



LIVE WELL
SAN DIEGO

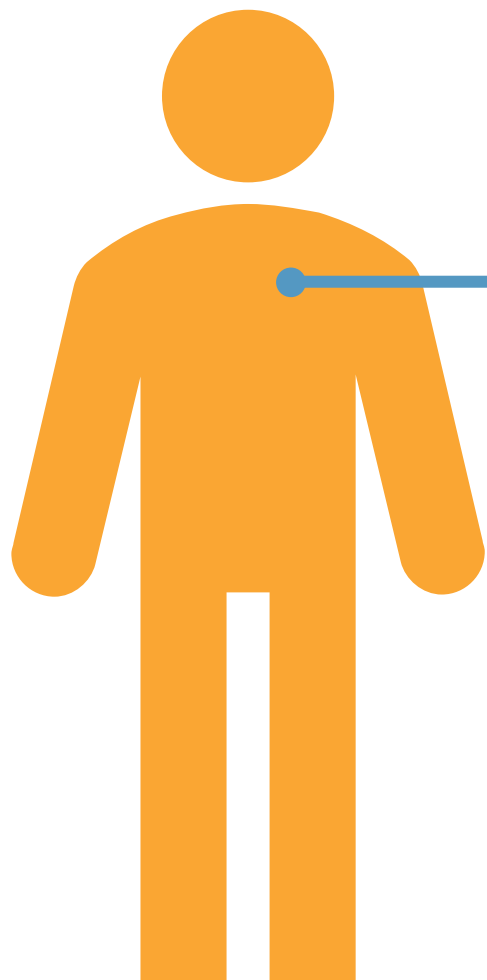
CARE Act Program Overview



What is the CARE Act Program?

The Community Assistance, Recovery and Empowerment (CARE) Act program can connect people with schizophrenia or other psychotic disorders to mental health and substance use treatment.

Who may qualify?



Adults aged 18+

Diagnosed with schizophrenia or other psychotic disorders

Not currently in treatment

Meets program criteria

Shows likelihood to benefit from program

May be unhoused (but not required)

Call the ACL or 988



The Access and Crisis Line (ACL)

1-888-724-7240

Suicide and Crisis Lifeline

988

Connect to
Services

Crisis
Intervention

CARE Act
Navigation

Connection to
Legal Aid Society

What is the Process?

1



Referral

2



Initial Determination

3



Investigation & Engagement

4



CARE Plan

5



Connection to Services

CARE Act Program Process

1



Referral

- Referrals can be made by:
 - Family members
 - Someone residing with the individual
 - Behavioral health providers
 - First responders
 - Or other approved petitioners
- Petitions are filed with the Superior Court (civil proceeding) and must include supporting documentation that meets State requirements to establish clinical history.

CARE Act Program Process

! Mandatory Step

- Per WIC 5975, a **Mental Health Declaration form** or other qualifying documentation **must** be submitted with each CARE Act petition to confirm clinical history.

CARE-101

FL-100

<p><small>PARTY WITHOUT ATTORNEY OR ATTORNEY</small></p> <p>NAME: _____</p> <p>STREET ADDRESS: _____</p> <p>CITY: _____ STATE: _____ ZIP CODE: _____</p> <p>TELEPHONE NO.: _____ FAX NO.: _____</p> <p>HOME ADDRESS: _____</p> <p>ATTORNEY FOR (name): _____</p>	<p><small>STATE BAR NUMBER</small></p> <p>FOR COURT USE ONLY</p>
<p>SUPERIOR COURT OF CALIFORNIA, COUNTY OF</p> <p>STREET ADDRESS: _____</p> <p>MAILING ADDRESS: _____</p> <p>CITY AND ZIP CODE: _____</p> <p>BRANCH NAME: _____</p>	
<p>PETITIONER: _____</p> <p>RESPONDENT: _____</p>	
<p>PETITION FOR <input type="checkbox"/> AMENDED <small>CASE NUMBER</small></p> <p><input type="checkbox"/> Disolution (Divorce) of: <input type="checkbox"/> Marriage <input type="checkbox"/> Domestic Partnership</p> <p><input type="checkbox"/> Legal Separation of: <input type="checkbox"/> Marriage <input type="checkbox"/> Domestic Partnership</p> <p><input type="checkbox"/> Nullity of: <input type="checkbox"/> Marriage <input type="checkbox"/> Domestic Partnership</p>	

