

Glossary of Terms Used in CARE Court



Term	Definition
5150	A “5150” is a 72-hour involuntary hold in a hospital or mental health facility. This 72-hour involuntary hold is also called a “5150” because it is authorized under Section 5150 of the Welfare and Institutions Code. If there is probable cause to believe that someone is a danger to themselves, a danger to others, or gravely disabled and unable to provide for their own basic personal needs, this person can be placed in a “5150” 72-hour involuntary hold. During this involuntary hold, the hospital or emergency facility is required to conduct an evaluation of the person. By the end of the 72-hours hold, this person may be released, may sign in as a voluntary patient, may be referred for a conservatorship, or may be put on an extended hold.
5250	A “5250” is a 14-day involuntary hold in a hospital or mental health facility. This 14-day involuntary is also called a “5250” because it is authorized under Section 5250 of the Welfare and Institutions Code. This 14-day involuntary hold is simply an extension of a “5150.” It is one of the options for what may happen to a person by the end of a “5150” 72-hour hold if a person still meets the criteria of being a danger to themselves, a danger to others, or gravely disabled.
Assertive Community Treatment	Assertive community treatment is a type of mental health care that happens in a community setting to help a person become independent and integrate into the community as they recover and stabilize. Assertive community treatment provides intensive case management for people who have been diagnosed with a serious mental condition but have been unsuccessful with other mental health services. It is an alternative form of mental health care for people who traditionally may have been served in psychiatric hospitals, institutions or facilities.
CalHHS	CalHHS is a shortened word for “California Health and Human Services.” CalHHS is a state agency that manages departments and offices that provide a range of services for California’s most vulnerable communities, such as in the areas of health care, mental health, public health, alcohol and drug treatment, and other social services.
CARE	CARE is a shortened word for “Community Assistance, Recovery, and Empowerment.” CARE can be used to refer to the court process or the law (SB-1338) which created CARE Court.

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CARE Act	The CARE Act refers to the law which created the Community Assistance, Recovery, and Empowerment (CARE) Court program. The CARE Act is also known as California Senate Bill Number 1338 (SB-1338).
CARE Agreement	A CARE Agreement is a voluntary written agreement that the Respondent, Respondent's legal counsel, Respondent's supporter, and the county behavioral health agency create together, after the court finds that the Respondent is eligible to participate in the CARE Process. A CARE Agreement can include different services and supports to help the Respondent in their recovery and stability.
CARE Plan	A CARE Plan is a written document that the Respondent, Respondent's legal counsel, Respondent's supporter, and the county behavioral health agency create together, after the court has found that the Respondent is eligible to participate in the CARE Process but that the parties have not been able to create a CARE Agreement. A CARE Plan can be modified by the court and must be approved by court order. A CARE Plan includes services and supports to help the Respondent in their recovery and stability, such as behavioral health care, counseling, treatments, stabilization medications, and a housing plan.
CARE Plan Review Hearing	A CARE Plan review hearing is a hearing that happens within 14 calendar days after the court orders the parties to prepare a CARE Plan. During this hearing, the county behavioral health agency and Respondent present their proposed plans. The court will take parts of these proposed plans and order a CARE Plan. The court can also issue other orders needed to support the Respondent in their recovery and stability. The 12-months timeline for the CARE Process officially starts once the CARE Plan is approved by court order.
Case Management Hearing	The third hearing in the CARE Process is called the case management hearing. During this hearing, the court hears evidence to decide if the parties have reached or are likely to reach a CARE Agreement. Based on this evidence, the court may approve a CARE Agreement or approve a modified version of their CARE Agreement. If the parties did not reach or are not likely to reach a CARE Agreement, the court may order a clinical evaluation to gather additional information.

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Class	In order to participate in CARE Court, a person must be diagnosed with a schizophrenia spectrum disorder or another psychotic disorder of “the same class” according to the DSM. Mental health conditions that have similar causes or similar symptoms can be grouped together and described as a “class.”
Clear and Convincing Evidence	Clear and convincing evidence is a legal standard of proof. When a court determines or finds something by clear and convincing evidence, that means it is highly probable or reasonably certain, or “substantially more likely than not.”
Clinical Evaluation Review Hearing	A clinical evaluation review hearing happens during the CARE Process if the court decided that the parties could not reach and were not likely to reach a CARE Agreement and ordered a clinical evaluation. During this hearing, the court will review the clinical evaluation that was ordered and will decide again if the Respondent meets the required criteria to participate in the CARE Process. (The eligibility criteria are listed in the WIC Section 5972.) The court will use a legal standard of proof called “clear and convincing evidence” to make this determination.
Conservatorship	Conservatorship refers to a legal process in which a judge appoints an adult to act or make decisions for another adult who legally has been found to be unable to take care of themselves.
Counsel	Counsel is another word for legal representation or the attorney who is representing someone. Under the CARE Act, all Respondents are appointed free legal counsel by the court, without having to show their financial ability or inability to pay.

