



Judicial Council of California

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REPORT TO THE JUDICIAL COUNCIL

Item No.: 26-071

For business meeting on April 24, 2026

Title

Mental Health Law: Implementation of CARE Act Legislation

Report Type

Action Required

Rules, Forms, Standards, or Statutes Affected

Amend Cal. Rules of Court, rules 7.2221, 7.2223, 7.2230, and 7.2235; repeal rule 7.2225; approve forms CARE-125 and CARE-126; revise forms CARE-050-INFO, CARE-060-INFO, CARE-100, CARE-101, and CARE-102

Effective Date

July 1, 2026

Date of Report

March 31, 2026

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Recommended by

Probate and Mental Health Advisory
Committee
Hon. Jayne Chong-Soon Lee, Chair

Executive Summary

To implement recently enacted legislation regarding the Community Assistance, Recovery, and Empowerment (CARE) Act, the Probate and Mental Health Advisory Committee recommends amending a heading of an article of the California Rules of Court, amending four rules of court, repealing one rule of court, approving two forms, and revising five forms. Senate Bill 27 (Stats. 2025, ch. 528) amended both substantive and procedural aspects of the CARE Act, including changes to eligibility criteria and processes for initiating proceedings. The committee recommends making these changes to rules and forms to conform with SB 27. The committee also recommends minor changes to improve form usability and clarity and maintain rule consistency.

Recommendation

The Probate and Mental Health Advisory Committee recommends that the Judicial Council, effective July 1, 2026:

1. Amend the heading of article 2 of chapter 2 of division 2 of title 7 of the California Rules of Court to reflect recent form name changes and to maintain consistency with related CARE Act rules;
2. Amend California Rules of Court, rules 7.2221, 7.2223, 7.2230, and 7.2235 to conform with SB 27’s intracourt referral process granting the CARE Act court authority to deem certain referrals to be petitions;
3. Repeal California Rules of Court, rule 7.2225 to avoid inconsistency with revised rule 7.2221 and reflect changes from SB 27 to the way CARE Act proceedings can commence;
4. Approve *Court Referral to the CARE Act Court* (form CARE-125) and *Ruling or Order on Court Referral to CARE Act Court* (form CARE-126) as optional forms to implement SB 27’s intracourt referral process; and
5. Revise *Information for Petitioners—About the CARE Act* (form CARE-050-INFO), *Information for Respondents—About the CARE Act* (form CARE-060-INFO), *Petition to Begin CARE Act Proceedings* (form CARE-100), *Mental Health Declaration—CARE Act Proceedings* (form CARE-101), and *Petition to Begin CARE Act Proceedings by Licensed Behavioral Health Professional Only* (form CARE-102) to incorporate the expanded eligibility criteria introduced by SB 27 and to increase the ease of use of the forms.

The proposed amended and repealed rules and new and revised forms are attached at pages 11–40.

Relevant Previous Council Action

The Judicial Council has considered rules of court and forms related to the CARE Act in each of the last three years. At its meeting on May 12, 2023,¹ the Judicial Council approved an initial recommendation for rules and forms to implement the CARE Act. This recommendation included the adoption of 11 rules of court, amendment of 1 rule, adoption of eight forms, and approval of five forms. Those rules of court and forms became effective on September 1, 2023.

¹ Judicial Council of Cal., Advisory Com. Rep., *Mental Health Law: Community Assistance, Recovery, and Empowerment Act* (Apr. 5, 2023), jcc.legistar.com/View.ashx?M=F&ID=11916930&GUID=CC7CB44F-5975-489C-9159-9627D77EFC45.

In 2024² and 2025,³ the Judicial Council approved three recommendations revising rules, forms, and standards to implement legislative changes to the CARE Act and to make technical changes⁴ to the CARE Act rules and forms.

