

Mendocino County **CARE** Court

Program Overview

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What is CARE Court?

Community Assistance, Recovery & Empowerment Act

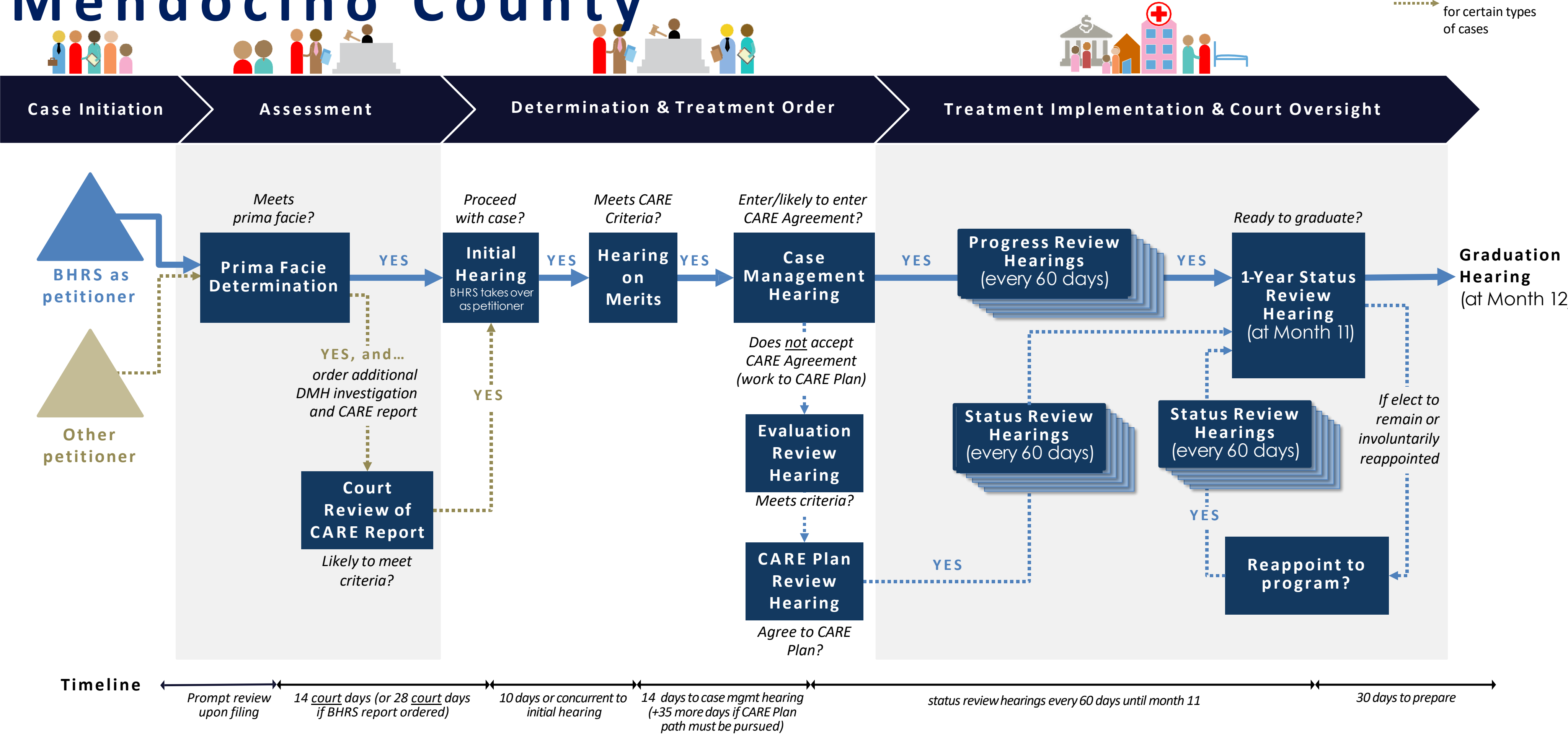
New CIVIL COURT PROCESS established to:

- Focus counties and other local governments on serving persons with **untreated schizophrenia spectrum or other psychotic disorders**
- Provide **behavioral health and housing 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
- Ensure local governments have support while **driving accountability** for their role

CARE Court in Mendocino County

LOCATION: COURTHOUSE

→ Base path
→ Additional steps for certain types of cases



Who Does This Program **Help**?



18 years or older



Has diagnosis in disorder class: 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 a CARE Plan or Agreement is the least restrictive alternative



Likely to benefit from participating in a CARE Plan or Agreement

Who Can Petition?

"FAMILY / HOME"

- **Person with whom respondent resides**
- **Spouse, parent, sibling, child, grandparent** or other individual in place of a parent
- **Respondent** (i.e., self-petition)



"COMMUNITY"

- **First responder** (e.g., peace officer, firefighter, paramedic, mobile crisis response, homeless outreach worker)
- **Director of a hospital**, or designee, in which respondent is hospitalized (including for 5150s, 5250s)
- **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 (e.g., DMH CARE-LA team)
- **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

How to File a Petition

CONFIDENTIAL **CARE-100**

ATTORNEY OR PETITIONER WITHOUT ATTORNEY		STATE BAR NUMBER	FOR COURT USE ONLY
NAME:			DRAFT Not approved by the Judicial Council
FIRM NAME:			
S/HE/H/ ADDRESS:			
CITY:		STATE: ZIP CODE:	
TELEPHONE NO.:		FAX NO.:	
FIRM ADDRESS:			
ATTORNEY FOR (name):			
SUPERIOR COURT OF CALIFORNIA, COUNTY OF			
S/HE/H/ ADDRESS:			
MAILING ADDRESS:			
CITY AND ZIP CODE:			
BRANCH NAME:			
CARE ACT PROCEEDINGS FOR (name):		RESPONDENT	
PETITION TO COMMENCE CARE ACT PROCEEDINGS		CASE NUMBER:	

For information on completing this form, see *Information for Petitioners—About the CARE Act* (form CARE-050-INFO).

