



# Community Assistance, Recovery, and Empowerment (CARE) Act



SAN MATEO COUNTY HEALTH  
**BEHAVIORAL HEALTH  
& RECOVERY SERVICES**

# CARE Act Overview

CARE Court provides community-based behavioral health services and supports to those living with untreated schizophrenia spectrum or other psychotic disorders through a new civil court process

It is designed to disrupt the revolving-door of homelessness, short-term hospitalization, and incarceration for those with untreated serious mental illness

Referrals are made via a written petition to the court

The program will connect a person in crisis to a CARE Agreement or Plan, which may include comprehensive treatment, housing, and supportive services for 1 year and may be extended for up to 12 additional months if needed

CARE Court will begin in all counties by December 2024



# CARE Act Overview

A person who has been petitioned for CARE Court is referred to as a Respondent

All respondents will have access to legal representation

Respondents may have a CARE Supporter if they choose

- It is a voluntary role, and respondents choose their CARE Supporter
- CARE Supporters are expected to support the respondent using Supported Decision Making
- Court can remove a CARE Supporter if requested by Respondent or not meeting Court requirements

Respondents enrolled in CARE Court will have a CARE Agreement or Plan

- Like treatment plans; created and agreed upon by BHRS, respondents, attorneys, and CARE Supporters
- May include therapy, medication plan, AOD treatment, case management, housing plans, etc.
- Judge will approve CARE Agreements/Plans and may require specific services to be added



# Potential Petitioners

- Respondent
- A person living with the respondent\*
- A spouse, parent, sibling, child, or grandparent of the respondent\*
- The director of a hospital where the respondent is hospitalized
- The director of a public or charitable organization, agency, or home where services are provided or where respondent resides
- A licensed behavioral health professional
- A first responder with repeated interactions with respondent through multiple arrests, detentions, and transportation for 5150 holds, who has made multiple attempts to connect the respondent to treatment
- The public guardian or public conservator
- The director of BHRS, CFS, or California Indian health services program
- A judge of a tribal court in California



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# How to be a Petitioner

Reach out to your local Superior Court Self-Help Office

<https://www.sanmateo.courts.ca.gov/self-help>

OR

400 County Center, 6th Floor, Redwood City, CA  
94063

File CARE-100 with your local Court

Attend the Initial Court appearance

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):		
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF</b>		
STREET ADDRESS:		
MAILING ADDRESS:		
CITY AND ZIP CODE:		
BRANCH NAME:		
CARE ACT PROCEEDINGS FOR (name):		
RESPONDENT		
<b>PETITION TO COMMENCE CARE ACT PROCEEDINGS</b>		CASE NUMBER:
For information on completing this form, see <i>Information for Petitioners—About the CARE Act</i> ( <a href="#">form CARE-050-INFO</a> ).		