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County Behavioral Health Agency	In CARE Court, the County Behavioral Health Agency refers to the local director of mental health or behavioral health services who will be substituted as the Petitioner for all CARE cases. In San Francisco, this is the San Francisco Department of Public Health (SFPDH).
DHCS	DHCS is a shortened word for the “Department of Health Care Services.” DHCS is a department within CalHHS. DHCS provides Californians with access to medical, dental, mental health, and long-term care as well as substance use treatment. For example, one of the programs DHCS is responsible for is Medi-Cal.
Dismissed with Prejudice	If a CARE Petition is dismissed with prejudice, the court will not allow the Petitioner to file another CARE Petition for the same Respondent in the future.
Dismissed without Prejudice	If a CARE Petition is dismissed without prejudice, the court is dismissing it from proceeding further in the CARE process. However, the Petitioner may still file another Petition for the same Respondent in the future if there is a change in circumstances or new information provided in the new CARE Petition.
DPH	DPH is a shortened word for the “Department of Public Health.” The Department of Public Health provides services to protect physical and mental health and promote community wellness. The San Francisco Department of Public Health (SFPDH) is the County’s Behavioral Health Agency and will be substituted as the Petitioner for all cases in San Francisco’s CARE Court.
DSM	DSM is a shortened word for the “Diagnostic and Statistical Manual of Mental Disorders.” The DSM is the authoritative guide used by health care professionals. The DSM contains the descriptions and symptoms of mental conditions, as well as the criteria required for diagnosing those conditions. One of the requirements for someone to be eligible to participate in the CARE Process is for this person to have been diagnosed with a schizophrenia spectrum disorder or another psychotic disorder in the same class, according to the DSM.

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Full-Service Partnership	A full-service partnership (or voluntary full-service partnership) is a core program funded by California's Mental Health Services Act of 2004. Full-service partnerships provide services for people with severe mental conditions who would benefit from intensive case management and services. Full-service partnerships are designed to provide services for California's most vulnerable communities and assist people who are unhoused, involved with the justice system, or repeatedly use crisis psychiatric care. Someone's participation in a full-service partnership program is voluntary.
Graduation Hearing	The graduation hearing is a type of hearing that happens only once during the CARE process. The graduation hearing either happens twelve (12) months after the CARE Plan is approved by court order or after the period of extension ends, if the Respondent is reappointed to the CARE Process. After the graduation hearing, the Respondent is no longer a participant in the court program.
Graduation Plan	The graduation plan is a voluntary agreement that the Respondent, Respondent's legal counsel, Respondent's supporter, and the county behavioral health agency create together at the end of the CARE Process. The graduation plan includes a strategy for how to support the Respondent as they transition out of the CARE Process and may include the same elements as the CARE Plan. This graduation plan is not legally enforceable. A psychiatric advance directive is the only part of a graduation plan that would be legally enforceable, if the Respondent chooses to include it in their graduation plan.
Hearing on the Merits of the Petition	The second hearing in the CARE Process is called the hearing on the merits of the petition. During this hearing, the court will decide if the Respondent meets the required criteria to participate in the CARE Process. (The eligibility criteria are listed in the WIC Section 5972.) The court will use a legal standard of proof called "clear and convincing evidence" to determine if the Respondent meets these eligibility criteria.

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Initial Appearance	The first hearing in the CARE Process is called the initial appearance. The original Petitioner must be present for the initial appearance, or the matter may be dismissed. During this hearing, the court will substitute the original Petitioner for the director or designee of the county behavioral health agency. The initial appearance occurs within 14 court days of the court finding that the Petition has made a proper “prima facie” legal showing. During the initial appearance, the court will set the next hearing date.
Intensive Treatment	Under the CARE Act, every CARE Petition is required to include one of two attachments: either a declaration by a mental health professional (the CARE-101 form) or supporting evidence that shows that the Respondent was detained two or more times for “intensive treatments.” One of these two these intensive treatments must have happened within the 60 days before the Petition is filed. Under the CARE Act, these “intensive treatments” must be “5250” 14-day involuntary holds and <i>cannot</i> be “5150” 72-hour holds.
JCC	JCC is a shortened word for the “Judicial Council of California,” which is the policymaking body for all courts in the state of California.
Lanterman-Petris-Short (LPS) Conservatorship	A Lanterman-Petris-Short or LPS conservatorship is a type of conservatorship only for individuals with a mental condition listed in the Diagnostic and Statistical Manual of Mental Disorders (DSM). It is a part of the Lanterman-Petris-Short (LPS) Act of 1967. A LPS conservatorship is a legal process in which a judge appoints an adult to have the legal authority to act and make decisions for another adult who has a serious mental illness and who legally has been found to be unable to take care of themselves.
MHSA	MHSA is a shortened word for the “Mental Health Services Act,” which California voters passed in 2004 to expand California’s behavioral health system and to assist families and individuals with serious mental health conditions. Full-service partnership services are one of the core programs of the MHSA.

