make other efforts to get the respondent professional help.
- The public guardian or public conservator of the county where the respondent lives or is present, or the public officer's designee.
- A conservator or proposed conservator referred from a proceeding under the Lanterman-Petris-Short (LPS) Act.
- The respondent.

In item 1, enter your name and check the box next to the petitioner type or types that apply to you.

Item 2: Relationship to the Respondent

Enter the respondent's name in item 2a. Describe your relationship with the respondent in item 2b. If you are a petitioner from a hospital, a public or charitable agency, a licensed behavioral health professional who has been treating or supervising the respondent, or a first responder, state how many times you have interacted with the respondent, give the date of the most recent interaction, and describe the nature and outcome of each interaction in item 2c.

Item 3: Respondent's Address or Last Known Location

If you know where the respondent lives, enter the address in item 3. If you do not know the respondent's address, or if they do not have one, state that the address is unknown and give the respondent's last known location and any other information, such as a phone number or email address, that might help to locate the respondent.

Item 4: The Right Court and County

In item 4, show why the county where you are filing the petition is the right place to file. You can file a petition only in the county where the respondent lives, where the respondent is currently present, or where the respondent is facing a legal case. Check all options that apply. If the person does not live in the county, it helps to state where they live, if you know.

Item 5: Respondent Eligibility

You must state facts and provide information that support your claim that the respondent is eligible for the CARE Act process. **All** of the following requirements, which are listed in item 5a–5g on form CARE-100, must be met for a respondent to be eligible. Please note that the situations discussed below are only *examples* of circumstances that **may** qualify. The court decides whether each respondent is eligible based only on facts about that respondent.

Requirements	Explanations	Examples
The respondent must be 18 years old or older (item 5a) and must:		
Have a diagnosis of a schizophrenia spectrum disorder or another psychotic disorder in the same class, as defined in the current *Diagnostic and Statistical Manual of Mental Disorders* (**item 5b**).	Only a person with a schizophrenia spectrum or other psychotic disorder is eligible for the CARE Act process. A person who does not have that diagnosis is not eligible even if they have a different serious mental disorder, such as bipolar disorder or major depression. **Note:** The psychotic disorder must not be based on a medical condition, including a physical health condition such as a traumatic brain injury, autism, dementia, or a neurological condition. A person with a current diagnosis of substance use disorder must also have a psychotic disorder and meet all the other criteria in item 5 to be eligible.	Schizophrenia, schizophreniform disorder, schizoaffective disorder, delusional disorder, schizotypal personality disorder, and other psychotic disorders.
Be currently experiencing a serious mental disorder that (**item 5c**): • Is severe in degree and persistent in duration (**item 5c(1)**) • May cause behavior that interferes substantially with the person's activities of daily living (**item 5c(2)**), **and** • May lead to an inability to maintain stable adjustment and independent functioning without treatment, support, and rehabilitation for a long or indefinite period (**item 5c(3)**).	Indicate any behaviors, such as delusions, hallucinations, or unusual and ongoing mood changes, that substantially interfere with the respondent's ability to perform essential and routine tasks needed for work or self-care. Describe why you believe the respondent is unable to live independently, function in the community, and take care of their condition and social relationships without additional help.	If caused by a chronic, prolonged, or recurrent mental disorder: • Difficulty with self-care (e.g., bathing, grooming, obtaining and eating food, dressing appropriately for the weather, securing health care, or following medical advice). • Difficulty maintaining a residence, using transportation, or managing money day to day. • Difficulty concentrating or completing tasks as scheduled. • Difficulty functioning socially, creating and maintaining relationships. • Recent history of inability to care for themselves (bathe, groom, get food and eat, use the restroom) daily without additional help.