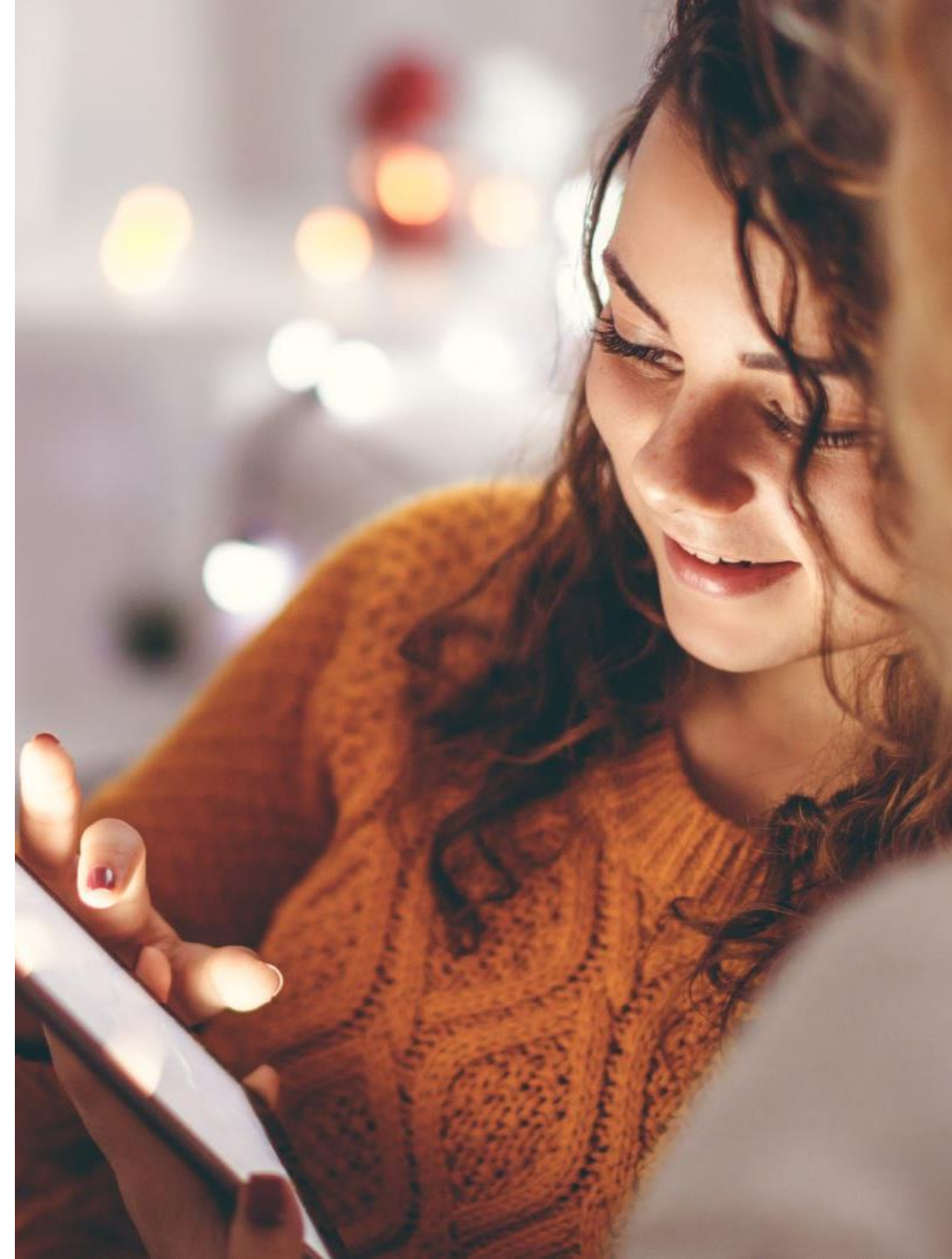
Petitioner (name):

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.
- A person who stands in the place of a parent to respondent.
- The director\* of a hospital in which respondent is hospitalized.
- 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.
- A licensed behavioral health professional\* who is or has been, within the past 30 days, treating or supervising the treatment of respondent.
- g.  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.
- h.  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.
- i.  The director\* of the county behavioral health agency of the county named above.
- j.  The director\* of adult protective services of the county named above.
- k.  The director\* of a California Indian health services program or a California tribal behavioral health department.

# Alternative to Being the Petitioner

- BHRS will maintain a phone line and email for CARE referrals
- This will allow families, first responders, hospitals, jails, etc. to refer for CARE court without having to file petitions and attend court
- The BHRS CARE team will outreach and engage referrals and write the petitions if they meet criteria



# CARE Eligibility

(a) The person is 18 years of age or older

(b) The person is currently experiencing a severe mental illness and has a diagnosis identified in the disorder class: schizophrenia spectrum and other psychotic disorders

(c) The person is not clinically stabilized in on-going voluntary treatment

(d) At least one of the following is true:

- (1) The person is unlikely to survive safely in the community without supervision and the person's condition is substantially deteriorating.
- (2) The person is in need of services and supports in order to prevent a relapse or deterioration that would be likely to result in grave disability or serious harm to the person or others, as defined in Section 5150

(e) Participation in a CARE plan or CARE agreement would be the least restrictive alternative necessary to ensure the person's recovery and stability

(f) It is likely that the person will benefit from participation in a CARE plan or CARE agreement



