

This information sheet describes the CARE Act and how to fill out *Petition to Commence CARE Act Proceedings* (form CARE-100). You may also be able to receive assistance at the court self-help center. Go to <https://selfhelp.courts.ca.gov/self-help/find-self-help> to find one for your court.

1 What is the CARE Act?

CARE stands for Community Assistance, Recovery, and Empowerment. The CARE Act is a way to allow specific people, called “petitioners,” to request court-ordered treatment, services, support, and a housing plan for certain people, called “respondents,” who have certain untreated severe mental illnesses, specifically schizophrenia or another psychotic disorder. A respondent must be 18 years of age or older.

CARE Act proceedings involve assessments and hearings to determine whether the respondent meets eligibility requirements. A county behavioral health agency will be involved in the process. If the respondent meets the standards for CARE eligibility, a CARE agreement or plan may be created and, if approved, ordered by the court.

2 What is a CARE agreement or CARE plan?

A CARE agreement and a CARE plan are written documents that specify services designed to support the recovery and stability of the respondent. They must be approved by court order. They may include clinical behavioral health care; counseling; specialized psychotherapies, programs, and treatments; stabilization medications; a housing plan; and other supports and services directly and indirectly through a local government entity. Stabilization medications must not be forcibly administered.

A CARE agreement is a voluntary agreement entered into by a respondent and the county behavioral health agency after a court has found that the respondent is eligible for the CARE program. The agreement is subject to court modification before approval.

A CARE plan is an individualized range of community-based services and supports for the respondent that is ordered by the court.

3 Have you considered alternatives to CARE Act proceedings?

There may be other ways to help a person with a severe mental illness. If the person has commercial health insurance, contact the health plan/insurer. If you do not know if the person has commercial health insurance or if they do not have commercial insurance, contact your county’s behavioral health agency or check its website for services. County behavioral health agencies offer an array of services, from counseling, psychiatrists, psychologists, or therapists, to full-service partnerships, rehabilitative mental health services, peer support services, intensive case management, crisis services, residential care, substance disorder treatment, assertive community treatment, and supportive housing. Counties are required to provide services to Medi-Cal beneficiaries who qualify for specialty mental health and substance use disorder services, but may also provide access to their services to a broader population, depending on local funding and eligibility criteria, without a court order.

A *full-service partnership* is designed for a person with a severe mental illness who would benefit from an intensive service program. A full-service partnership can assist a person who is homeless, involved with the justice system, or uses crisis psychiatric care frequently. *Assertive community treatment* is a form of mental health care provided in a community setting to help a person become independent and integrate into the community as they recover.

Find out if the person has made an advance health care directive or psychiatric advance directive, designating someone else to make health care decisions on their behalf when they cannot. Consider looking into local social services and community-based organizations, too.



4 How do I complete *Petition to Commence CARE Act Proceedings (form CARE-100)*?**Item 1: Who Can Be the Petitioner?**

The petitioner is the person who is requesting to start CARE Act proceedings for a person with a severe mental illness who needs help.

To be a petitioner, you must be 18 years of age or older and you **must** fall within one of the following categories to be able to request CARE Act proceedings for a respondent:

- A person who lives with the respondent.
- A spouse or registered domestic partner, parent, sibling, child, or grandparent of the respondent.
- A person who stands in the place of a parent to the respondent.
- The director of a hospital, or their designee, in which the respondent is or was recently hospitalized.
- The director of a public or charitable agency, or their designee, who has within the last 30 days provided or who is currently providing behavioral health services to the respondent or in whose institution the respondent resides.
- A licensed behavioral health professional, or their designee, who is or has been supervising the treatment of or treating the respondent for mental illness within the last 30 days.
- The director of a county behavioral health agency, or their designee, of the county where the respondent resides or is found.
- A judge of a tribal court located in California, or their designee.
- The director of adult protective services, or their designee, of the county where the respondent resides or is found.
- The director of a California Indian health services program or a California tribal behavioral health department, or their designee.
- 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 the respondent in the form of multiple arrests, detentions, and transportation under Welfare and Institutions Code section 5150, multiple attempts to engage the respondent in voluntary treatment, or other repeated efforts to aid the respondent in obtaining professional assistance.
- The public guardian or public conservator, or their designee, of the county where the respondent is present or reasonably believed to be present, or a private court-appointed conservator under the Lanterman-Petris-Short (LPS) Act, if referred from the LPS court.
- The respondent.

