



# CARE-Act



# LEGISLATIVE HISTORY

## LAURA'S LAW

The law was named after **Laura Wilcox**, a receptionist who tragically lost her life. Laura was killed by a man who had refused psychiatric treatment. Modeled on Kendra's Law in New York, Laura's Law was introduced as **Assembly Bill 1421** by Assemblywoman **Helen Thomson** and was signed into law by **Governor Gray Davis** in 2002. The statute can only be used in counties that choose to enact outpatient commitment programs based on the measure.

# WHAT is AOT?



Assisted Outpatient Treatment (AOT) is the implementation of Laura's Law



Laura's Law went into effect in 2003 but wasn't implemented in many counties until the State allowed for the counties to use Mental Health Services Act (MHSA) funding for the program in 2007. AOT was Implemented in Orange County on October 1, 2014



AOT is to prevent a relapse or deterioration that would likely result in grave disability or serious harm to self or others

## Referrals

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Immediate adult family members

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Adults residing with the individual

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Director of a treating agency, organization, facility or hospital

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Treating licensed mental health professional

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Peace officer, parole or probation officer supervising the individual

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A judge of a superior court before whom the person who is the subject of the petition appears

# AOT CRITERIA

- County resident, minimum 18 years of age
- Person is suffering from a mental illness
- The person has a history of lack of compliance with treatment for mental illness, in that at least one of the following is true:
  - The person's mental illness, at least twice within the last 36 months, has been a substantial factor in necessitating hospitalization, or receipt of services in a forensic or other mental health unit of a state correctional facility or local correctional facility, not including any period during which the person was hospitalized or incarcerated immediately preceding the filing of the petition; OR
  - The person's mental illness has resulted in one or more acts of serious and violent behavior toward himself or herself or another, or threats, or attempts to cause serious harm to himself or herself or another within the last 48 months, not including any period during which the person was hospitalized or incarcerated immediately preceding the filing of the petition
- There has been a clinical determination that at least one of the following is true:
  - The person is unlikely to survive safely in the community without supervision and the individual's condition is substantially deteriorating; OR
  - The person is in need of assisted outpatient treatment in order to prevent a relapse or deterioration that would be likely to result in grave disability or serious harm to himself or herself, or to others
- The person has been offered an opportunity to participate and continues to fail to engage in treatment
- Participation in AOT would be the least restrictive placement that is appropriate and feasible, and necessary to ensure the person's recovery and stability
- It is likely that the person will benefit from assisted outpatient treatment

# AOT PROCESS

1

## Referral

Referrals can be made via AOT's main line, fax or email.

A team consisting of a Mental Health Specialist and a licensed clinician will be assigned to each referral.

The referring party is contacted so that more information can be gathered

The AOT Assessment & Linkage Team will conduct all outreach, screening and linkage to services

2

## Screening

AOT will meet the individual in the community, at his or her home, in the hospital or in the County's correctional facilities

The team will respond and make all efforts to engage referred candidate and offer voluntary services if appropriate

If services are accepted, the individual will be linked to the appropriate provider and the process will stop here

3

## Outreach

If the AOT candidate refuses but is open to engagement, the team will continue to see the individual to build rapport and to gather supporting evidence of criteria

The Assessment & Linkage Team will continue to engage the candidate until such time it is determined the individual will not engage or accept voluntary services

# AOT Process

4

## Psychologist

If the individual refuses voluntary services, a **psychologist** is assigned to conduct a complete evaluation of all AOT criteria

A petition will only be filed if criteria can be proven by clear and convincing evidence

Once the psychologist determines that all of the AOT criteria has been met, he or she will write a declaration and submit the document to County Counsel

County Counsel will file the petition with the Superior Court and notify the Public Defender and Patient's Rights

5

## Hearing Process

A process server will serve the AOT candidate notice to appear in court  
A Public Defender will be assigned, unless the individual has a private attorney

The AOT candidate may sign a Settlement Agreement to engage in services

If a Settlement Agreement is not signed, a court hearing is held  
Court will hear testimony to determine whether AOT criteria has been met

Hearing may be conducted in the absence of the candidate ONLY if:

- County has served a copy of the petition to the candidate
- County provides written notice and can show that appropriate attempts to elicit attendance of the person have failed