- LEGAL RELATIONSHIP** (check all that apply):
 - We are married.
 - We are domestic partners and our domestic partnership was established in California.
 - We are domestic partners and our domestic partnership was NOT established in California.
- RESIDENCE REQUIREMENTS** (check all that apply):
 - Petitioner Respondent has been a resident of this state for at least six months and of this county for at least three months immediately preceding the filing of this Petition. (For a divorce, at least one person in the legal relationship described in items 1a and 1c must comply with the requirement.)
 - Our domestic partnership was established in California. Neither of us has to be a resident or have a domicile in California to dissolve our partnership here.
 - We are the same sex, were married in California, but currently live in a jurisdiction that does not recognize, and will not dissolve, our marriage. This Petition is filed in the county where we married.
 Petitioner lives in (specify): _____ Respondent lives in (specify): _____
- STATISTICAL FACTS**
 - (1) Date of marriage (specify): _____ (2) Date of separation (specify): _____
 (3) Time from date of marriage to date of separation (specify): _____ Years _____ Months
 - (1) Registration date of domestic partnership with the California Secretary of State or other state equivalent (specify below): _____
 (2) Date of separation (specify): _____
 (3) Time from date of registration of domestic partnership to date of separation (specify): _____ Years _____ Months
- MINOR CHILDREN**
 - There are no minor children.
 - The minor children are:

Child's name	Birthdate	Age	Sex

(1) continued on Attachment 4b. (2) a child who is not yet born.

c. If any children listed above were born before the marriage or domestic partnership, the court has the authority to determine those children to be children of the marriage or domestic partnership.

d. If there are minor children of Petitioner and Respondent, a completed Declaration Under Uniform Child Custody Jurisdiction and Enforcement Act (UCCJEA) (form FL-105) must be attached.

e. Petitioner and Respondent signed a voluntary declaration of paternity. A copy is is not attached.

Page 1 of 2

PETITION—MARRIAGE/DOMESTIC PARTNERSHIP
(Family Law)

Form Adopted for Mandatory Use
Judicial Council of California
FL-100 (Rev. July 5, 2020)

Family Code, §§ 291, 298, 2300, 2302, 2602
www.court.ca.gov

CARE Act Program Process



2



Initial Determination

- The Superior Court makes an initial determination as to whether the petition appears to meet criteria for the CARE Act program.

CARE Act Program Process



3 Investigation & Engagement

- County BHS will complete an investigation and report back within 14 days with a recommendation regarding the establishment of a CARE Act case.
- BHS will attempt to connect with and engage the petitioned person with treatment that could help avoid the need for a CARE Act case.

