



CARE Act OC

What is CARE Court?

Community
Assistance
Recovery &
Empowerment

Care Court is a “new civil court process” established to:

- Focus counties and other local governments on serving persons with **untreated schizophrenia spectrum or other psychotic disorders**.
- Provide **behavioral health and other essential resources** and services.
- **Protect self-determination and civil liberties** by providing legal counsel and promoting supported decision making.
- **Intervene sooner** in the lives of those in need to provide support.

Who does this program serve?

- Adults, 18 years or older.
- Diagnosed with a Schizophrenia Spectrum and Other Psychotic Disorders.
- Currently experiencing behaviors & symptoms associated with severe mental illness (SMI).
- Not clinically stabilized in on-going voluntary treatment.
- At least one of the following:
 - Unlikely to survive safely without supervision and condition is substantially deteriorating.
 - Needs Services & supports to prevent relapse or deterioration, leading to grave disability or harm to others.
- Participation in CARE Plan or Agreement is the least restrictive alternative.
- Likely to benefit from participating in a CARE Plan or Agreement.



How to file a petition

❑ Complete the petition form (CARE-100)

AND

❑ Completed Mental Health Declaration (CARE-101) from licensed behavioral health provider

OR

❑ Evidence the respondent was detained for at least two periods of intensive treatment, the most recent period being within the past 60 days

The image shows the CARE-100 form, titled "PETITION TO COMMENCE CARE ACT PROCEEDINGS". It is a confidential document. The form includes fields for the respondent's name, address, and date of birth. It also has a section for the petitioner's name and address. The form is divided into several sections, including "GENERAL INFORMATION" and "PETITION TO COMMENCE CARE ACT PROCEEDINGS". The form is marked "CONFIDENTIAL" in the top right corner.The image shows the CARE-101 form, titled "MENTAL HEALTH DECLARATION - CARE ACT PROCEEDINGS". It is a confidential document. The form includes fields for the respondent's name, address, and date of birth. It also has a section for the petitioner's name and address. The form is divided into several sections, including "GENERAL INFORMATION" and "MENTAL HEALTH DECLARATION - CARE ACT PROCEEDINGS". The form is marked "CONFIDENTIAL" in the top right corner.

Who can petition?

Family/Home

- Persons with whom respondent resides.
- Spouse, parent, sibling, adult child, grandparents, or another individual in place of a parent.
- Respondent (i.e. self petition)

Community

- First responder (e.g., firefighter, paramedic, mobile crisis response, homeless outreach worker)
- Director of a Hospital, or designee, in which the respondent is hospitalized.
- Licensed behavioral health professional, or designee treating respondent for mental illness.
- Director of a public /charitable organization providing behavioral health services or whose institution respondent resides.

County

- County behavioral health director, or designee
- Public Guardian or designee.
- Director of adult protective services or designee.

Tribal Jurisdiction

- Director of a California Indian health services program, California tribal behavioral health department, or designee.
- Judge of a tribal court located in CA, or designee.

HCA MHRS

- Role:

- Once prima facie is determined by the Court, ordered to locate respondent
- Outreach, Assessment & Linkage to respondent – offer voluntary services to meet respondents needs (CARE Agreement)
- Provide clinical evaluation
- Determine with respondent & voluntary supporter (if respondent desires) and Court CARE Plan
- Provide progress reports to the Court every 60 days for CARE Agreement and CARE Plan