# AOT PETITION GRANTED

- If petition is granted in court, the treatment plan developed may not exceed six months
- Individual will be linked to a the AOT Full Service Partnership for the treatment plan implementation
- If the individual refuses to comply with the ordered treatment, there is a strong belief that criteria for AOT is still present, and efforts were made for voluntary compliance, the treatment provider may request the individual be transported for assessment pursuant to WIC 5150
- If at any time, the individual is determined not to meet criteria for WIC 5150, that individual must be released unless they agree to stay voluntarily
- Failure to comply with AOT alone may not be grounds for involuntary commitment or hospitalization or a finding that the individual is in contempt of court
- There are NO civil or criminal penalties for violation of an AOT order and treatment plan
- The County of Orange will file an affidavit every 60 days stating the candidate continues to meet criteria for AOT if appropriate
- Candidate is entitled to a hearing every 60 days challenging the need for the AOT order and treatment



# What is CARE?

Community  
Assistance  
Recovery &  
Empowerment

Care is a “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 other essential 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.

# Who does this program serve?

- Adults, 18 years or older.
- Diagnosed with a 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 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

- Persons with whom respondent resides.
- Spouse, parent, sibling, adult child, grandparents, or another individual in place of a parent.
- Respondent (i.e. self petition)

## Community

- First responder (e.g., firefighter, paramedic, mobile crisis response, homeless outreach worker)
- Director of a Hospital, or designee, in which the respondent is hospitalized.
- 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
- Public Guardian or designee.
- Director of adult protective services or designee.

## Tribal Jurisdiction

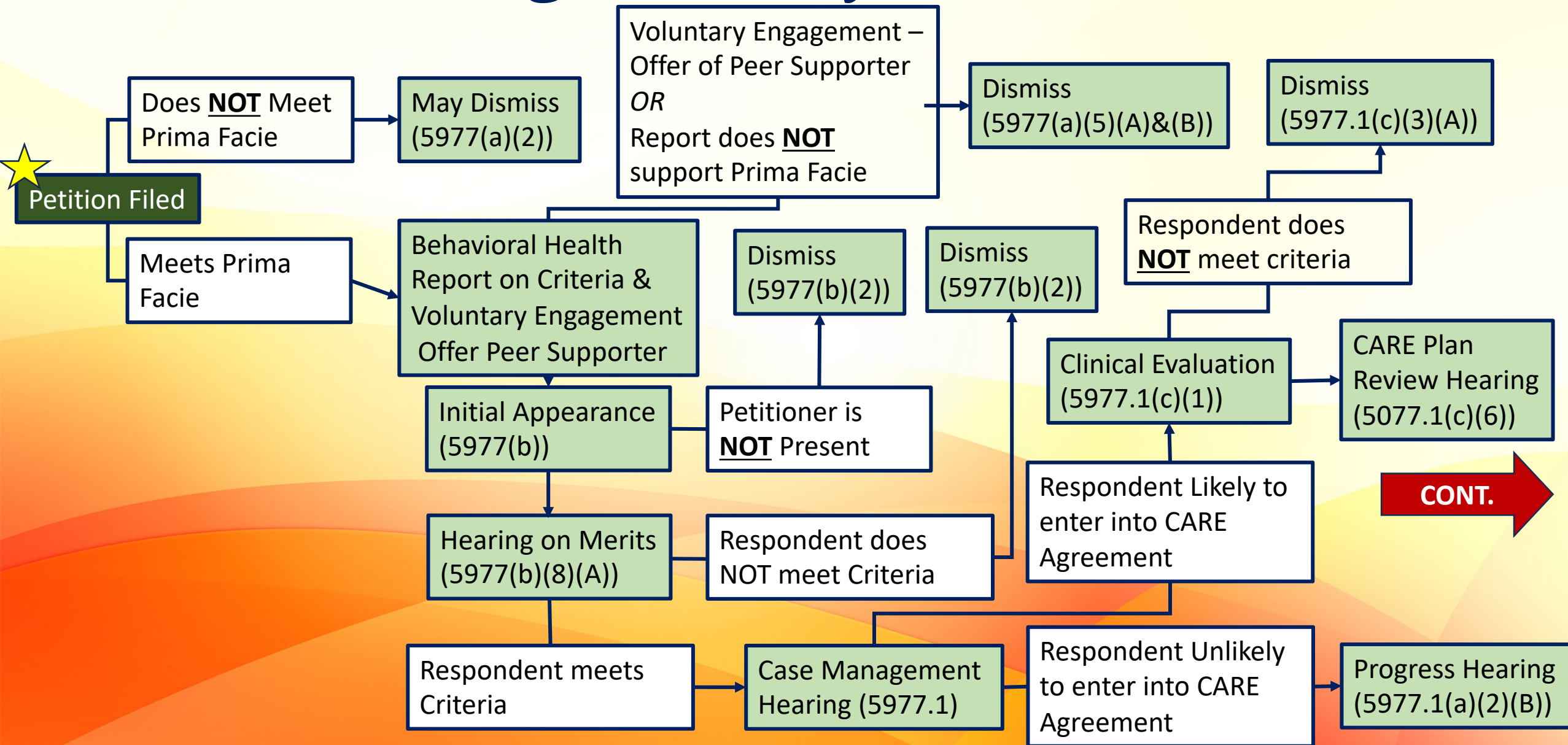
- Director of a California Indian health services program, California tribal behavioral health department, or designee.
- Judge of a tribal court located in CA, or designee.