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One-year Status Hearing	The one-year status hearing is a type of hearing that happens eleven (11) months after the CARE Plan is approved by court order. This is an evidentiary hearing. During this hearing, the county behavioral health agency presents a report and recommends whether the Respondent should or should not continue with the CARE Process. The Respondent can call witnesses, present evidence, and make their own request to remain in or graduate from the court program.
Petitioner	Petitioner is the legal term for the person who files the Petition with the court to start a case in CARE Court. For all later proceedings in the CARE Process, this person is known as the "original Petitioner." At the initial appearance for all CARE cases, the county behavioral health agency will become the Petitioner of the case, even if that means the original Petitioner is substituted out of the case.
Prima Facie	A prima facie legal showing means that on its face, or on first appearance, the evidence is sufficient to establish a fact or support a certain conclusion, unless contradictory evidence is presented to show otherwise.
Progress Review Hearing	Progress review hearings are a type of hearing that happens if the parties reached a CARE Agreement. The progress review hearing happens within 60 calendar days of the case management hearing. It is the judge's decision how many more progress review hearings are needed to oversee a CARE Agreement.
Prompt Review	Prompt review refers to the period of time after a CARE Petition is filed when the court must determine if the Petitioner has made the proper "prima facie" legal showing that the person they are petitioning into CARE Court meets or may meet the eligibility requirements to participate in the CARE Process. (The eligibility criteria are listed in the WIC Section 5972.) There is no legal requirement for how long or short this period of review must be, but decisions may be made within a week of the Petition being filed.

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Psychiatric Advance Directive	A psychiatric advance directive is a legal document in which a person lists out their preferences for medical decisions and treatments to be carried out in case a mental health crisis happens in the future and they might not have the capacity to make those decisions themselves. Respondents in CARE Court have the option to create a psychiatric advance directive at any point throughout the CARE process and especially as a part of their graduation plan. Respondents who choose to create a psychiatric advance directive can ensure that there is legally-enforceable documentation of their desired wishes for what to do if they experience a medical or psychiatric crisis in the future.
Respondent	Respondent is the legal term for the person who was referred or petitioned into CARE Court. The Respondent may also be called the participant in CARE Court.
Stabilization Medications	Stabilization medications can include antipsychotic medications for reducing symptoms, like hallucinations, delusions, and disorganized thinking. Under the CARE Act, stabilization medications can be included within a CARE Plan, but the Court cannot order medication for “maintenance.” The Court can only order what is medically necessary for “stabilization” and only if the court finds by clear and convincing evidence that the Respondent lacks the capacity to give consent to the administration of this medication. CARE Court can never force someone to take medication or order someone to forcibly administer medication.
Status Review Hearing	Status review hearings are types of hearings that can happen multiple times during the CARE Process and are 60 calendar days or less apart. During these hearings, the court will review reports prepared by the county behavioral health agency, evaluate how the CARE Plan is working for the Respondent, and may order changes to the CARE Plan to make the plan more helpful for the Respondent’s needs.
Supported Decision-Making	Supported decision-making allows individuals with disabilities to make decisions about their own lives, with the assistance of other people they choose and trust to assist them with specific areas of their life where they need decision-making help. For example, these can be decisions about health care, employment, housing, finances or relationships. Support persons commit to honor the individual’s own decisions and create a supported decision-making agreement.

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Supporter	Under the CARE Act, a supporter is an adult who may be selected by the Respondent in CARE Court and designated by the court to support the Respondent in understanding, communicating, and making decisions during the CARE Process. A supporter can assist the Respondent when creating a CARE Agreement, CARE Plan, and graduation plan. A supporter cannot make decisions on behalf of the Respondent and cannot act independently of the Respondent.
WIC	WIC is a shortened word for the “Welfare and Institutions Code.” Some of the laws governing CARE Court are within Division 5 of the California’s Welfare and Institutions Code (“Community Mental Health Services”) and begin at Section 5970.