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# Eligible Diagnoses

## SCHIZOPHRENIA SPECTRUM DISORDERS

- Schizophrenia
- Schizoaffective Disorder
- Other Specified Schizophrenia Spectrum and Other Psychotic Disorder
- Unspecified Schizophrenia Spectrum and Other Psychotic Disorder

## OTHER PSYCHOTIC DISORDERS

- Brief Psychotic Disorder
- Delusional Disorder
- Schizotypal Personality Disorder
- Substance/Medication Induced Psychotic Disorder
- Catatonia Associated with Another Mental Disorder
- Unspecified Catatonia

## DIAGNOSES NOT MEETING ELIGIBILITY\*

- Psychotic Disorder Due to a General Medical Condition
- Catatonia Associated with Another Medical Condition
- Major Depression with Psychotic Features
- Bipolar with Psychotic Features
- Any Substance Related Disorder not listed above

• \*Unless accompanying another eligible diagnosis



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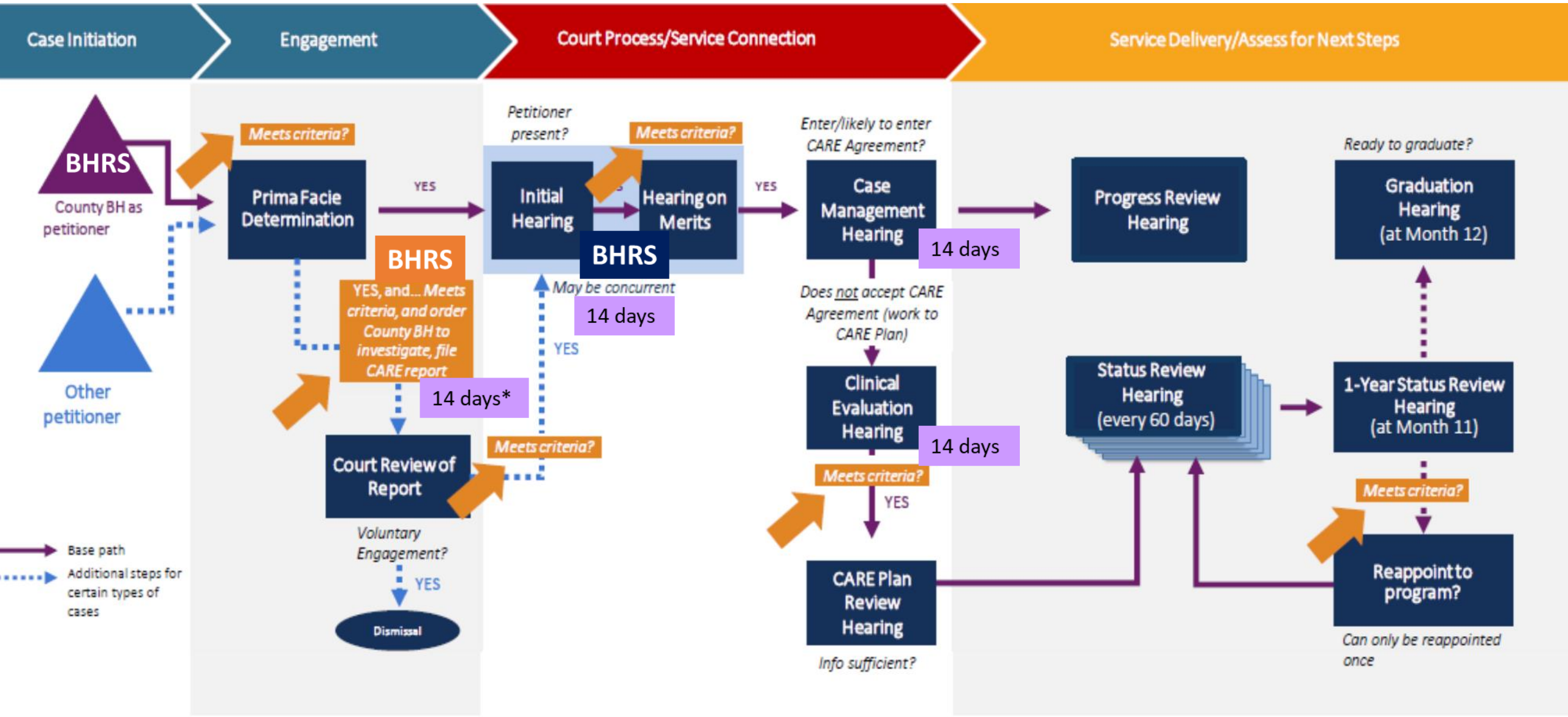
# Court Process