# How to file a petition?

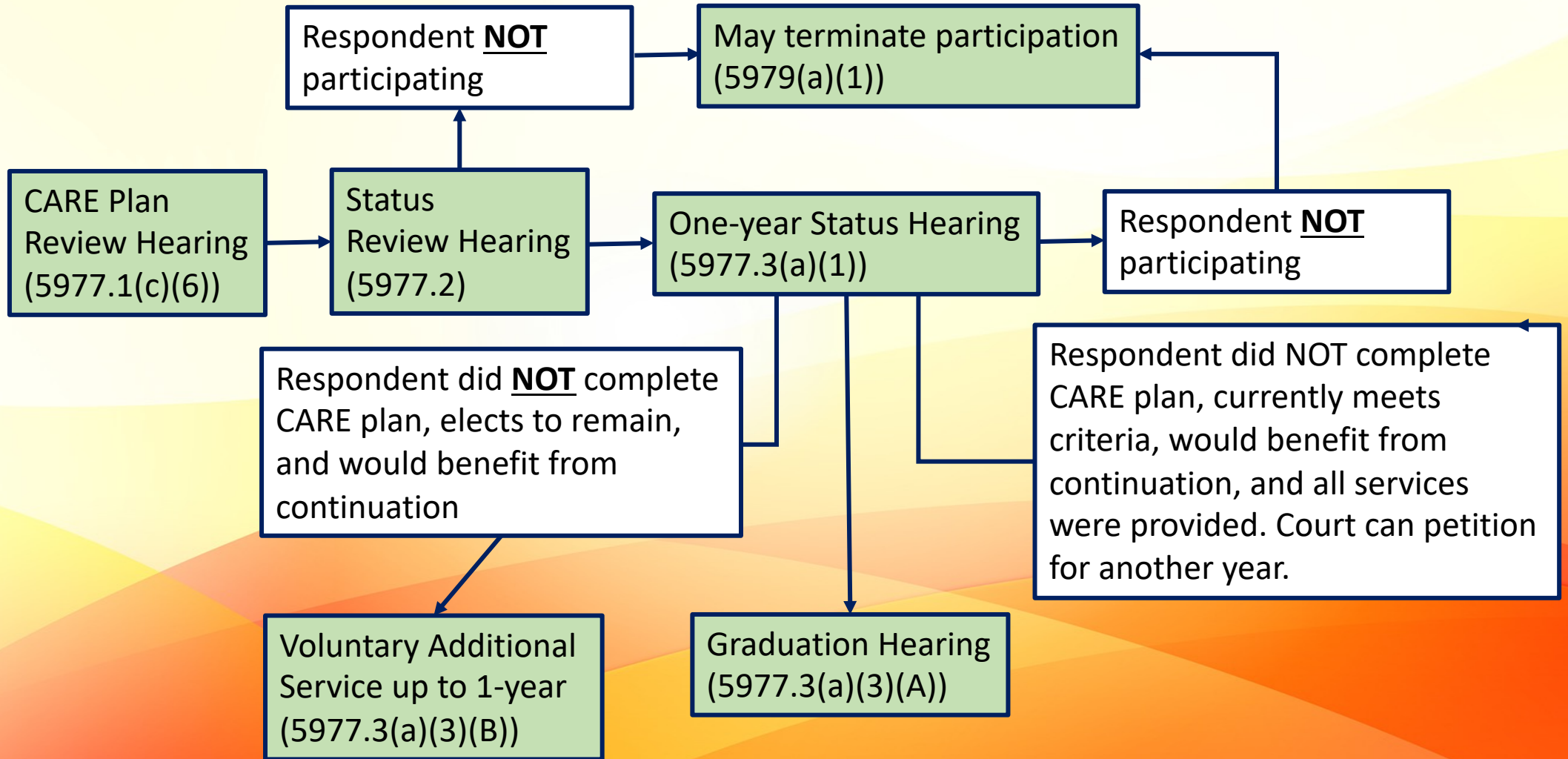


- Complete petition (CARE-100) – remember to fill out **ALL** requested information.
- **Additionally**, provide the required documentation.
  - Completed **Mental Health Declaration (CARE-101)** from licensed behavioral health provider **OR**;
  - Evidence the respondent was detained for a minimum of **TWO** periods of intensive treatment (**WIC 5250 holds**), the most recent episode being within the last **60 days**.
- Superior Court Self-Help Services

# CARE in Orange County



# CARE in Orange County



# Clinical Example

## The journey (so far) for Hannah\*

### Investigation Starts:

- HCA received the Petition and Minute Order from the Court to begin the investigation and engagement process.
- On date of receiving the petition, the assigned clinician contacted the Petitioner, Hannah's Mother. A home visit was scheduled for the following week.

### First Visit:

- Dyad team visited Mother and attempted to make contact with Hannah. Clinical information gathered for Screening, but Hannah was not present.
- Hannah was living in apartment complex in her inoperable car.

### Referral:

- Clinical team attempted another visit later in the week, and successfully made contact! Hannah was initially concerned about being a part of CARE, but was agreeable to a referral.

\*Name changed for privacy.



# Hannah's story continued

## First CARE Court Date:

- With a scheduled intake appointment coming, HCA requested an extension for 30-days.
- Unfortunately, Hannah refused to attend the appointment, which happened to be scheduled for the same day.

