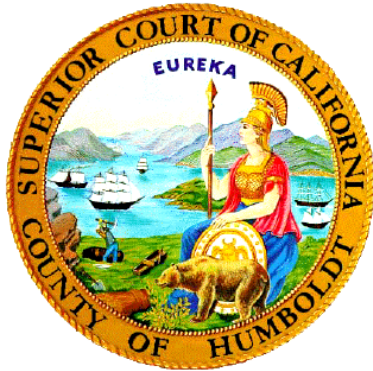
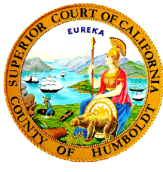


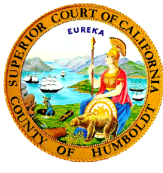
Humboldt County CARE Court





In Humboldt County, CARE Court began Dec. 1, 2024





What is CARE Court?





The Community Assistance, Recovery, and Empowerment (CARE) Act

- The CARE Act allows specific people (known as “petitioners”) to request that someone enter the CARE process.
- The CARE process involves assessments and hearings. These determine whether the person (known as a “respondent”) is eligible.
- If the respondent is eligible, a voluntary CARE agreement or court-ordered CARE plan may be created.
- These can last for up to 12 months, with the possibility to extend for 12 more months.
- This CARE agreement or plan includes services the person can receive. These might be behavioral health services, substance use disorder treatment, housing, and community supports.

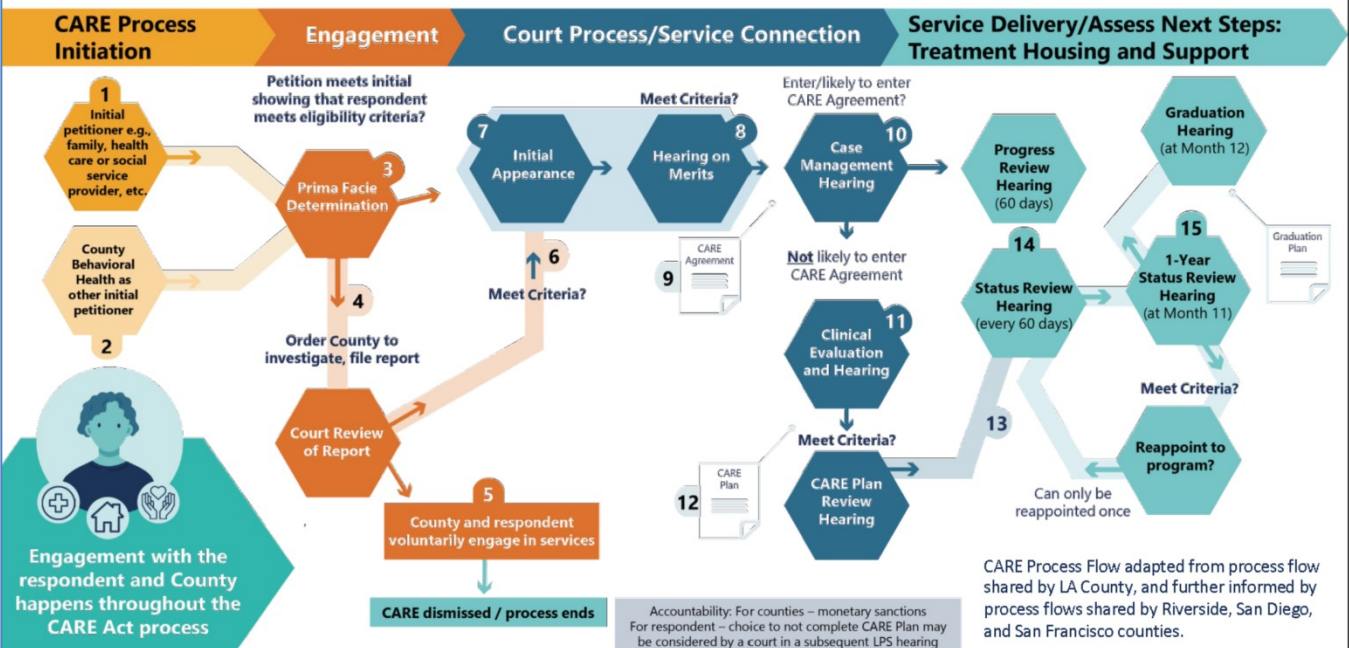




How does this work?

CARE Act The CARE Process Flow to Treatment, Housing, and Support

CARE Act Process Flow



Process Flow Details

Crosswalk the numbers shown here with the following information to learn more details about the CARE Act Process Flow.