Analysis/Rationale

The CARE Act took effect on January 1, 2023. The act created a new pathway to deliver mental health treatment and support services to persons with schizophrenia or other psychotic disorders by authorizing certain qualifying individuals to petition a civil court to create a voluntary CARE agreement or a court-ordered CARE plan. By December 2, 2024, all counties and courts implemented the CARE Act.⁵

On October 10, 2025, Governor Gavin Newsom signed into law Senate Bill 27 (Stats. 2025, ch. 528). SB 27 amends the CARE Act, effective January 1, 2026, to revise referral procedures, expand eligibility criteria, provide key definitions, and clarify court processes. Specifically, SB 27:

- Expands how individuals could be referred to CARE proceedings by including new provisions for misdemeanor incompetent to stand trial (MIST) and felony incompetent to stand trial (FIST) referrals and by establishing a procedure for the referring court to refer directly to the CARE Act court;
- Broadens the eligibility criteria for the CARE Act by expanding the qualifying diagnoses to include bipolar I disorder with psychotic features, except psychosis related to current intoxication;
- Clarifies several aspects of court procedure for CARE Act proceedings including eligibility hearings, progress hearings, and the confidentiality of documents shared with the MIST court; and
- Revises procedures for tribal notice, graduation, and data reporting.

² Judicial Council of Cal., Advisory Com. Rep., *Mental Health Law: CARE Act Rule Amendments and Form Revisions* (Mar. 27, 2024), jcc.legistar.com/View.ashx?M=F&ID=12871000&GUID=DA967F26-56F7-4FD4-842F-A1FB4357D794.

³ Judicial Council of Cal., Advisory Com. Rep., *Rules and Forms: Additional CARE Act Legislation* (Mar. 28, 2025), jcc.legistar.com/View.ashx?M=F&ID=14013400&GUID=2D719FF9-EA38-4CC9-B47A-C96EC9A06731.

⁴ Judicial Council of Cal., Advisory Com. Rep., *Rules and Forms: Miscellaneous Technical Changes to CARE Act Rule and Adoption, CARE Act, and Sheriff Service Forms* (Oct. 2, 2025), jcc.legistar.com/View.ashx?M=F&ID=14844627&GUID=ADC9B423-A3DC-4B91-96D3-8E7E8B7EAF31.

⁵ Welf. & Inst. Code, § 5970.5(b). Unless otherwise noted, all further statutory references are to the Welfare and Institutions Code.

Intracourt referral process

SB 27 grants the CARE Act court discretion to treat a referral from assisted outpatient treatment, mental health conservatorship, MIST proceedings, and FIST proceedings as a petition, if both of the following conditions are met:

1. The referral contains all information required to be included in a CARE process petition under section 5975; and
2. The information included in the referral makes a prima facie showing that the respondent is, or may be, a person described in section 5972.⁶

If the CARE Act court elects to consider a referral to be a petition, it must notify the referring court that the referral has been accepted as a petition for CARE Act proceedings.⁷ Alternatively, if the CARE Act court does not elect to consider a referral to be a petition, the CARE Act court must order the “appropriate petitioner candidate” to do the following within 14 court days:

1. Complete an investigation to determine whether to file a petition; and
2. Notify the referring court whether it intends to file a CARE Act petition on behalf of the referred individual.⁸

The committee recommends amending three existing rules and adopting two optional forms to implement this new referral process. First, the committee recommends updating the ways that CARE Act proceedings may begin, as outlined in rule 7.2221(a), to account for instances where the CARE Act court accepts a referral as a petition. Adding referrals deemed to be petitions within “Alternative petitions to begin CARE Act proceedings” ensures that the rule accounts for all three ways that CARE Act proceedings can begin and clarifies who may file or submit the required document to begin the proceeding. Additionally, the committee recommends amending rules 7.2230 and 7.2235 to reflect this change to rule 7.2221(a). Under the new referral provisions, when the CARE Act court decides to consider a referral to be a petition, the CARE Act proceedings would likely begin without the “petition packet” that rules 7.2230 and 7.2235 reference. For this reason, the committee recommends amending these rules to instead reference the “petition.”

Finally, the committee recommends adopting forms CARE-125 and CARE-126 to provide optional forms for both the referring court and the receiving CARE Act court to implement this intracourt referral process. The committee recommends adopting form CARE-125 as a form the referring court can complete to initiate a referral under section 5978. This form prompts the

⁶ § 5978(b).

⁷ § 5978(c).