Requirements	Explanations	Examples
Not be clinically stabilized in ongoing voluntary treatment (**item 5d**).	Describe why you believe the respondent is not being adequately supported in a voluntary treatment program such that their condition and symptoms are stable.	• Repeated and ongoing refusal to accept voluntary treatment without reason. • Temporary acceptance of voluntary treatment that is interrupted by failure or refusal to continue the treatment without reason. • Voluntary treatment is accepted, but that treatment is not effective to stabilize the respondent.
At least *one* of the following must be true (item 5e):		
The respondent is unlikely to survive safely in the community without supervision ***and*** the respondent's condition is substantially deteriorating (**item 5e(1)**). **OR**	Indicate recent instances where the respondent has needed supervision to survive in the community due to lack of reality orientation, confusion, or impaired insight. Describe how the respondent's ability to think clearly, communicate, or participate in regular activities has worsened quickly.	• Recent or frequent hospitalizations due to symptoms such as delusions, hallucinations, disorganization, impaired insight, impaired judgment. • Recent or frequent arrests due to a mental disorder.
The respondent needs services and supports to prevent a relapse or deterioration that would likely result in grave disability or serious harm to the respondent or others (**item 5e(2)**).	Describe how the respondent would be unable to survive safely, would be gravely disabled, or would cause serious harm to others or themselves unless they received services and supports. • *Grave disability* includes a person's inability, due to a mental disorder, to provide for their basic personal needs for food, clothing, or shelter. • *Serious harm* includes injury causing extreme pain, high risk of death, or loss of physical or mental functions.	• A person who has immediate access to safe housing but chooses, because of a mental disorder, to live in conditions that could lead to a danger to their health. • A person who recently attempted suicide because of their mental disorder and continues to express a desire to harm themselves. • Self-injuring behavior, such as walking into traffic or harming oneself unknowingly through behavior that puts them at risk for serious injury or death.

Requirements	Explanations	Examples
The respondent's participation in a CARE plan or CARE agreement must:		
Be the least restrictive alternative necessary to ensure the respondent's recovery and stability (**item 5f**), **and**	Explain how participation in a CARE plan or CARE agreement: • Would effectively meet the respondent's treatment needs while placing as few limits as possible on the respondent's rights and personal freedoms. • Is necessary because other less restrictive alternatives would not ensure the respondent's recovery and stability; for example, because other less restrictive alternatives have not been successful.	Less restrictive alternatives might include: • **Voluntary full-service partnerships**, which are collaborative relationships between the county and the individual, and when appropriate the individual's family, through which the county plans for and provides the full spectrum of community services. • **Supported decisionmaking**, which is an individualized process of supporting and accommodating an adult with a disability to enable them to make life decisions without impeding their self-determination. • **Assertive community treatment**, which is a person-centered, recovery-based treatment option that employs low client-to-staff ratios.
Be likely to benefit the respondent (**item 5g**).	Explain how participating in a CARE plan could help the respondent stabilize and improve their current state and situation.	• The respondent's prior improvement when participating in similar treatment programs. • Medical opinion that the patient would benefit from treatment.

Note: Include in the petition as much information as you have about each item listed above. You may also attach any documents you have that support one or more of those items.

Item 6: Required Documentation

You must attach supporting documentation to the petition. That documentation must include one of two things:

a. A completed declaration by a licensed behavioral health professional on *Mental Health Declaration—CARE Act Proceedings* (form CARE-101); **OR**

b. Evidence that the respondent was detained for a minimum of two intensive treatments, the most recent one within the last 60 days.

   For example, this evidence could include copies of certification for intensive treatment, a declaration from a witness to the intensive treatment, or other documents showing that the respondent was detained twice for up to 14 days of intensive treatment. Evidence should include the dates of the last treatment period.

   Note: For purposes of the CARE Act, "intensive treatment" only includes involuntary treatment authorized by Welfare and Institutions Code section 5250. It does ***not*** refer to treatment authorized by any other statute, including but not limited to 72-hour holds under Welfare and Institutions Code section 5150 or treatments under Welfare and Institutions Code sections 5260 and 5270.15.

Item 7: Other Proceedings

If the respondent has another court case, information about that case could be helpful to your CARE Act petition. Complete item 7 if you know any of the requested information.

- If you are filing a petition in response to a referral from another court proceeding, fill out item 7a. Give the name of the referring court and the case number, department, and type of case, if you know. If you have a copy of the referral order, label it "Attachment 7a" and attach it to the petition.
- If the respondent is within a juvenile court's jurisdiction as a dependent, ward, or nonminor dependent, fill out item 7b. Give the court name, the case number, and contact information for the respondent's juvenile court attorney.
- If the respondent has a conservator, fill out item 7c. Give the court name, the case number, and contact information for the respondent's conservatorship attorney.

