

# Frequently Asked Questions for Families (FAQ)

## 1 What is the CARE Act?

[Senate Bill \(SB\) 1338](#) (Chapter 319, Statutes of 2022) established the Community Assistance, Recovery, and Empowerment (CARE) Act represents a crucial step forward in ensuring that individuals facing severe mental health challenges (schizophrenia spectrum and other psychotic disorders) in California receive the care they so desperately need. Too often, these vulnerable individuals find themselves without access to the necessary treatment.

The CARE Act takes a proactive approach through early intervention, seeking to divert individuals from more restrictive conservatorships or incarceration. It establishes a vital connection between those in crisis and a court-ordered CARE plan or agreement that can span up to 12 months, with potential extensions for an additional year. This approach seeks to alleviate the immense suffering that has historically plagued those left on the streets or subjected to avoidable incarceration. The CARE Act stands as a beacon of hope and support for Californians in need of compassionate mental health care.

Recognizing the need for support and accountability, the CARE Act steps in to help those with severe untreated mental illnesses and assist local governments in their duty to provide behavioral health services.

Moreover, the CARE Act ensures that individuals receive clinically appropriate community-based services.

## 2 Who is eligible for CARE?

To be eligible for CARE, the following criteria apply:

- 18 years and older with a diagnosis of Schizophrenia Spectrum or Other Psychotic Disorders
- The person has symptoms that are severe in degree and persistent in duration, which may cause behavioral functioning which interferes substantially with the primary activities of daily living (i.e., basic activities related to personal care), and which may result in an inability to maintain stable adjustment and independent functioning without treatment, support, and rehabilitation for a long or indefinite period of time
- The person is not stabilized with ongoing voluntary outpatient treatment
- Either the person is unlikely to survive safely/ independently in the community (such as maintaining personal safety, hygiene, diet, health, and/or necessary relationships without supervision) and the condition is deteriorating OR services and support are needed to prevent relapse or deterioration,
- Participation in CARE Act is the least restrictive alternative, AND
- The person will likely benefit from participating in a CARE plan or CARE agreement.

### 3 Where can I access the petition form?

The petition form is available on the [selfelp.courts.ca.gov](https://selfelp.courts.ca.gov) website.

### 4 When does the CARE Act go into effect statewide, and will there be a delay in certain counties?

The CARE Act will start in phases:

- On October 1, 2023, Cohort 1 counties will implement CARE, including Glenn, Orange, Riverside, San Diego, Stanislaus, Tuolumne, and San Francisco.
- Los Angeles will begin on December 1, 2023.

All remaining counties will begin implementation by October 1, 2024, unless the county is granted additional time by DHCS.

### 5 Does my loved one have to be diagnosed by a mental health professional to meet the eligibility?

Yes, only individuals with a diagnosis of schizophrenia spectrum disorder or other psychotic disorders may be eligible for the CARE Act process. This includes individuals with dual diagnoses. The full [eligibility criteria are available here](#).

### 6 Who can be a petitioner?

A CARE petition can be filed by a family member or peer, providers or clinicians, county behavioral health, first responders, and others as specified in law. If you need more support with filling out the petitioner form, locate your nearest California Court [Self-Help Center](#) for assistance in obtaining answers to your inquiries and receiving hands-on guidance in completing and submitting a petition. These Self-Help Centers are equipped to offer legal information and resources through in-person visits, telephone consultations, or online assistance to individuals who do not have legal representation.

### 7 Why doesn't CARE cover all Behavioral Health Conditions?

CARE is specifically designed to provide services for individuals with behavioral health conditions that are severely impairing and highly responsive to treatment, including those that can be stabilized with

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medications. The reason for this focus is to provide effective and specialized care for individuals with these specific diagnoses.

However, for individuals with broader behavioral health conditions that may not fit this criteria, the Administration is leading a broader behavioral health redesign effort. The goal is to ensure that all Californians have access to high-quality and culturally responsive behavioral health care. This initiative includes expanding behavioral health capacity through improvements in treatment and workforce infrastructure and reducing fragmentation within the behavioral health system. So, while CARE may have a specific scope, the broader aim is to improve access and quality of care for everyone with behavioral health needs in California. More information is available [here](#).

For more information, please visit the [CHHS.ca.gov](https://CHHS.ca.gov) webpage.

## 8 After submitting the petition form, what happens next?

### **Petition Review and Initial Assessment:**

- The court promptly reviews petitions and assesses if the criteria are met.

### **Investigation and Report:**

- If the criteria are met, the court orders the county to conduct an investigation and submit a written report.

### **Hearing and Determination:**

- The court reviews the report within 5 days.
- If voluntary engagement and treatment initiation are successful, the matter is dismissed.
- If not, an initial hearing is scheduled within 14 days, where counsel is appointed, and notice is provided to relevant parties.
- The court assesses if the respondent meets CARE criteria.