1. 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.

c. ☐ A person who stands in the place of a parent to respondent.

d. ☐ The director* of a hospital in which respondent is hospitalized.

e. ☐ 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.

f. ☐ 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.

l. ☐ A California tribal court judge.*

m. ☐ Respondent.

* This person may designate someone else to file the petition on their behalf. If the petitioner is a designee, check this category and put designee's name in item 1, above.

2. a. Petitioner asks the court to find that respondent (name):
is eligible to participate in the CARE Act process and to commence CARE Act proceedings for respondent.

b. Petitioner's relationship to respondent (specify and describe relationship):

- Complete petition (CARE-100) – *remember to fill out all requested information*
- Additionally, provide the required documentation:
 - Completed ***Mental Health Declaration*** (CARE-101) from licensed behavioral health provider
 - OR -
 - Evidence the respondent was detained for a minimum of two periods of intensive treatment (**aka, WIC 5250 holds**), the most recent one within the previous 60 days

- Petitions can be **filed in-person at Courthouse** and anywhere Self-Help Centers are located.
- Help is available online and at **Self-Help Centers** located in courthouses where family law matters are heard



What Is In A CARE Agreement/Plan?



Behavioral Health Services



Medications



Housing Resources



Social Services & Supports

How is CARE Court **Different** From AOT?

✓ CARE has narrower list of mental illness diagnoses which qualify

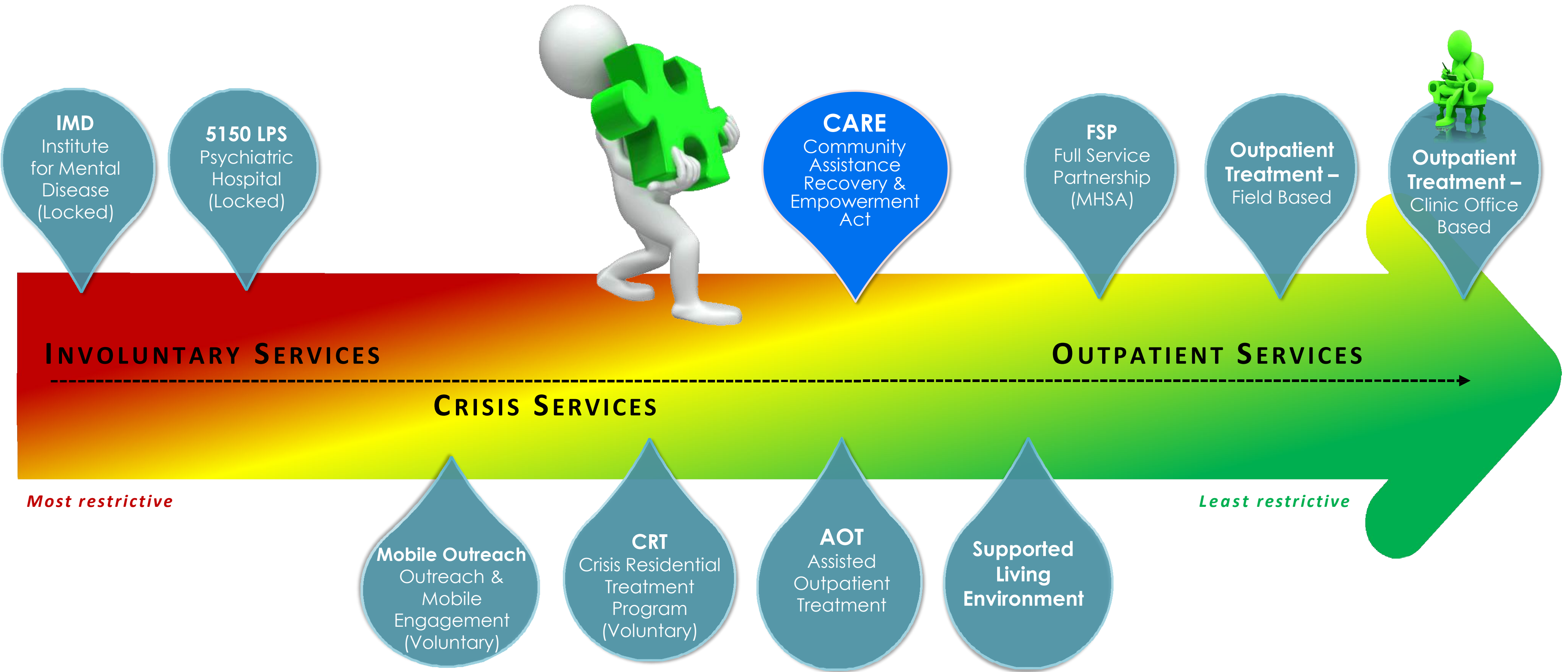
✓ CARE has larger list of qualifying petitioners

✓ CARE allows for a supporter to assist with treatment team and supportive decision making with permission of the participant

✓ CARE program duration is longer: one year (with a second year granted if necessary)

✓ CARE will be available in every county statewide by 2025—no matter the insurance plan!

What Other **BHRS** Programs Are Available?



County Mental Health Resources

Talk with us.



<https://www.mendocinocounty.gov>

Service referrals, emotional support, and mental health resources

available 24/7 at Mendocino's Access Line

(800) 555-5906