In item 1, enter your name and check the box next to the eligible petitioner type or types that apply to you.

Item 2: Relationship to the Respondent

Enter the respondent's name in item 2a and describe the nature of your relationship with the respondent in item 2b. If you are a petitioner from a hospital, a public or charitable agency, a first responder, or a licensed behavioral health professional who has been treating or supervising the respondent, you must include the number of interactions, the date of the most recent interaction, and the nature and outcome of each interaction in 2c.

Item 3: Respondent's Address or Last Known Location

If you know where the respondent lives, include the address in item 3. If you do not know the respondent's address, or if they do not have one, specify that the address is unknown and provide the last known location and any additional contact information that may be useful to locate the respondent, such as a phone number or email address.

Item 4: County of Filing

In item 4, explain why it is appropriate to file the petition in the county where you are filing. The respondent must either live in the county, currently be in the county, or be facing a legal case in the county. Check all that apply. If the person does not live in the county, it is also helpful to include where they live, if you know.



Item 5: Respondent Eligibility

You must provide facts and supporting information to show that the respondent is eligible for CARE Act proceedings. All of the following requirements, listed in item 5 of form CARE-100, must be met for the respondent to be eligible. Please note that the examples below are only examples of circumstances that **may** qualify. All determinations of eligibility are case-specific.

Requirements	Explanations	Examples
The respondent must be 18 years old or older (item 5a) and must:		
<p>Have a diagnosis of a schizophrenia spectrum disorder or another psychotic disorder in the same class, as defined in the current <i>Diagnostic and Statistical Manual of Mental Disorders</i> (item 5b).</p>	<p>Only a person with a schizophrenia spectrum or other psychotic disorder is eligible for the CARE Act process. A person only with another serious mental illness, such as bipolar disorder or major depression, is not eligible.</p> <p>Note: The psychotic disorder must not be based on a medical condition, including a physical health condition such as a traumatic brain injury, autism, dementia, or a neurological condition. A person with a current diagnosis of substance use disorder must also have a psychotic disorder and meet all the other criteria in item 5 to be eligible.</p>	<p>Schizophrenia, schizophreniform disorder, schizoaffective disorder, delusional disorder, schizotypal personality disorder, and other psychotic disorders.</p>
<p>Be currently experiencing a mental illness that (item 5c):</p> <ul style="list-style-type: none"> • Is severe in degree and persistent in duration (item 5c(1)) • May cause behavior that interferes substantially with activities of daily living (item 5c(2)), and • May lead to an inability to maintain stable adjustment and independent functioning without treatment, support, and rehabilitation for a long or indefinite period (item 5c(3)). 	<p>Indicate any behaviors, such as delusions, hallucinations, or unusual and ongoing mood changes, that substantially interfere with the respondent’s ability to perform essential and routine tasks needed for work or self-care.</p> <p>Describe why you believe the respondent is unable to live independently, function in the community, and take care of their condition and social relationships, without additional help.</p>	<p>If caused by a chronic, prolonged, or recurrent mental illness:</p> <ul style="list-style-type: none"> • Difficulty with self-care (e.g., bathing, grooming, obtaining and eating food, dressing appropriate to weather, securing health care, or following medical advice). • Difficulty maintaining a residence, using transportation, or managing money day to day. • Difficulty concentrating or completing tasks as scheduled. • Difficulty functioning socially, creating and maintaining relationships. • Recent history of inability to care for themselves (bathe, groom, get food and eat, use the restroom) daily without additional help.