## Extension Period:

- HCA continued to visit with Hannah over the next 30 days.
- Although Hannah was polite and appreciated HCA's visits, she continued to decline services and housing supports.
- Her symptoms worsened and her condition deteriorated.
- Apartment Management company reported a plan to contact local Law Enforcement to have her arrested for trespassing.
- HCA worked with CAT and local law enforcement to have her evaluated, rather than arrested. She was hospitalized.

\*Name changed for privacy.





# Hannah's story continued

## Initial Appearance:

- Hannah ended up being in the hospital for over a month, gradually stabilizing.
- HCA determined Hannah met the CARE Act Criteria and a Case Management Hearing was set.
- HCA coordinate Hannah's linkage to FSP after her discharge.

## Case Management Conference:

- Once she was settled, a Case Management Conference was held.
- Participants: Public Defender, FSP Providers, and HCA Care Team.
- Conference Covered:
  - Strengths, barriers, goals, objectives
  - Symptoms, services and supports needed
  - Housing plan
  - Services offered, frequency of services, and crisis planning
- Terms of CARE Agreement were presented to the Court.

\*Name changed for privacy.



# Hannah's story continued

## Orange County's First CARE Agreement

- Hannah fully participated in the Case Management Conference and was engaged in services.
- Hannah seemed likely to participate voluntarily, thus a CARE Agreement was presented.
- Judge reviewed the Terms of the Agreement and accepted the terms.
- Hannah's case continues to be reviewed in Court for review hearings. She is doing well!

\*Name changed for privacy.