⁸ § 5978(d). If the appropriate petitioner candidate notifies the CARE Act court that it requires additional time to complete its investigation under section 5978(d)(1), the CARE Act court may grant an extension of up to 30 court days (§ 5978(e)).

referring court to provide key information about the individual and their potential CARE Act eligibility that would enable the CARE Act court to evaluate whether it would be appropriate to treat the referral as a petition. If the referring court believes that both conditions are met that would allow for the referral to be treated as a petition, the judicial officer completing the form would check item 3 and provide information necessary for the CARE Act court to make its determination. The form also provides an opportunity for the referring court to provide any information that may eventually assist the county behavioral health agency in locating or connecting with the individual.

The committee recommends adopting form CARE-126 as an optional form allowing the receiving CARE Act court to document its decision whether to treat a referral from another court as a petition under section 5978. This form supports the statutory discretion granted to the CARE Act court by SB 27 and provides a clear mechanism for communicating the court's ruling back to the referring court and relevant parties. After reviewing a referral made under section 5978, the CARE Act court may use form CARE-126 to indicate whether the court accepts the referral as a petition or does not accept the referral as a petition by checking either item 1 or item 2, respectively. If the CARE Act court does not accept the referral as a petition, item 2 allows the court to order the appropriate petitioner candidate to begin its investigation, as required by section 5978(d).

The committee recommends adopting forms CARE-125 and CARE-126 as optional rather than mandatory forms. The committee evaluated the benefits of each option and concluded that the optional use of forms CARE-125 and CARE-126 strikes the appropriate balance between promoting standardization and preserving court flexibility. The committee believes that allowing courts to choose whether to use these forms or develop their own local forms provides flexibility that is essential for effective implementation and efficiency, as reflected by the fact that courts and judges unanimously supported optional use.

Expanded eligibility

SB 27 expands CARE Act eligibility to include “bipolar I disorder with psychotic features, except psychosis related to current intoxication” as a qualifying diagnosis. The committee recommends revising four forms to incorporate this new qualifying diagnosis.

The committee recommends revising the two information sheets, forms CARE-050-INFO and CARE-060-INFO, to add this qualifying diagnosis.

The committee also recommends revising item 7 of forms CARE-100 and CARE-101, and the corresponding item 9 on form CARE-102, to include bipolar I disorder with psychotic features, except psychosis related to current intoxication, as an eligible diagnosis.

Updated definitions

SB 27 provides a definition for one key term and updates the definition of another. First, SB 27 adds a new definition for “clinically stabilized in ongoing voluntary treatment.” This means both of the following:

- The person’s condition is stable and not deteriorating; and
- The person is currently engaged in treatment and managing symptoms through medication or other therapeutic interventions. Enrollment in treatment alone shall not be considered clinically stabilized in ongoing voluntary treatment.⁹

In response, the committee recommends updating the definition of “clinically stabilized in ongoing voluntary treatment” to item 7 of forms CARE-050-INFO, CARE-100, and CARE-101 and item 9(c) of form CARE-102.

Second, SB 27 expands the definition of “licensed behavioral health professional” to include nurse practitioners and physician assistants for the limited purpose of completing an affidavit stating that the respondent meets the diagnostic criteria to be eligible for CARE Act proceedings.¹⁰ The committee therefore recommends revising form CARE-101 to include nurse practitioners and physician assistants in the list of licensed behavioral health professionals who may fill out the form identified in items 3(a)(6) and 3(a)(7), respectively. The committee also notes that no corresponding change to form CARE-102 is appropriate because SB 27 limits this expanded definition to the affidavit requirement only. SB 27 did not amend the definition of “licensed behavioral health professional” for any other purpose of the CARE Act, including the list of eligible petitioners under section 5974(e).

Consistency across rules and forms

In addition to revisions based on SB 27, the committee also recommends amending one article heading and two rules and revising three forms to improve overall effectiveness and maintain consistency across CARE Act rules and forms.

First, the committee recommends replacing “commencement” with “beginning” in the article 2 heading and replacing “commence” with “begin” in rules 7.2221 and 7.2223. This change reflects the recent name change to form CARE-100 and promotes consistency across all CARE Act rules and forms.

Additionally, the committee recommends revising forms CARE-101 and CARE-102 to include consistent structure for the individual completing the form to provide information regarding their license status and number. The revised structure, reflected in both forms, allows the licensed behavioral health professional to indicate whether they have been granted a waiver of licensure in a narrative field rather than checking a box for a possible waiver status. The forms would also provide a narrative field for the individual to provide their license number, if applicable. This structure reduces the page length of each form and ensures that the forms are consistent with each other.