Note: If you don't know the information requested in part of item 7, leave that part blank. The petition will be processed even if you do not complete item 7.

Item 8: Tribal Enrollment or Services From an American Indian Health Care Provider

If you know that the respondent is a member of a federally recognized Indian tribe or is receiving services from California Indian health care provider, tribal court, or tribal organization, include that information in item 8.

Note: The petition will be processed even if you do not complete item 8.

Item 9: Helpful Information

In item 9, check any of the boxes that apply to the respondent and provide any requested information that you know.

Note: The petition will be processed even if you do not complete item 9.

Item 10: Attachments

In item 10, list the total number of pages attached to the petition.

Signature: You must write the date, print your name, and *sign the petition under penalty of perjury.* That means that if you have stated anything that you know is not true on the form, you may be criminally liable. If you have an attorney helping you, they will sign as well.

5 Is service of process required?

No. To begin CARE Act proceedings, you do not need to provide anyone with a copy of the petition except the court.

6 What will happen after I file the petition?

After you file a petition, the court will review it and any supporting documents filed with it. The court will decide if the documents show that the respondent meets or might meet the CARE eligibility requirements. Then the court will either:

a. **Dismiss the petition** if it finds (1) that the petition does not show that the respondent meets or may meet the CARE Act eligibility requirements ***or*** (2) that the respondent is voluntarily working with the county agency, their engagement is effective, and the respondent has enrolled or is likely to enroll in voluntary treatment through the county or another provider. **OR**

b. **Order a report** if it finds that the petition does show that the respondent meets or may meet the CARE Act eligibility requirements. The court will order a county agency to engage the respondent and file a written report with the court within 14 business days. The county will notify you and the respondent that the court ordered the report.

   Note: The procedures are different if the county behavioral health agency is the petitioner.

7 The initial appearance

If the court finds that the county agency's report supports the petition's showing that the respondent meets or may meet the CARE Act eligibility requirements and the county's engagement with the respondent was not effective, the court will set an *initial appearance.* The court will also order the county to give notice of the initial appearance to you, as well as to the respondent, the respondent's appointed counsel, and the county behavioral health agency.

You, the petitioner, must be present at the initial appearance, or the court may dismiss the petition. You will receive a notice in the mail of the date, time, and place of the initial appearance.

Note: At the initial appearance, the director of the county behavioral health agency, or the director's designee, will replace you as the petitioner.

8 Do petitioners have any rights?

You have the right to go to the hearing on the merits and make a statement. If you live with the respondent, are the respondent's spouse or domestic partner, parent, sibling, child, or grandparent, or are someone who has authority to act as the respondent's parent, then the court may choose to give you ongoing rights to receive notice. And if the respondent agrees, the court may also allow you to participate in the rest of the CARE Act proceedings.

If you are a petitioner not listed above, the court cannot give you other ongoing rights.

If the petition is dismissed and later the respondent's situation changes, you may file a new petition with the court.

9 What is a vexatious litigant?

A *vexatious litigant* is a person whom a court has found to have used the court process to harm or annoy other people by repeatedly suing them or filing other papers against them without a good reason.

A CARE Act court may find that a person is a vexatious litigant if that person files more than one CARE Act petition that is not true or is intended to disturb, harm, or annoy the respondent. Once declared a vexatious litigant, a person may be placed on a vexatious litigants list kept by the Judicial Council. The court may enter an order that prevents a vexatious litigant from filing any new litigation, including other types of cases (not just CARE Act petitions), without first getting permission from the trial court presiding judge. If such an order is issued, the court may fine a person who does not follow the order or send them to jail for contempt of court.

10 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.

11 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) or go to https://selfhelp.courts.ca.gov/jcc-form/MC-410.

CONFIDENTIAL

CARE-100

ATTORNEY OR PETITIONER 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		
PETITION TO COMMENCE CARE ACT PROCEEDINGS		CASE NUMBER:

For information on completing this form, see *Information for Petitioners—About the CARE Act* (form CARE-050-INFO).