### **CARE Agreement or Clinical Evaluation:**

- If the parties agree to a CARE agreement, a progress hearing is scheduled.
- If no agreement is reached, a clinical evaluation of your loved one is ordered.

### **CARE Plan Development and Implementation:**

- If your loved one meets CARE criteria, a CARE plan is developed, including community-based services and supports.
- A hearing to review and approve the CARE plan occurs within 14 days.
- The court may issue orders to facilitate access to services, initiating the CARE program timeline with periodic status review hearings every 60 days.
- In the 11th month, a one-year status hearing is held to determine graduation or reappointment, with the possibility for your loved one to request reappointment or develop a graduation plan for transition out of court jurisdiction.

For more information, there is a CARE Act Training & Technical Assistance Recording training on: [CARE Act 202: The CARE Agreement & Care Plan](#)

## 9 What are the differences in roles between a petitioner and a volunteer supporter?

### **Petitioner:**

- The petitioner is the person who is requesting to start CARE Act proceedings for a person or their loved one with a severe mental illness who needs help.
- To be a petitioner, you must be 18+ and you must fall within one of the following categories to be able to request CARE Act proceedings for their loved one:
  - Person living with their loved one
  - Family member (spouse, parent, sibling, child, grandparent) of their loved one
  - Person acting as a parent to their loved one
  - Hospital director or their designee
  - Director of a behavioral health services provider
  - Licensed behavioral health professional or their designee
  - County behavioral health agency director or their designee
  - Tribal court judge in California or their designee
  - Director of adult protective services or their designee
  - Director of a California Indian health services program or tribal behavioral health department
  - First responder with repeated interactions involving your loved one's welfare
  - Public guardian or conservator or their designee
  - Private court-appointed conservator under the Lanterman-Petris-Short (LPS) Act (if referred)

### **Volunteer Supporter:**

- A volunteer supporter can be an adult who ensures that the respondent's needs and preferences are well-represented. A volunteer supporter is someone chosen by the respondent (although the respondent may choose not to have a supporter).
  - Who can be a supporter? Adults, including (but not limited to):
    - A friend
    - A family member
    - A support person
    - A faith leader
    - A mentor
    - A mental health or social service provider
    - A person with lived experience in mental health and/or substance use disorder
    - Anyone the respondent chooses

For more information on petitioners, please visit [CARE-050-INFO](#).

## 10 As a family member who wants to be a volunteer supporter, what are my options and limits for supporting my loved one?

What a volunteer supporter can do:

- Participate in meetings and communication regarding their loved one's:
  - Psychiatric evaluation
  - Development of a CARE agreement or CARE plan
  - Completion of a psychiatric advance directive
  - Development of a graduation plan
  - Judicial proceedings and status hearing

What a Volunteer Supporter Cannot Do (unless authorized by their loved one with capacity):

- Make decisions on behalf of their loved one except to prevent imminent harm
- Sign documents on behalf of their loved one
- Waive confidentiality
- Be subpoenaed and called to testify against their loved one in any proceeding

Important Note: A supporter's participation in meetings, etc. is at their loved one's request and discretion. The supporter has no rights other than those consented to by their loved one.

For more information on volunteer supporter, there is a CARE Act Training & Technical Assistance Recording here: [The Supporter Role in the Care Act](#)

## 11 How can I ensure that the mental health care provided is comprehensive and effective for my loved one?

The CARE plan is personalized to align with your loved one's preferences and needs. Care plans will include a housing plan. Your loved one served through CARE will have diverse housing needs on a continuum ranging from clinically enhanced interim or bridge housing, licensed adult and senior care settings, supportive housing, or housing with family and friends. The 2022-2023 budget included \$1.5 billion for Behavioral Health Bridge Housing, which will fund clinically enhanced bridge housing settings that are well suited to serve CARE participants and these funds will be prioritized for CARE participants.

Additionally, regular reviews ensure ongoing consideration of a loved one's choices and progress. Therefore, the information can provide guidance on how to ensure comprehensive and effective mental health care for a loved one under the CARE Act.

## **12** How is the CARE Act addressing Housing?

The CARE Act recognizes the pivotal role of stable housing in assisting homeless individuals and places a strong emphasis on addressing housing issues. Living in challenging outdoor conditions hinders progress and treatment engagement. To address this, the CARE process may offer diverse housing options, including temporary, clinical-supported housing, licensed facilities, housing with various support services, and living arrangements with family and friends.

Additionally, the CARE Act ensures housing support by granting priority access through court orders and leveraging local, state, and federal housing resources. It can even encompass relevant housing initiatives. Notably, Behavioral Health Bridge Housing allocates resources for specialized transitional housing with clinical enhancements tailored to CARE respondents' unique needs, enhancing their overall well-being.