# Roles in CARE Act

## Court

- Prima Facie
- Determines outcomes
- Sets dates
- Issues orders
- Sanctions

## HCA

- Outreach
- Engagement
- Linkage
- Case Management Hearings
- Report on progress

## Public Defender

- Legal representation for client
- Advocates for client

## Supporter

- Appointed by client
- Friend, family, provider, etc.
- Advocates for client's preferences

# CARE Agreement/Plan



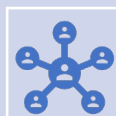
Behavioral Health Service



Medication Management



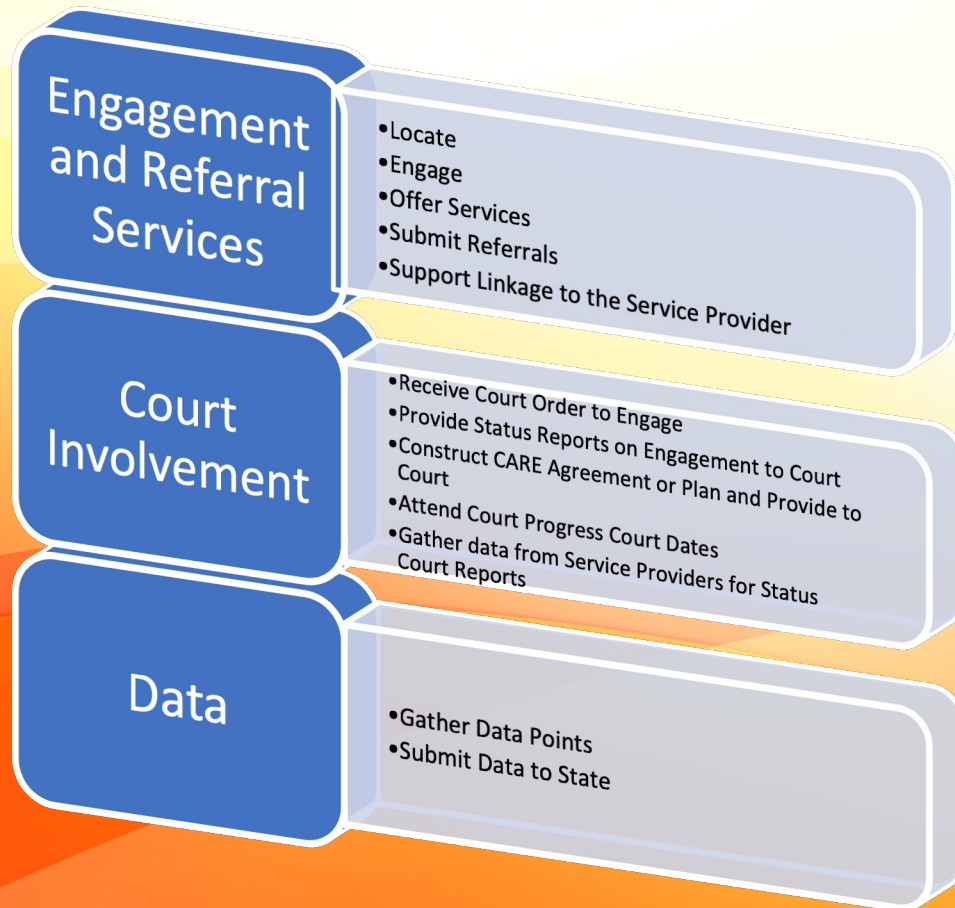
Housing Resources



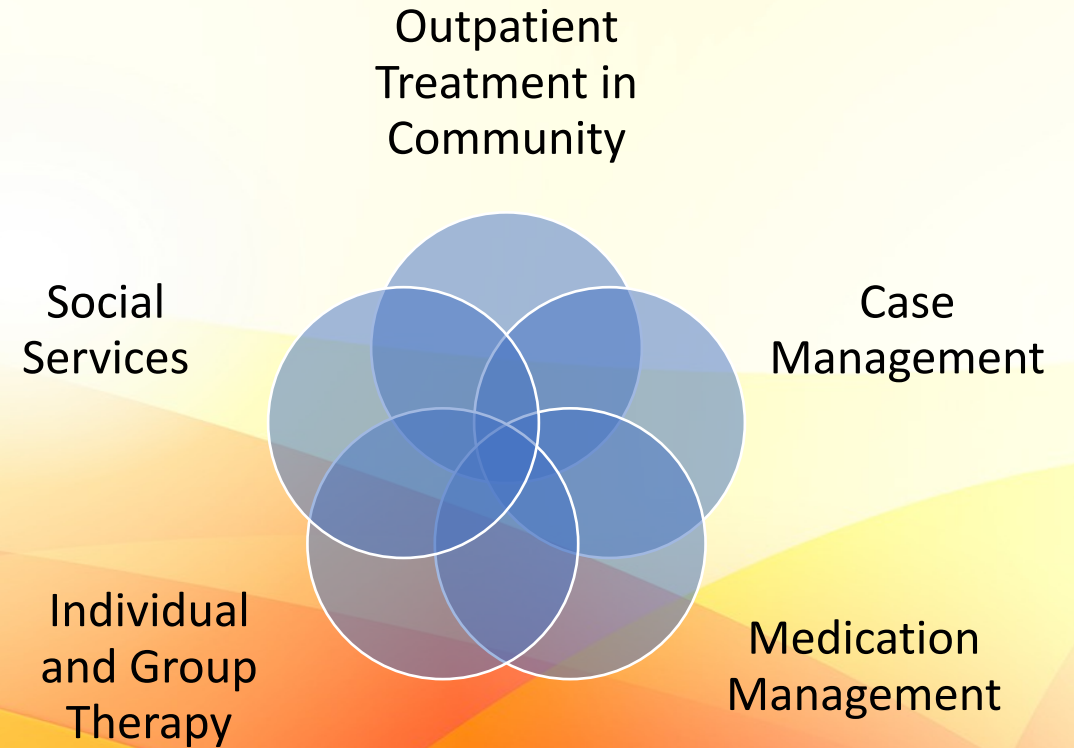
Social Services & Supports

# What CARE OFFERS

## HCA CARE TEAM



## SERVICE PROVIDER



\* Based on Clinical Judgement and Participant Readiness

# CARE is NOT **CARE** **Misconceptions**



# OC CARE STATISTICS/DEMOGRAPHICS



## People who identify as:

- Total Petitions 41
- Active Clients 24
- CARE Agreements 2
- CARE Plans 0
- Homeless 22
- Public Insurance 28

American Indian or Alaskan Native	0
Asian Indian	1
Black or African American	4
Native Hawaiian or Other Pacific Islander	1
White	15
Arab, MENA, or SWANA	1
Hispanic or Latinx/o/a	10
Asian American	5

# EQUITY AND ACCESS

<u>People who identify as:</u>		<u>CARE%</u>	<u>STATE%</u>
American Indian or Alaskan Native	0	0	.6%
Asian Indian	1	2.7%	
Black or African American	4	10.8%	4.8%
Native Hawaiian or Other Pacific Islander	1	2.7%	
White	15	40.5%	50.3%
Arab, MENA, or SWANA	1	2.7%	
Hispanic or Latinx/o/a	10	27%	32.2%
Asian American	5	13.5%	11.7%



# INSURANCE STATUS

Insurance Status	Count of Date Petition Received
Medi-Cal/Medicaid	26
Medicare	5
Private Pay	3
Uninsured	2
Unknown	1
Not Yet Engaged	4
<b>Grand Total</b>	<b>41</b>