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

   a. ☐ A person who lives with respondent.

   b. ☐ A spouse or registered domestic partner, parent, sibling, child, or grandparent of respondent.

   c. ☐ A person who stands in the place of a parent to respondent.

   d. ☐ The director* of the county behavioral health agency of the county named above.

   e. ☐ A licensed behavioral health professional* who is or has been, within the past 30 days, treating or supervising the treatment of respondent.

   f. ☐ The director* of a hospital in which respondent is hospitalized.

   g. ☐ The director* of a public or charitable organization, agency, or home
      (1) ☐ who is or has been, within the past 30 days, providing behavioral health services to respondent; or
      (2) ☐ in whose institution respondent resides.

   h. ☐ Respondent.

   i. ☐ 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.

   j. ☐ The public guardian* or public conservator* of the county named above.

   k. ☐ A conservator or proposed conservator referred from a proceeding under Welfare and Institutions Code section 5350.

   l. ☐ The director* of adult protective services of the county named above.

   m. ☐ The director* of a California Indian health services program or tribal behavioral health department that has, within the past 30 days, provided or is currently providing behavioral health services to respondent.

   n. ☐ A California tribal court judge* before whom respondent has appeared within the past 30 days.

   * This person may designate someone else to file the petition on their behalf. If the petitioner is a designee, check this category and put the 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):*

CARE ACT PROCEEDINGS FOR *(name)*: RESPONDENT	CASE NUMBER:

2. c. ☐ Petitioner's interactions with respondent *(if petitioner is specified in 1e, 1f, 1g, or 1i, specify the number of interactions with respondent and the date of the most recent interaction, and describe the nature and outcome of each interaction):*

   ☐ If you need additional space, please include on a separate piece of paper and label as Attachment 2c.

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):*

   ☐ If you need additional space, please include on a separate piece of paper and label as Attachment 3.

4. Respondent *(check all that apply):*
   a. ☐ Is a resident of the county named above.
   b. ☐ Is currently located in the county named above.
   c. ☐ Is a defendant or respondent in a criminal or civil proceeding pending in the superior court of the county named above.
   d. ☐ Is a resident of *(specify county if known and different from the county named above):*

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):*
   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):*
   b. Respondent has a diagnosis of a schizophrenia spectrum disorder or another psychotic disorder in the same class, as defined in the current *Diagnostic and Statistical Manual of Mental Disorders*. Diagnosis and additional information are provided
      ☐ on *Mental Health Declaration—CARE Act Proceedings* (form CARE-101), attached as Attachment 6a.
      ☐ on separate documents, attached and labeled as Attachment 5b.
      ☐ below.

CARE ACT PROCEEDINGS FOR *(name)*: RESPONDENT	CASE NUMBER:

5. c. Respondent is currently experiencing a serious mental disorder, as defined in Welfare and Institutions Code section 5600.3(b)(2), in that the disorder:
   (1) Is severe in degree and persistent in duration;
   (2) May cause behavior that interferes substantially with respondent's primary activities of daily living; ***and***
   (3) May result in respondent's inability to maintain stable adjustment and independent functioning without treatment, support, and rehabilitation for a long or indefinite period.

   Supporting information regarding the severity, duration, and risks of respondent's disorder is provided
   ☐ on *Mental Health Declaration—CARE Act Proceedings* (form CARE-101), attached as Attachment 6a.
   ☐ on separate documents, attached and labeled as Attachment 5c.
   ☐ below.

d. Respondent is not currently stabilized in ongoing voluntary treatment. Respondent's current stability and treatment are described
   ☐ on *Mental Health Declaration—CARE Act Proceedings* (form CARE-101), attached as Attachment 6a.
   ☐ on separate documents, attached and labeled as Attachment 5d.
   ☐ below.

CARE ACT PROCEEDINGS FOR *(name)*: RESPONDENT	CASE NUMBER:

5. e. At least one of these is true *(complete (1) or (2) or both):*

(1) ☐ Respondent is unlikely to survive safely in the community without supervision ***and*** respondent's condition is substantially deteriorating. Reasons that respondent is unlikely to survive safely in the community, the type of supervision respondent would need to survive safely, and the extent to which respondent's physical or mental condition has recently grown worse are described

☐ on *Mental Health Declaration—CARE Act Proceedings* (form CARE-101), attached as Attachment 6a.

☐ on separate documents, attached and labeled Attachment 5e(1).