⁹ § 5971(d).

¹⁰ § 5975(d)(1).

Finally, the committee recommends minor formatting changes to form footers and checkboxes for consistency with current form drafting practices.

Policy implications

To the extent this proposal has policy implications, they can be attributed to the legislation from which the changes derive. The recommended rules and forms will implement and facilitate those legislative policies. Additionally, the changes to the rules and forms that do not derive directly from SB 27 were made based on a combination of stakeholder feedback and the committee's review of the rules and forms. These changes were made to improve the readability, ease of use, and overall effectiveness of the forms.

Comments

The proposal was circulated for comment from December 5, 2025, to January 7, 2026, in the winter 2026 invitation-to-comment cycle. The proposal was provided directly to several key stakeholders, including courts, public defender and county counsel offices, and state and county agencies, as well as recipients on the Judicial Council CARE Act, mental health, and Equal Access court email distribution lists. The proposal was also circulated to email distribution lists administered by contractors for both the California Health and Human Services Agency and the Department of Health Care Services that include county behavioral health agencies. The committee received comments from 17 commenters, including four county agencies, four professional associations, four individuals, two superior courts, one superior court judge, one state agency, and one consulting firm for a state agency. Of these 17 comments, 6 agreed with the proposal, 7 agreed with the proposal if modified, and 4 did not indicate their position.

All comments and the committee's responses are provided in the attached chart of comments at pages 41–73.

Forms CARE-125 and CARE-126

The committee specifically sought comments regarding four aspects of the proposed optional forms, CARE-125 and CARE-126.

First, the committee asked commenters whether optional use of forms CARE-125 and CARE-126 strikes an appropriate balance between system consistency and court flexibility. The County Behavioral Health Directors Association (CBHDA) submitted the only comment in support of the mandatory use of these forms, emphasizing that counties often receive incomplete referrals and that making forms CARE-125 and CARE-126 mandatory would promote standardization and reduce inefficiencies by limiting investigations to cases with sufficient information. The committee concluded, however, that these interests were outweighed by the courts' need for flexibility to adapt referral procedures and forms to local systems and resources. With respect to standardization, the committee also notes that section 5978(b) already provides a statewide baseline by specifying the framework that judicial officers must use when determining whether to treat a referral as a petition.

The committee also sought comments on whether CARE-126 should be split into two forms, with one form to be used when a referral is treated as a petition and the other form to be used when the referral is not treated as a petition. The committee recommends maintaining form CARE-126 as a single form after commenters unanimously preferred a single form.

Additionally, the committee sought feedback on whether the two different case number fields on the referral forms were necessary. The committee recommends keeping both case number fields after receiving support for this structure from commenters. The committee believes that keeping both case number fields promotes effective referral procedures.

Finally, the committee asked commenters whether forms CARE-125 and CARE-126 were sufficient to support the referral process on their own or whether additional rules or guidance would be helpful. The committee received a comment from California Health and Human Services suggesting restructuring item 3 of form CARE-125 to request the referring court to check a box corresponding to each of the eligibility criteria identified in section 5972 to certify that the referred individual meets the criteria to participate in the CARE process. In response, the committee revised the form to provide the eligibility criteria listed in section 5972 in a note following item 3. The committee prefers to maintain the current structure of a single checkbox for this item to avoid adding unnecessary steps and to simplify the form.

San Diego County Behavioral Health Services recommended revising the structure of form CARE-125 to replace the narrative fields with checkboxes. The committee recommends using narrative boxes for this form because judicial officers have expressed a preference for narrative responses over checkboxes in this form, which allow for greater clarity and additional information where appropriate.

The committee also received multiple comments questioning whether it is appropriate for a judicial officer to fill out a form like CARE-125. One commenter specifically stated that the forms “appear to place undue responsibility on the judiciary to assess clinical suitability, which could lead to inappropriate referrals.” The committee notes that this proposal implements changes to the CARE Act made by SB 27. Forms CARE-125 and CARE-126 closely reflect the statutory structure of section 5978(b), which dictates when the CARE Act court may exercise its discretion to consider a referral to be a petition.