Requirements	Explanations	Examples
<p>Not be clinically stabilized in ongoing voluntary treatment (item 5d).</p>	<p>Describe why you believe the respondent is not being adequately supported in a voluntary treatment program such that their condition and symptoms are stable.</p>	<ul style="list-style-type: none"> • Repeated and ongoing refusal to accept voluntary treatment without reason. • Temporary acceptance of voluntary treatment that is interrupted by failure or refusal to continue the treatment without reason. • Voluntary treatment is accepted, but that treatment is not effective to stabilize the respondent.
<p>At least one of the following must be true (item 5e):</p>		
<p>The respondent is unlikely to survive safely in the community without supervision and the respondent’s condition is substantially deteriorating (item 5e(1)).</p> <p>OR</p>	<p>Indicate recent instances where the respondent has needed supervision to survive in the community due to lack of reality orientation, confusion, or impaired insight.</p> <p>Describe how the respondent’s ability to think clearly, communicate, or participate in regular activities has worsened quickly.</p>	<ul style="list-style-type: none"> • Recent or frequent hospitalizations due to symptoms such as delusions, hallucinations, disorganization, impaired insight, impaired judgment. • Recent or frequent arrests due to mental illness.
<p>The respondent needs services and supports to prevent a relapse or deterioration that would likely result in grave disability or serious harm to the respondent or others (item 5e(2)).</p>	<p>Describe how the respondent would be unable to survive safely, would be gravely disabled, or would cause serious harm to others or themselves unless they received services and supports.</p> <ul style="list-style-type: none"> • <i>Grave disability</i> means a person’s inability, due to mental illness, to provide for their basic personal needs for food, clothing, or shelter. • <i>Serious harm</i> includes injury causing extreme pain, high risk of death, or loss of physical or mental functions. 	<ul style="list-style-type: none"> • A person who has access to immediate, safe housing but chooses to live in conditions that could lead to a danger to their health, as a result of mental illness. • A person who has recently attempted suicide because of their mental illness and continues to express a desire to self-harm. • Self-injurious behavior, such as walking into traffic or harming oneself unknowingly through behavior that puts them at risk for serious injury or loss of life.



Requirements	Explanations	Examples
The respondent’s participation in a CARE plan or CARE agreement must:		
Be the least restrictive alternative necessary to ensure the respondent’s recovery and stability (item 5f), and	Explain how participation in a CARE plan or CARE agreement would: <ul style="list-style-type: none"> • Be necessary because other less restrictive alternatives would not sufficiently ensure the respondent’s recovery and stability, potentially because other less restrictive alternatives have not been successful. • Effectively meet the respondent’s treatment needs while placing as few limits as possible on the respondent’s rights and personal freedoms. 	Less-restrictive alternatives might include: <ul style="list-style-type: none"> • Voluntary full-service partnerships, which are collaborative relationships between the county and the individual, and when appropriate the individual’s family, through which the county plans for and provides the full spectrum of community services. • Supported decisionmaking, which is an individualized process of supporting and accommodating an adult with a disability to enable them to make life decisions without impeding their self-determination. • Assertive community treatment, which is a person-centered, recovery-based treatment option that employs low client-to-staff ratios.
Be likely to benefit the respondent (item 5g).	Explain how participating in a CARE plan could help the respondent stabilize and improve their current state and situation.	<ul style="list-style-type: none"> • The respondent’s prior improvement when participating in similar treatment programs. • Medical opinion that the patient would benefit from treatment.

Note: Include in the petition as much information as possible for each item listed above. You may also attach any documents you have that you think support one or more of the items.

Item 6: Required Documentation

You must attach supporting documentation to the petition. That documentation must include one of two things:

- a. A declaration by a licensed behavioral health professional on *Mental Health Declaration—CARE Act Proceedings* (form CARE-101); **OR**
- b. Evidence that the respondent was detained for a minimum of two intensive treatments, the most recent one within the last 60 days. Evidence can include copies of certification for intensive treatment, a declaration from a witness to the intensive treatment, or other documents showing that the respondent was detained twice for up to 14 days of intensive treatment. Evidence should include the dates of the last treatment period. **Note:** For purposes of the CARE Act, “intensive treatment” only includes involuntary treatment authorized by Welfare and Institutions Code section 5250. It does *not* refer to treatment authorized by any other statute, including but not limited to 72-hour holds under Welfare and Institutions Code section 5150 or treatments under Welfare and Institutions Code sections 5260 and 5270.15.



Item 7: Tribal Enrollment or Services From an American Indian Health Care Provider (Optional)

If you know or believe that the respondent is a member of a federally recognized Indian tribe, or is receiving services from an Indian health care provider, tribal court, or tribal organization, include that information in item 7.

Note: The petition will be processed even if you do not complete item 7.