☐ below.

(2) ☐ Respondent needs services and supports to prevent a relapse or deterioration that would be likely to lead to grave disability or serious harm to respondent or others. The services and supports needed by respondent and the reasons respondent would become gravely disabled or present a risk of harm to self or others are described

☐ on *Mental Health Declaration—CARE Act Proceedings* (form CARE-101), attached as Attachment 6a.

☐ on separate documents, attached and labeled Attachment 5e(2).

☐ below.

f. Participation in a CARE plan or CARE agreement would be the least restrictive alternative necessary to ensure respondent's recovery and stability. A description of available alternative treatment plans and an explanation why no alternative treatment plan that would be less restrictive of respondent's liberty could ensure respondent's recovery and stability are provided

☐ on *Mental Health Declaration—CARE Act Proceedings* (form CARE-101), attached as Attachment 6a.

☐ on separate documents, attached and labeled Attachment 5f.

☐ below.

CARE ACT PROCEEDINGS FOR *(name)*: RESPONDENT	CASE NUMBER:

5. g. Respondent is likely to benefit from participation in a CARE plan or CARE agreement. Reasons in support of this assertion are provided
   - ☐ on *Mental Health Declaration—CARE Act Proceedings* (form CARE-101), attached as Attachment 6a.
   - ☐ on separate documents, attached and labeled Attachment 5g.
   - ☐ below.

6. **Required Documentation**

   The evidence described below is attached in support of this petition. *(Attach the documents listed in a or b, or both, and check the box next to the description of each document or set of documents attached).*

   a. ☐ A completed *Mental Health Declaration—CARE Act Proceeding* (form CARE-101), the declaration of a licensed behavioral health professional stating that, no more than 60 days before this petition was filed, the professional or a person designated by them

      (1) ☐ examined respondent and determined that respondent met the diagnostic criteria for eligibility to participate in the CARE Act proceedings; or

      (2) ☐ made multiple attempts to examine respondent but was not successful in obtaining respondent's cooperation and has reasons, explained with specificity, to believe that respondent meets the diagnostic criteria for eligibility to participate in CARE Act proceedings.

      Attach *Mental Health Declaration—CARE Act Proceedings* (form CARE-101) and label it Attachment 6a.

   b. ☐ Evidence that respondent was detained for at least two periods of intensive treatment, the most recent period within the past 60 days. *Examples of evidence:* a copy of the certification of intensive treatment, a declaration from a witness to the intensive treatment, or other documentation indicating involuntary detention and certification for up to 14 days of intensive treatment. *(Attach all supporting documents and label each, in order, Attachment 6b1, 6b2, 6b3, etc.)*

      Note: For purposes of the CARE Act, "intensive treatment" refers to involuntary treatment authorized by Welfare and Institutions Code section 5250. It does ***not*** refer to treatment authorized by any other statutes, including but not limited to Welfare and Institutions Code sections 5150, 5260, and 5270.15.

7. **Other Court Proceedings** *(you may leave a field blank if you don't know the information requested or it does not apply)*

   a. ☐ This petition is in response to respondent's referral from another court proceeding.

      (1) Court, department, and judicial officer:

      (2) Case number:

      (3) Type of proceeding from which respondent was referred:

         (A) ☐ Mental competence proceeding arising from a misdemeanor prosecution (Penal Code, § 1370.01)

         (B) ☐ Assisted outpatient treatment (Welfare & Institutions Code, §§ 5346–5348)

         (C) ☐ Lanterman-Petris-Short Act conservatorship (Welfare & Institutions Code, §§ 5350–5372)

      (4) ☐ The referral order is attached and labeled as Attachment 7a *(optional).*

      (5) Respondent's attorney in referring proceeding *(name):*
      (mailing address):
      (telephone number): *(email address):*

CARE ACT PROCEEDINGS FOR *(name)*: RESPONDENT	CASE NUMBER:

7. b. ☐ Respondent is within a juvenile court's dependency, delinquency, or transition jurisdiction.
   (1) Court: (2) Case number:
   (3) Respondent's attorney in juvenile court proceeding *(name):*
   (mailing address):
   (telephone number): *(email address):*

   c. ☐ Respondent has a court-appointed conservator.
   (1) Court: (2) Case number:
   (3) Respondent's attorney in conservatorship proceeding *(name):*
   (mailing address):
   (telephone number): *(email address):*