Who is eligible?

- 18 years and older with a diagnosis of Schizophrenia Spectrum or Other Psychotic Disorders,
 - See SB 27 CARE Act Expansion slide for changes as of Jan. 1, 2026
- 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.





CARE eligible diagnosis

- Schizophrenia spectrum disorders include: Schizophrenia, Schizoaffective Disorder, Schizophreniform Disorder, Other Specified Schizophrenia Spectrum and Other Psychotic Disorder, Unspecified Schizophrenia Spectrum and Other Psychotic Disorder
- Other psychotic disorders include: Brief Psychotic Disorder, Delusional Disorder, Schizotypal Personality Disorder, Substance Medication Induced Psychotic Disorder, Catatonia Associated with Another Mental Disorder, Unspecified Catatonia.
- Psychiatric diagnoses that do not meet eligibility requirements:* · Psychotic Disorder Due to a General Medical Condition, Catatonia Associated with Another Medical Condition, Major Depression with Psychotic Features, Bipolar Disorder with Psychotic Features, any other Substance-Related Disorder not listed above.

* Except When Accompanied by Another Diagnosis Listed Above





What evidence is needed?

- **Declaration by a Mental Health Professional ([CARE-101](#) form)**

-- OR --

- “An affidavit of a licensed behavioral health professional, stating that the licensed behavioral health professional or their designee has examined the respondent within 60 days of the submission of the petition, or has made multiple attempts to examine, but has not been successful in eliciting the cooperation of the respondent to submit to an examination, within 60 days of the petition, and that the licensed behavioral health professional had determined that the respondent meets, or has reason to believe, explained with specificity in the affidavit, that the respondent meets the diagnostic criteria for CARE proceedings.”
[WIC 5975](#)

- Evidence that the respondent was detained for a minimum of two intensive treatments, the most recent one within the last 60 days

- Intensive treatment means 14-day holds ([WIC 5250](#)) and *not* 72-hour holds ([WIC 5150](#))

Evidence of prior hospitalizations may include, but is not limited to, documentary evidence from the facility where the respondent was detained or a signed declaration from the petitioner if they have personal knowledge of the detentions ([WIC 5975](#))





Who can file a petition?

It's based on the relationship to the respondent:

- A person who lives with them
- A spouse, registered domestic partner, parent, sibling, child, or grandparent
- A person who stands in the place of a parent
- Director* of a public or nonprofit agency who has provided behavioral health services or has provided housing in the last 30 days
- Licensed behavioral health professional* providing treatment in the last 30 days
- Director* of county Behavioral Health
- Judge* of a tribal court
- Director* of Adult Protective Services
- Director* of Indian Health Services or Behavioral Health services
- First responders-including peace officers, paramedics, EMTs, crisis response worker, homeless outreach worker, etc. who has repeated contact
- Public Guardian*
- The individual themselves.

*or designee





What happens during the CARE process?

- Once filed, the court reviews the petition to determine if a respondent meets, or may meet, the criteria for CARE. The court will then either dismiss the petition, order a report from a county behavioral health agency, or set an initial court appearance.
- If the respondent is found to be eligible, the court will work with the county behavioral health agency, the respondent, the respondent's attorney, and a volunteer supporter (if applicable) to connect the respondent with services. This connection will happen either through voluntary engagement, a CARE agreement, or a CARE plan.
- If it is not likely that a CARE agreement will be reached, then there will be a clinical evaluation. If this evaluation finds the respondent eligible, the court will order a CARE plan. There will be a series of status review hearings while the respondent is receiving services through a CARE plan.
- At month 11, there will be a 1-year status review hearing to determine next steps. The participant can either graduate or be reappointed for up to 1 additional year. After graduating from the CARE process, the participant remains eligible for ongoing treatment, supportive services, and housing in the community to support long-term recovery.





What is a CARE agreement or a CARE plan?

- A CARE agreement and a CARE plan are documents that specify services to support the respondent's recovery and stability.
- A CARE agreement is a voluntary agreement between the respondent and the county behavioral health agency after a court has determined that the respondent is eligible for the CARE process. If a CARE agreement is not reached, the court may order the creation of a CARE plan.
- A CARE plan includes a range of community-based services and supports ordered by the court. There will be status review hearings to review progress and challenges. Services and supports in the CARE plan can be changed to support the respondent's success.
- If included in the CARE plan or agreement, stabilizing medications are prescribed by the treating licensed behavioral health care provider. The CARE team will work with the respondent to address medication concerns and make changes to the treatment plan as needed.