## Multiple paths to receive services through CARE

- Voluntary Engagement
- CARE Agreement
- CARE Plan

After a respondent is petitioned, BHRS is later designated Petitioner by the Court and continues the remainder of the court process

# Court Process



# BHRS CARE Roles

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Outreach to the community, clinics, and CBOs and explain CARE and the petition process

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Maintain consultation and referral phone line and email

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Engage all respondents to assess eligibility and evaluate for appropriate services

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Attend all CARE Court proceedings, including initial hearings, hearing on merits, case management hearings, etc.

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Work with respondent, counsel, and supporter on creation of CARE Agreement or Plan; connect respondent to services after CARE Agreement/Plan is accepted by Court

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File CARE Reports, provide status reviews every 60 days, and write clinical evaluations per state requirement

# BHRS & CARE

BHRS will blend CARE Court with AOT (Assisted Outpatient Treatment)

- State laws with prescriptive steps and court component
- Field-based teams
- Outpatient treatment
- Requires voluntary agreements on the part of the referent
- Referrals come from a variety of sources
- Consultation and referral emails and phone lines

While AOT has specific criteria per state law, the team investigates and connects with ALL referrals

Many ineligible AOT referrals will likely meet CARE criteria

- Of the nearly 45% of referrals to AOT who do not meet the strict AOT criteria, over 90% would likely meet criteria for CARE Court



# CARE & AOT Criteria



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## CARE Criteria

- 18 years or older
- Diagnosis of Schizophrenia Spectrum disorder or Other Psychotic disorder ★
- Not currently engaged in voluntary treatment
- Deteriorating or unlikely to survive without intervention
- Least restrictive option
- Likely to benefit from services

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## AOT Criteria

- 18 years or older
  - SMC resident ★
  - SMI diagnosis ★
  - 2 psychiatric hospitalizations and/or MH tx in a correctional setting in the past 3 years ★
- OR
- 1 act of serious violence towards self or others in the past 4 years
  - Not currently engaged in voluntary treatment
  - Deteriorating or unlikely to survive without intervention
  - Least restrictive option
  - Likely to benefit from services

# Staffing



CLINICAL  
SERVICES  
MANAGER



MENTAL HEALTH  
PROGRAM  
SPECIALIST



LICENSED  
CLINICIANS



MENTAL HEALTH  
COUNSELOR



PEER SUPPORT  
SPECIALIST



DEPUTY PUBLIC  
GUARDIAN



LEGAL OFFICE  
SECRETARY



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# Supportive Services Provided/Through BHRS

- BHRS clinics
- Full-Service Partnerships (Telecare, Caminar, Edgewood)
  - 150 FSP slots
- RTP, IOP, OP

MH & AOD  
Treatment



- Benefits
- Employment services
- CalFresh
- SSI/SSDI

Case  
Management



- Behavioral Health Bridge Housing (BHBH Grant)
  - Awarded to SMC BHRS
  - Prioritizes CARE clients
  - “Bridge Housing” - short- and mid-term residential settings with a goal of connecting clients to long-term housing stability

Housing



# Reminders About CARE

CARE is  
Outpatient  
Treatment

CARE cannot  
**FORCE**  
medication

CARE does not  
guarantee  
housing for the  
homeless

CARE is not  
Criminal Court

Services will  
continue after  
graduation



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# Goals & Challenges

## Goals

- Engagement in treatment
- Connection to services
- Housing of unhoused population

## Challenges

- Amount of referrals
- Length of time to engage referrals and gain interest from the client
- Availability of services
- Availability of housing



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<https://www.smchealth.org/>



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