Other information *(you may leave a field blank if you don't know the information requested or it does not apply)*

8. Tribal affiliation
   a. ☐ Respondent is an enrolled member of a federally recognized Indian tribe.
   Tribe's name and mailing address:

   b. ☐ Respondent is receiving services from a California Indian health services program, a California tribal behavioral health department, or a California tribal court.
   Name and mailing address of program, department, or court:

9. Check any of the following statements that is true and give the requested information if you know it:
   a. ☐ Respondent needs interpreter services or an accommodation for a disability *(if you know, describe respondent's needs):*

   b. ☐ Respondent is served by a regional center *(if you know, give the center name and the services provided to respondent):*

   c. ☐ Respondent is a current or former member of the state or federal armed services or reserves *(branch name if you know it):*

10. Number of pages attached: _____

Date:

_____ ▶ _____
(TYPE OR PRINT NAME OF ATTORNEY) (SIGNATURE OF ATTORNEY)

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date:

_____ ▶ _____
(TYPE OR PRINT NAME OF PETITIONER) (SIGNATURE OF PETITIONER)

SHORT TITLE:	CASE NUMBER:

ATTACHMENT *(Number):* _____

(This Attachment may be used with any Judicial Council form.)

(If the item that this Attachment concerns is made under penalty of perjury, all statements in this Attachment are made under penalty of perjury.)

Form Approved for Optional Use
Judicial Council of California
MC-025 [Rev. July 1, 2009]

ATTACHMENT
to Judicial Council Form

CONFIDENTIAL

CARE-101

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		
MENTAL HEALTH DECLARATION—CARE ACT PROCEEDINGS		CASE NUMBER:

TO LICENSED BEHAVIORAL HEALTH PROFESSIONAL
This form will be used to help the court determine whether respondent meets the diagnostic criteria for CARE Act proceedings.

GENERAL INFORMATION

1. Declarant's name:

2. Office address, telephone number, and email address:

3. **License status** *(complete either a or b)*:

   a. ☐ I am a licensed behavioral health professional and conducting the examination described on this form is within the scope of my license. I have a valid California license as a *(check one)*:

      (1) ☐ physician.
      (2) ☐ psychologist.
      (3) ☐ clinical social worker.
      (4) ☐ marriage and family therapist.
      (5) ☐ professional clinical counselor.

   b. ☐ I have been granted a waiver of licensure by the State Department of Health Care Services under Welfare and Institutions Code section 5751.2 because *(check one)*:

      (1) ☐ I am employed as a ☐ psychologist ☐ clinical social worker continuing my employment in the same class as of January 1, 1979, in the same program or facility.

      (2) ☐ I am registered with the licensing board of the State Department of Health Care Services for the purpose of acquiring the experience required for licensure and employed or under contract to provide mental health services as a *(check one)*:

         (a) ☐ clinical social worker.
         (b) ☐ marriage and family therapist.
         (c) ☐ professional clinical counselor.

      (3) ☐ I am employed or under contract to provide mental health services as a psychologist who is gaining experience required for licensure.

CARE ACT PROCEEDINGS FOR *(name)*: RESPONDENT	CASE NUMBER:

3. b. (4) ☐ I have been recruited for employment from outside this state, and my experience is sufficient to gain admission to a California licensing examination. I am employed or under contract to provide mental health services as a *(check one):*
   (a) ☐ psychologist.
   (b) ☐ clinical social worker.
   (c) ☐ marriage and family therapist.
   (d) ☐ professional clinical counselor.

4. Respondent *(name):*
   ☐ is ☐ is not a patient under my continuing care and treatment.

EXAMINATION OR ATTEMPTS MADE AT EXAMINATION OF RESPONDENT

5. Complete one of the following *(both a and b must be within 60 days of the filling of the CARE Act petition):*
   a. ☐ I examined the respondent on *(date):* *(proceed to item 7).*
   b. ☐ On the following dates: I attempted to examine respondent but was unsuccessful due to respondent's lack of cooperation in submitting to an examination.