CARE Act Program Process



4



CARE Plan

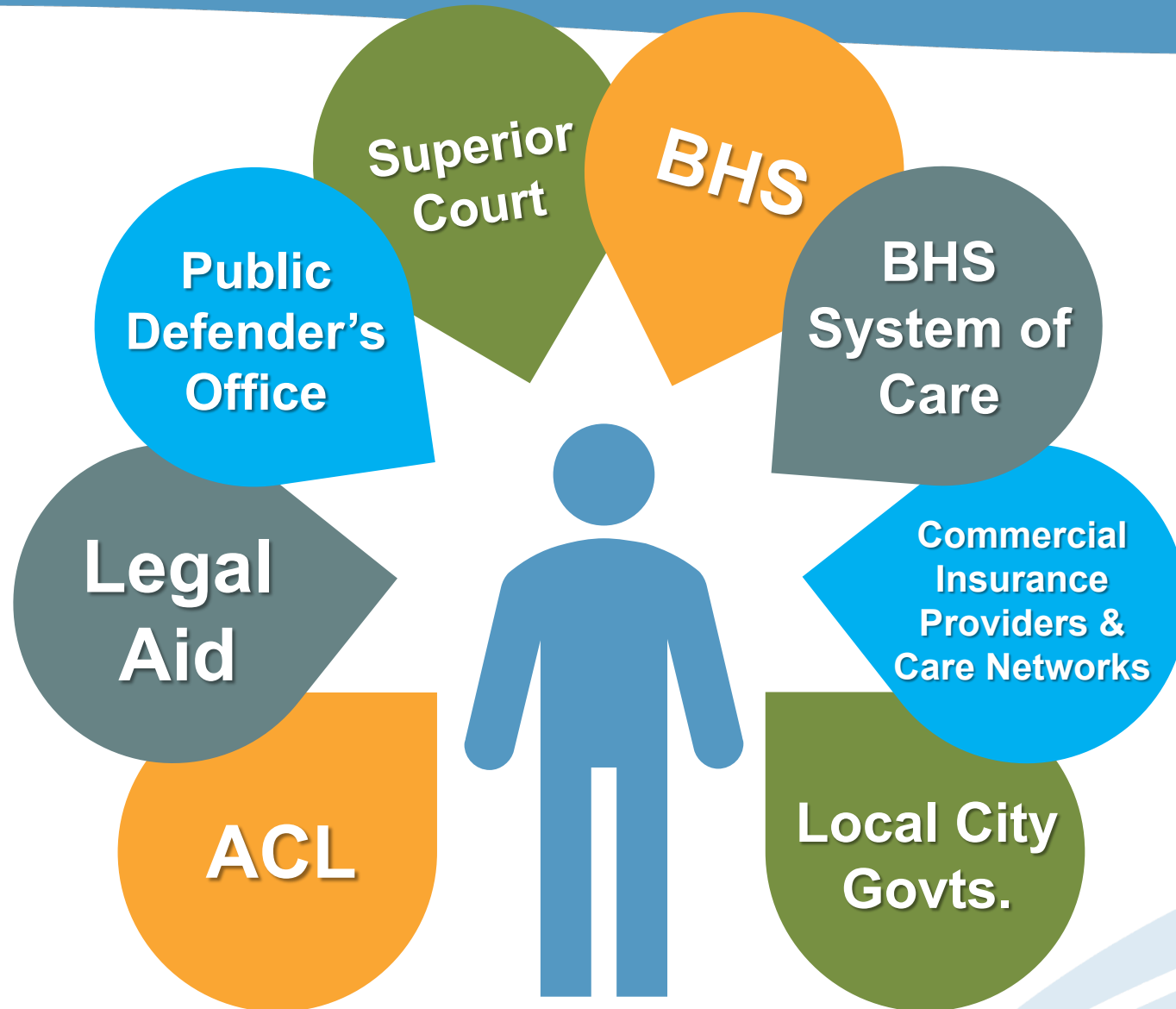
- If the Superior Court determines that a CARE Plan is needed, a CARE Plan will be developed with County BHS, in partnership with the petitioned person and their counsel.
- The CARE Plan will be submitted to the Superior Court for review.

CARE Act Program Process

5 Connection to Services

- Once the CARE Plan is accepted by the Superior Court, BHS and its network of community-based providers will actively engage the petitioned person to connect them to services, including:
 - Behavioral health treatment
 - Stabilization medication
 - A housing plan
 - Other supports as needed

Roles



What to Expect After a CARE Plan is Established



- The CARE Plan client will receive services up to 12-months.
- The individual's progress will be checked regularly at status review hearings every 60 days.
- At the last scheduled status review hearing it will be determined if the client is ready to graduate or if services are still needed under CARE Act.
- CARE Act services can be extended for up to one year.

Common Claims About the Program

Common Claims

Accurate Messages



CARE Act will allow the Court to mandate treatment.



- CARE Act is a new pathway to voluntary treatment.
- A CARE Plan can be established for one year, with the potential for one additional renewal year.



The CARE Act program is for anyone with a behavioral health condition.



- CARE Act is limited to a very small group of people.
- To be eligible, a person must have diagnosed schizophrenia or another psychotic disorder and not be in treatment.



The CARE Act program is designed only for people experiencing homelessness.



- Some people with a CARE Plan may be unhoused or experiencing housing instability.
- Housing support may be part of a CARE Plan.
- The program is not set up to specifically address homelessness (not a required criteria for eligibility).



For More Information



Call the Access & Crisis Line for behavioral health services, referrals, or linkage to Legal Aid Society for CARE Act assistance: **888-724-7240**



Call Legal Aid Society directly for CARE Act information and assistance: **877-734-3258**
(Option 6)



Visit the BHS CARE Act webpage to learn more:
SanDiegoCounty.gov/CAREAct

