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*.