Tribal Participation

- If the respondent self-identifies that they are enrolled in a federally recognized Indian Tribe or otherwise receiving services from:
 - an Indian health care provider,
 - a Tribal court, or
 - a Tribal organization,
- A representative from the program, the Tribe, or the Tribal Court shall be allowed to be present, subject to the consent of the respondent.
- The Tribal Representative shall be entitled to notice by the county of the initial appearance.
- Petition includes Tribal affiliation or receipt of Tribal services, if known, questions
- “Behavioral Health shall use its best efforts to meaningfully consult with and incorporate the Indian health care provider or tribal court available to the respondent to develop the CARE plan”





Voluntary Supporter

- The respondent has the right to choose a voluntary supporter – or not
- A supporter may be an adult friend, family member, faith leader, mentor, peer, county behavioral health agency staff, social service provider, or other person they trust
- Supporter helps respondent understand, make, communicate, implement or act on their own life decisions during the CARE process in a culturally responsive way
- Supporter should represent the will and preferences of the respondent, regardless if that matches what the supporter prefers
- There is no funding provided by the state for the supporter role
- The court may remove a supporter if the Judge finds there is a conflict of interest





Gravely Disabled

[SB 43 \(2023\)](#) made substantive changes to the Lanterman-Petris-Short (LPS) Act – expanding the definition of Gravely Disabled in two ways (shown in bold)

“Gravely Disabled” now means a condition in which a person:

- As a result of a mental health disorder, impairment by chronic alcoholism, **severe substance use disorder, or a co-occurring mental health disorder and severe substance use disorder**
- Is unable to provide for their basic personal needs for food, clothing, shelter, **personal safety, or necessary medical care**

Implementation begins Jan. 1, 2026 in Humboldt County

SB 43 did **NOT** amend the definition of grave disability for minors





Gravely Disabled Definitions

“Severe substance use disorder” means a diagnosed substance-related disorder that meets the diagnostic criteria of “severe” as defined in the most current version of the Diagnostic and Statistical Manual of Mental Disorders.

“Personal safety” means the ability of one to survive safely in the community without involuntary detention or treatment pursuant to [the LPS Act].

Specifically:

- An individual incapable of defending themselves against ongoing victimization because of one of the conditions listed above.
- An individual expressing a level of incapacity so substantial in their decision making, because of one of the conditions listed above, that placed themselves at serious risk of severe injury and/or death.





Gravely Disabled Definitions Cont.

“Necessary medical care” means care that a licensed health care practitioner, while operating within the scope of their practice, determines to be necessary to prevent serious deterioration of an existing physical medical condition which, if left untreated, is likely to result in serious bodily injury as defined in W&I Code § 15610.67.

- Any injury involving extreme physical pain, substantial risk of death, or protracted loss or impairment of function of bodily member, organ of mental faculty, or requiring medical intervention, including, but not limited to, hospitalization, surgery, or physical rehabilitation.

The definitions may be found in [W&I Code § 5008](#).





SB 27 CARE Act Expansion

As of Jan. 1, 2026:

- Adds bipolar I disorder with psychotic features as an eligible diagnosis
 - Previously limited to schizophrenia spectrum and other psychotic disorders
- Defines “clinically stabilized in ongoing voluntary treatment”
 - Enrollment in treatment alone is not enough
- Provides that certain court referrals constitute a CARE petition itself
- Allows criminal courts to consider CARE referrals earlier for individuals found incompetent to stand trial (IST) in misdemeanor cases (MIST)
- Allows nurse practitioners and physician assistants to complete an affidavit in support of a CARE petition





SB 27 CARE Act Expansion Cont.

- Confirms that an initial preliminary finding that a petition meets or may meet eligibility requirements (prima facie determination) may be made without holding a hearing
- Clarifies that if a respondent is enrolled in a federally recognized Indian tribe, the county, not the respondent, is responsible for providing notice of a case management hearing to the tribe, subject to the respondent's consent
- Clarifies that while a respondent may request to graduate from CARE or to be voluntarily reappointed to CARE, the court must approve the request





Role of System Partners in CARE Court Petition Process

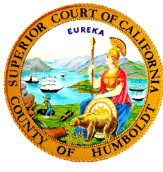




When in doubt, fill it out!