## **13** How does the CARE Act ensure that a loved one will receive support in making self-directed choices, and what resources are available for volunteer supporters?

Supporting a loved one in making self-directed choices is a fundamental aspect of the CARE Act. Each respondent is given the option to choose a volunteer supporter in addition to their clinical team. The primary role of the supporter is to assist the respondent in understanding, considering, and effectively communicating their decisions. This helps ensure that respondents have the opportunity to make choices aligned with their own preferences to the greatest extent possible.

Furthermore, the Department of Health Care Services collaborates with various stakeholders, including disability rights groups, county behavioral health and aging agencies, individuals with lived expertise, families, racial justice experts, and others, to provide optional training and technical resources for volunteer supporters. This training encompasses various aspects of the CARE process, community services and supports, supported decision-making, addressing the needs of people with behavioral health conditions, trauma-informed care, and psychiatric advance directives. These resources are designed to empower volunteer supporters to play a crucial role in assisting respondents along their path to recovery and self-sufficiency.

Resources and Information, please visit the [NAMI California Care Act webpage](#) that includes resources and information.

## 14 Why does my loved one have to go through the court system for the CARE Plan process?

The purpose of the CARE Plan is to step in early and provide support to individuals before their situation escalates to the point where they end up in criminal court or under conservatorship (a legal guardianship). The CARE Plan is meant to promote collaboration and coordination, not just enforce compliance.

The process begins with county outreach and engagement, where efforts are made to work with the person in need of help before any court involvement. If the individual cannot participate in the process, or if government agencies are unable to implement an appropriate plan focused on the individual's needs, then the court may become more deeply involved to ensure proper oversight and care.

## 15 How can I ensure that the mental health care provided is comprehensive and effective for my loved one?

The processes in place include the petitioners process, proceedings, evaluations, care plans, follow ups, and multiple systems of care; support system abuse prevention.

When it comes to addressing racial bias, the CARE Act is actively taking steps to be proactive. They will keep a close record of situations where racial inequalities are evident, like in medical diagnoses, homelessness, and how the justice system affects different racial groups. Right from the very start, when they are designing the program, they'll make sure to include measures that deal with these inequalities. They'll also use standardized tools to assess and evaluate things, with a special focus on finding and fixing anything that adds to racial bias. People who are involved in the CARE Act processes will receive training to help them recognize any hidden biases they might have and how they could unintentionally make these biases worse. Additionally, the CARE Act is committed to regularly talking with communities and the people who are affected by it, not just in the beginning but as it keeps growing over the next few years. This means they'll listen to feedback and ideas from the community to make sure the program is open, trustworthy, and fair for everyone involved.

## 16 What is NAMI California's role in the Care Act?

NAMI California's role and commitment to the CARE Act involves maintaining a strong connection of support with local families and affiliates across California. This connection allows us to actively listen to their needs, concerns, misconceptions, and service gaps. We use this valuable input to inform the development of training plans, collateral materials, and service mapping. Our commitment to supporting families and Affiliates is evident through our provision of webinars, training sessions, local resources, and FAQ page.

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These resources we provide to our Affiliate will offer assistance to family members and effectively navigate the CARE Act process. Furthermore, NAMI California will offer training opportunities for families, helping them understand what to expect when their loved ones are undergoing the CARE Act process and prevent misinformation. NAMI California is dedicated to staying informed about CARE Act developments by closely collaborating with our partners, and we are committed to raising awareness and addressing the specific needs of the NAMI mental health community during this transitional period.

## 17 If my Family Member doesn't qualify for CARE, where can I find support or Resources?

For alternative resources for your loved one, [find your local NAMI Affiliate](#) will be able to provide you with further information on referral services and resources.

### References

[CARE Act Training & Technical Assistance: PRACTICAL APPROACHES TO HOUSING FOR THE CARE ACT](#)

[CARE Act Training & Technical Assistance: CARE ACT ELIGIBILITY IN PRACTICE](#)

[Community Assistance, Recovery and Empowerment Act \(CARE Act\) Webinar - December 16, 2022](#)

[CalHHS: CARE FAQ Community Assistance, Recovery, and Empowerment \(CARE\) Act](#)

[CalHHS: Community Assistance, Recovery, and Empowerment \(CARE\) Act: Fact Sheet](#)

[Community Assistance, Recovery, and Empowerment Act: Eligibility-Criteria](#)

[CalHHS: CARE Act Resources for Petitioners](#)

[Information for Petitioners—About the CARE Act \(CARE-050-INFO\)](#)

[CARE Act Training & Technical Assistance: THE SUPPORTER ROLE IN THE CARE ACT](#)