Item 8: Referral From Another Court (Optional)

If you are filing a petition based on a referral from a court proceeding, check this box. Indicate which court made the referral and include the case number and department, if known. If you know which of the types of proceedings listed on the petition it was referred from, check the appropriate box in item 8c. Otherwise, leave item 8 blank and do not check the box. If you have a copy of the court order making the referral, label it as “Item 8” and attach it to the petition.

Note: The petition will be processed even if you do not complete item 8.

Item 9: Helpful Information

In item 9, check any of the boxes that apply to the respondent, if you know.

Note: The petition will be processed even if you do not complete item 9.

Item 10: Attachments

In item 10, list the total number of pages attached to the petition.

Signature: You must write the date, print your name, and *sign the petition under penalty of perjury*, which means that if anything you have said you know to be untrue, you may be criminally liable. If you have an attorney helping you, they will sign as well.

5 Is service of process required?

No. To begin CARE Act proceedings, you do not need to provide anyone except the court with a copy of the petition.

6 What will happen after I file the petition?

After a CARE Act petition is filed, the court will promptly review the petition and supporting documents to determine if they show that the respondent meets or might meet the requirements described above. Then it will do one of the following:

- a. **Dismiss the petition.** The court will do this if it finds (1) that the petition does not show that the respondent meets or may meet the CARE Act eligibility requirements or (2) that the respondent is voluntarily working with the county agency, their engagement is effective, and the respondent has enrolled or is likely to enroll in voluntary treatment through the county or another provider.
- b. **Order a report.** If the court finds that the petition does show that the respondent meets or may meet the criteria for the CARE Act process, the court will order a county agency to engage the respondent and file a written report with the court within 14 business days. You and the respondent will be notified that the report has been ordered.
- c. **Set an initial appearance.** The court will set an initial appearance if it finds that the county agency’s report supports the petition’s showing that the respondent meets or may meet the CARE Act eligibility requirements and the county’s engagement with the respondent was not effective. The court will also order the county to give notice of the hearing to you, the respondent, the respondent’s appointed counsel, and the county behavioral health agency.
Note: The procedures are somewhat different if the county behavioral health agency is the petitioner.

7 What happens at the initial appearance?

You, the petitioner, must be present at the initial hearing, or the court may dismiss the petition. You will receive a notice in the mail of the date, time, and place of the hearing.

Note: At the initial appearance, the director of the county behavioral health agency, or their designee, will replace you as the petitioner.



8 What rights do petitioners have?

If you live with the respondent, are a spouse or registered domestic partner, parent, sibling, child, or grandparent of the respondent, or someone who stands in the place of a parent to the respondent, you have the right to participate during the hearing to determine the merits of the petition. The court may, in its discretion, assign you ongoing rights of notice. If the respondent agrees, the court may allow you to participate in the rest of the CARE Act proceedings.

If the matter is dismissed and later there is a change in circumstances, you may file a new petition with the court.

If you are a petitioner other than those listed above, you have the right to make a statement at the hearing on the merits of the petition, but you will not be assigned ongoing rights.

9 What is a vexatious litigant?

The court may determine a person is a vexatious litigant if that person files more than one petition under the CARE Act that has no basis in truth or reality or is intended to harass or annoy the respondent. A person who is deemed a vexatious litigant may be placed on a vexatious litigants list prepared and maintained by the Judicial Council. The court may enter an order that prevents a vexatious litigant from filing any new litigation, including potentially other types of cases (not just CARE Act petitions), without first obtaining permission from the presiding judge. If such an order is issued, a vexatious litigant who does not follow the order may be punished for contempt of court, which could result in fines or imprisonment.

10 What if I don't speak English?

When you file your papers, ask the clerk if a court interpreter is available. You can also use Request for Interpreter (Civil) (form [INT-300](#)), or a local court form or website to request an interpreter. For more information about court interpreters, go to <https://selfhelp.courts.ca.gov/request-interpreter>.

11 What if I have a disability?

If you have a disability and need an accommodation while you are at court, you can use *Disability Accommodation Request* (form [MC-410](#)) to make your request. You can also ask the ADA Coordinator in your court for help. For more information, see *How to Request a Disability Accommodation for Court* (form [MC-410-INFO](#)) or go to <https://selfhelp.courts.ca.gov/jcc-form/MC-410>.