6. *(Answer only if item 5b is checked.)* Explain in detail when, how many attempts, and the types of attempts that were made to examine respondent. Also explain respondent's response to those attempts and the outcome of each attempt.

7. Based on the following information, I have reason to believe respondent meets the diagnostic criteria for CARE Act proceedings *(each of the following requirements **must** be met for respondent to qualify for CARE Act proceedings):*
   a. Respondent has a diagnosis of a schizophrenia spectrum disorder or another psychotic disorder in the same class *(indicate the specific disorder):*

Note: Under Welfare and Institutions Code section 5972, a qualifying psychotic disorder must be primarily psychiatric in nature and not due to a medical condition such as a traumatic brain injury, autism, dementia, or a neurological condition. A person who has a current diagnosis of substance use disorder without also meeting the other statutory criteria, including a diagnosis of schizophrenia spectrum or other psychotic disorder, does not qualify.

   b. Respondent is experiencing a serious mental disorder that *(**all** of the following must be completed):*
      (1) Is severe in degree and persistent in duration *(explain in detail):*

CARE ACT PROCEEDINGS FOR *(name)*: RESPONDENT	CASE NUMBER:

7. b. (2) May cause behavior that interferes substantially with the primary activities of daily living *(explain in detail):*

(3) May result in an inability to maintain stable adjustment and independent functioning without treatment, support, and rehabilitation for a long or indefinite period *(explain in detail):*

c. Respondent is not clinically stabilized in ongoing voluntary treatment *(explain in detail):*

d. At least one of these is true *(complete one or both of the following):*

(1) ☐ Respondent is unlikely to survive safely in the community without supervision **and** respondent's condition is substantially deteriorating *(explain in detail):*

(2) ☐ Respondent needs services and supports to prevent a relapse or deterioration that would likely result in grave disability or serious harm to respondent or others *(explain in detail):*

CARE ACT PROCEEDINGS FOR *(name)*: RESPONDENT	CASE NUMBER:

7. e. Participation in a CARE plan or CARE agreement would be the least restrictive alternative necessary to ensure respondent's recovery and stability *(explain in detail):*

f. Respondent is likely to benefit from participation in a CARE plan or CARE agreement *(explain in detail):*

8. ☐ Additional information regarding my examination of respondent is ☐ as follows ☐ on Attachment 8.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date:

(TYPE OR PRINT DECLARANT'S NAME)

(SIGNATURE OF DECLARANT)

CONFIDENTIAL

CARE-105

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		
ORDER FOR CARE ACT REPORT		CASE NUMBER:

1. The court has read and reviewed *Petition to Commence CARE Act Proceedings* (form CARE-100) filed by petitioner
   (name):
   (address):
   on *(date):* asking the court to begin CARE Act proceedings for respondent
   (name):
   (address, if known): .
2. The court has found that the petition has made a prima facie showing that the respondent is or may be eligible to participate in the CARE Act process. A copy of the petition and all attachments are included with this order.

The court orders as follows:

3. The following county agency *(name):*
   or its designee must contact and engage the respondent and, no later than *(date):* ,
   file with the court a written report that includes the following information:
   a. Respondent's county of residence;
   b. A determination whether respondent meets or is likely to meet the CARE Act eligibility requirements;
   c. The outcome of the county's efforts to engage respondent during the period before the report deadline above;
   d. Conclusions and recommendations about respondent's ability to voluntarily engage in services;
   e. The information, including protected health information, necessary to support the determinations, conclusions, and recommendations in the report; and
   f. Other:
4. Before engaging the respondent and preparing the report, the county agency named in item 3 or its designee must use *Notice of Order for CARE Act Report* (form CARE-106) to serve notice of this order on petitioner, respondent, and respondent's counsel as provided in California Rules of Court, rule 7.2235(a).
5. The court has, by separate order, appointed the following attorney to represent the respondent at all stages of these CARE Act proceedings.
   a. Name:
   b. Firm name:
   c. Street address:
   d. Mailing address *(if different):*
   e. Email address:
   f. Telephone number: g. Fax number:

Date:

JUDICIAL OFFICER

Form Adopted for Mandatory Use
Judicial Council of California
CARE-105 [Rev. September 1, 2024]

Welfare & Institutions Code, § 5977(a)(3)
www.courts.ca.gov