The judge has broad discretion when conducting the initial (prima facie) review of the petition





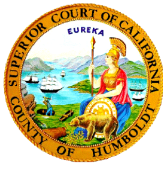
Severe SUD

Observable Functional Impairments

Necessary Medical Care

- Signs of malnourishment (loss of weight or dehydration). Unwillingness to eat when food is provided.
- Irrational beliefs about food that is available (e.g., it is poisoned).
- Inability to articulate a plan for getting food.
- Unwillingness to clothe oneself when clothing is provided.
- Unable to utilize shelter when provided or to formulate a reasonable plan for shelter.
- Inability to engage in personal hygiene.
- Inability to utilize medical care when needed and available.
- Wound care and infection issues that are likely to lead to loss of limb or life if not treated.
- Untreated comorbidities such as HIV, Diabetes, or Cancer liver/kidney disease that is life- threatening.
- Extreme physical pain.





Severe SUD

Observable Functional Impairments

Personal Safety

- Running in and out of traffic.
- An individual incapable of defending themselves against ongoing victimization
- Being assaulted, abused, exploited or victim of crime.
- Unhygienic/uninhabitable conditions at home or other home safety issues such as arson. Inability to care for hygiene, cleanliness, needles, which leads to illness (especially if doesn't rise to level of serious bodily injury).
- Failure to thrive (may be a crossover with medical care).
- Multiple near-fatal overdoses requiring inpatient hospitalization (note: Narcan reversals alone would not meet this criteria).





What information can health care providers share for a petition?

SB 35 (2024) amended the statute to protect the sharing of protected health information (PHI) to the court and to county behavioral health

- Requires a health care provider or covered entity who filed or supported a petition to provide the BH agency relevant information including PHI and mental health records (excluding psychotherapy notes). (W&I Code 5977.4)
- Allows a health care provider or covered entity that did not file or support a petition to share information with the BH agency, including PHI and mental health records (excluding psychotherapy notes). (W&I Code 5977.4)





Continued...

- County BH can apply for a court order compelling a health care provider or covered entity to provide information pertaining to a respondent that is relevant to an investigation, evaluation or other report or hearing
- A health care provider or covered entity shall not be held civilly or criminally liable for any disclosure authorized or required
- County BH shall notify the respondent of a disclosure under these provisions by mail at the last known address, if any. All information shared under these provisions shall be disclosed to the respondent, their counsel and their supporter (with respondents consent)

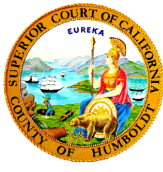




more recent changes...

- Respondent may petition the court for an order sealing the court records, including health information. There is a presumption in favor of sealing the records
- Any written report submitted to the court by the county for the hearing on the merits shall be confidential and not subject to disclosure as a public record. These reports are also inadmissible in subsequent legal proceedings, except upon motion by respondent, county BH agency or the public guardian/conservator and ordered by a court in that subsequent legal proceeding
- An attorney found to have filed a petition or assisted in the filing of a petition with knowledge that the filing was made to gain advantage over the respondent in another legal proceeding may be subject to discipline by the State Bar





Where to get help?

Humboldt County Superior Court

825 Fifth St., Eureka (courtrooms are on the second floor)

707-445-7256 Court Clerk (option 2)

Court Clerk's Office is open Monday - Friday, 9 a.m. - 2 p.m.

Entrance is on the I Street side of courthouse

humboldt.courts.ca.gov/care-act.

Self-Help Center

825 Fifth St., Eureka, Room 310 (third floor)

707-445-7256 (option 5)

Walk-in hours: Monday, Tuesday, Wednesday, Friday, 9 a.m. - noon

Appointments can be made by visiting the Self-Help Center or by phone or

email: court.selfhelp@humboldtcourt.ca.gov.





To learn more...

- care-act.org - Includes trainings and resource materials
- care-act.org/wp-content/uploads/2023/06/FACT-SHEET-CARE-Act-Eligibility-Criteria-rem.pdf
- care-act.org/wp-content/uploads/2024/05/CARE-Act-Family-Resource-Guide-05172024.pdf
- humboldt.courts.ca.gov/care-act - Humboldt County Superior Court
- humboldt.courts.ca.gov/court-divisions-and-self-help - Humboldt County Self-Help Center
- humboldt.gov/3567/CARE-Court - Humboldt County Behavioral Health
- [CARE Act & CARE Court - NAMI Greater Los Angeles County](https://www.nami.org/About-NAMI/Regional-Offices/NAMI-Greater-Los-Angeles-County) - NAMI resource



Questions?