# CARE PETITIONERS

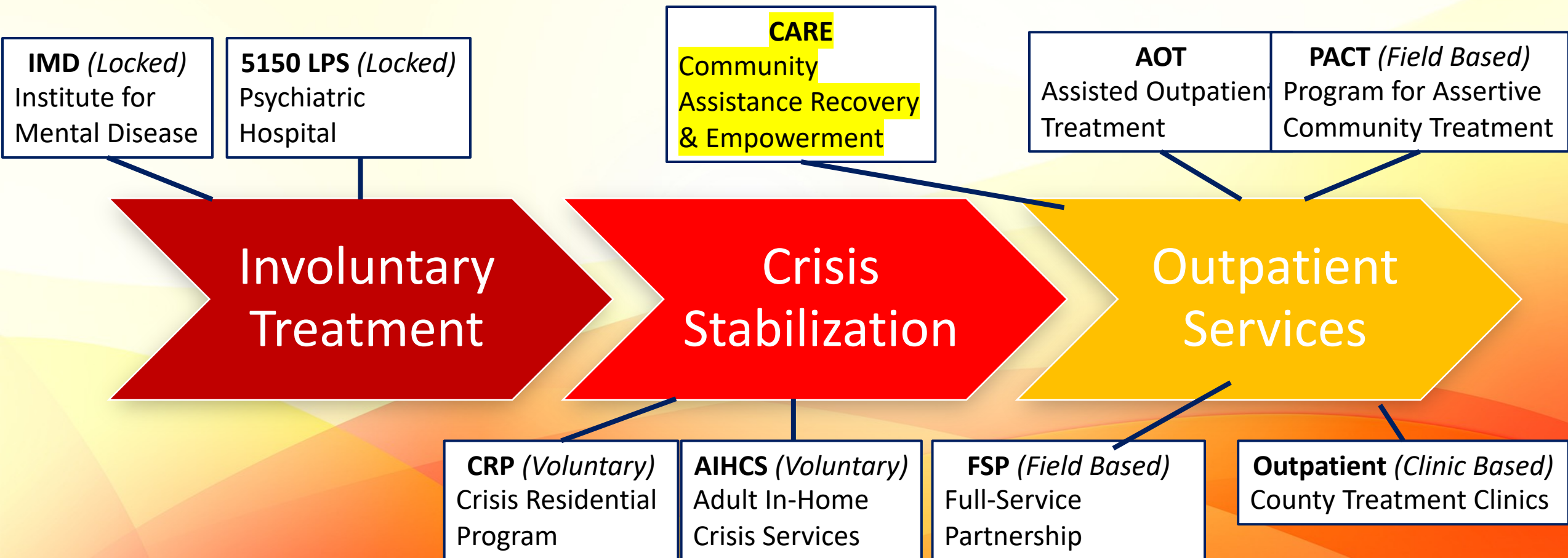


Original Petitioner	Number Petitions Received
10 – The director of the county behavioral health agency	3
14 – The respondent.	7
2 - A spouse or registered domestic partner, parent, sibling, child, or grandparent of the respondent.	14
3 – A person who stands in the place of a parent to the respondent.	1
4 – The director* of a hospital in which the respondent is hospitalized.	8
7 – A licensed behavioral health professional* who is or has been, within the reporting month, treating or supervising the treatment of the respondent	2
8 – 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.	1
9 – The public guardian* or public conservator*	5
<b>Grand Total</b>	<b>41</b>

# LINKED

Linked Level of Care	1 - CARE Process Initiation (initial, merits, case management, or clinical evaluation hearing)	2 - Dismissed (not eligible, not receiving county supports/services)	3 - Dismissed (not eligible, receiving county supports/services)	5 - Active CARE Agreement	7 - Terminated from CARE agreement/plan/voluntary county services (no longer receiving county supports/services)	Grand Total	Total Linked
Clinic		3				3	21
Locked Facility				3		3	
PACT/FSP		7		3	2	2	14
Private Provider			1				1
(blank)		17	1		1		19
None			1				1
<b>Grand Total</b>		<b>27</b>	<b>3</b>	<b>6</b>	<b>2 1</b>	<b>2</b>	<b>41</b>

# Orange County Programs





# How is **CARE** Act **Different** From AOT?

CARE has a narrow list of mental illness diagnosis which qualifies.

CARE has large list of qualifying petitioners. Care process begins with the Court.

CARE allows for a supporter to assist with treatment team and supportive decision making.

CARE duration is for one year (with a second year granted if necessary).

CARE will be available in every county statewide by 2025 – no matter the insurance plan.

# CARE Vignette



- Client is a 22 year old female. Mother is the Original Petitioner.
- Some statements and information from the Petition and documents:
  - Her current behavior includes bouts of manic paranoia, aggressive language, going missing for several days at a time, increased personality disorders, physical rage at those around her, and a lack of judgment.
  - Multiple sexual assaults and physical abuse.
  - She was in a serious car accident in 2020.
  - Reported use of alcohol, methamphetamines, cocaine, and marijuana.
  - She started going off the charts and becoming confused in the beginning of Feb. She started telling me how much her head hurt and she felt so confused not knowing where she was and what was going on. She felt people who didn't know her did know her, and was thinking that they were talking about her and what she should do with her life.

\*hypothetical

# CARE Eligibility – does this case meet criteria?

- Diagnosed with a 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.
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# Vignette Questions



- What differential diagnoses might you consider?
- How would you determine the appropriate level of care for this person?
- What other considerations would come into play?
- How to start engaging this individual?



 **Links**<sup>24/7</sup>  
**855-OC LINKS**  
**(855-625-4657)**  
**Behavioral Health Services Line**

 **Navigator.org**