Form revisions

California Health and Human Services commented that item 7 of forms CARE-100 and CARE-101 and item 9 of form CARE-102 should be revised to include checkboxes to indicate whether the respondent has a diagnosis of either (1) schizophrenia spectrum or other psychotic disorder in the same class or (2) bipolar I disorder with psychotic features. While the committee understands that checkboxes for these items would assist data collection procedures, the committee does not recommend using checkboxes for these items because this structure would add unnecessary length to the forms. The committee is also concerned that adding checkboxes could confuse petitioners who mistakenly assume that both diagnoses are required or increases the risk that a petitioner mistakenly indicates the wrong diagnosis or no diagnosis.

The committee also received multiple comments suggesting additional minor revisions to six CARE Act forms. Any form changes not directly addressed in the preceding sections are included in the chart of comments at pages 41–73.

Policy recommendations and operational concerns

The invitation to comment received various comments that suggested policy recommendations that are outside the scope of this proposal and the purview of the Judicial Council. Commenters expressed opinions regarding the voluntary nature of the CARE Act, county resource allocation issues, family involvement in the process, the appropriateness of the intracourt referral process, allowable communication between the CARE Act court and a nonreferring court that has concurrent jurisdiction over a respondent, and other critical issues related to the CARE Act. The committee appreciates these comments but notes that the scope of this proposal is limited to implementing statutory changes from Senate Bill 27 through revisions to court rules and forms.

Alternatives considered

The committee did not consider taking no action. To implement SB 27, the committee determined that changes to rules and forms would be needed to ensure that these materials are consistent with the law, such as the inclusion of bipolar I disorder with psychotic features as an eligible diagnosis. The committee also determined that adopting forms CARE-125 and CARE-126 would be helpful to facilitate the implementation of the intracourt referral process provided by SB 27.

As described above, the committee considered recommending forms CARE-125 and CARE-126 as mandatory forms. The committee also considered revising form CARE-125 to replace narrative fields with checkbox fields. Finally, the committee considered referring to both “the petition packet” and “a written court referral that began proceedings” instead of generally referencing “the petition” throughout the rules and forms.

Fiscal and Operational Impacts

The proposed rule amendments, form revisions, and new optional forms would impose indeterminate costs on the courts to change their operational procedures. However, these impacts are the result of new legislation. Additionally, while the new optional forms may require courts to train judicial officers or court staff on using the forms, they may also reduce costs by providing courts with forms they can use rather than developing their own.

Courts and judicial officers generally reported that implementation costs will likely include revising internal processes and providing training for judicial officers and court staff regarding referral procedures. San Diego County Behavioral Health Services also noted that the CARE Act court’s ability to treat referrals as petitions may increase costs if court hearings are held for referred individuals “who do not meet eligibility criteria or who are not interested in services.” Finally, a superior court judge noted that the “changes in the law” increase the population that the CARE Act may serve, which consequently may lead to an increase in petitions.

The committee recognizes these fiscal and operational impacts and believes that they are unavoidable due to the procedural and substantive changes in the CARE Act made by SB 27.

Attachments and Links

1. Cal. Rules of Court, rules 7.2221, 7.2223, 7.2225, 7.2230, and 7.2235, at pages 11–13
2. Forms CARE-050-INFO, CARE-060-INFO, CARE-100, CARE-101, CARE-102, CARE-125, and CARE-126, at pages 14–40
3. Chart of comments, at pages 41–73
4. Link A: Sen. Bill 27 (Stats. 2025, ch. 528),
leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202520260SB27

1 (3) A county where the respondent is a defendant or respondent in a pending
2 criminal or civil action or proceeding.

3

4 (b) * * *

5

6

7 **Rule 7.2225. ~~Persons who may file petition (§§ 5974, 5978)~~**

8

9 (a) **~~Persons who may file petition~~**

10

11 ~~Any person identified in section 5974 may file a petition to begin CARE Act~~
12 ~~proceedings. If a petition is based on a referral authorized by section 5978, only the~~
13 ~~person designated in that section may file the petition.~~

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15

16 **Rule 7.2230. Counsel for respondent (§§ 5976(c), 5977(a)(3)(A), (a)(5)(C) & (b)(1))**

17

18 (a) * * *

19

20 (b) **Copy of petition**

21

22 On appointment, the court must provide to counsel a copy of the petition ~~packet to~~
23 ~~appointed counsel.~~

24

25 (c) * * *

26

27

28 **Rule 7.2235. Notice of proceedings (§§ 5977–5977.3, 5979)**

29

30 (a) **Notice of order for report to augment petition (§ 5977(a)(3) & (4))**

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32 (1–3) * * *

33

34 (4) Notice to the respondent and the respondent’s counsel must also include a
35 copy of the petition ~~packet filed to begin the proceedings~~ and *Information for*
36 *Respondents—About the CARE Act* (form CARE-060-INFO).

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38 (5) * * *

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40 (b) **Notice of initial appearance (§ 5977(a)(3)(A), (a)(5)(C))**

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42 (1–2) * * *

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(3) *Notice to respondent*

(A) * * *

(B) Notice to the respondent must include copies of the following:

(i) The petition ~~packet filed to begin the proceedings;~~

(ii-iv) * * *

(4) *Notice to respondent's counsel*

(A) * * *

(B) Notice to the respondent's counsel must include copies of the following:

(i) The petition ~~packet filed to begin the proceedings;~~ and

(ii) Any report ordered under section 5977(a)(3).

(5) * * *

(c-e) * * *

This information sheet describes the CARE Act and how to fill out *Petition to Begin CARE Act Proceedings* (form [CARE-100](#)). A court self-help center may also be able to help you. Go to selfhelp.courts.ca.gov/self-help/find-self-help to find your court's self-help center. **Note:** There is no cost to file a CARE Act petition.

1 What is the CARE Act?

CARE stands for Community Assistance, Recovery, and Empowerment. The CARE Act allows a person in one or more of 14 categories (see page 2) to file a petition asking a court to start proceedings intended to get help for an adult who has a schizophrenia spectrum disorder or another psychotic disorder and meets several other requirements. The person who asks the court to start the proceedings is called the *petitioner*. This form assumes that you are thinking about whether to file a petition and become a petitioner. The person who you think needs help is called the *respondent*.

If the court decides that the respondent is eligible for the CARE Act, the county behavioral health agency will work with them to try to reach a CARE agreement, as described in item 2.

2 What is a CARE agreement or CARE plan?

A CARE agreement and a CARE plan are written documents that describe services to support the recovery and stability of the respondent. They must be approved by court order. Services may include clinical behavioral health care; counseling; specialized psychotherapy, programs, and treatments; stabilization medications; a housing plan; and other supports and services provided directly and indirectly by local government. The agreement or plan cannot give anyone the right to use force to medicate the respondent.

A CARE agreement is a voluntary agreement for services and treatment between the respondent and the county behavioral health agency after a court has found that the respondent is eligible for the CARE program. For the agreement to be valid, the court must approve it. The court can change the agreement before approving it.

A CARE plan is a set of community-based services and supports for the respondent that is ordered by the court if the respondent and the county cannot reach a CARE agreement.

A CARE plan or CARE agreement may be amended if the respondent and the county agree to amend the plan or agreement. The court may also approve amendments to a CARE plan without the parties' agreement if the court holds a hearing and finds that the amendments are needed to support the respondent in getting the help they need.

3 Have you thought about ways to help other than CARE Act proceedings?

There may be other ways to help a person with a serious mental illness. If the person has private health insurance, contact their health plan/insurer. If you do not know if the person has private health insurance or if they do not have private insurance, contact your county's behavioral health agency or check its website.

County behavioral health agencies offer many services. These include services like counseling, therapy, and medication and can also include programs like full-service partnerships, rehabilitative mental health services, peer support services, intensive case management, crisis services, residential care, substance use 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. They are also allowed to provide their services to people who do not receive Medi-Cal, depending on local funding and eligibility standards. These services do not require a court order. Also, you can refer someone to your local behavioral health agency. The agency can investigate and may decide to file a petition itself, but it is not required to do so.

Find out if the person has made an advance health care directive or psychiatric advance directive. These written documents name someone else to make health care decisions for a person when that person cannot. If the person has a directive, you can contact the person named in it to ask for their help. Think about looking into local social services and community-based programs too.



4 How do I complete *Petition to Begin CARE Act Proceedings* (form CARE-100)?

This section walks you through the petition, form CARE-100, item by item.

Item 1: Names and Age

As noted on page 1, you are the *petitioner*, the person asking the court to start CARE Act proceedings for the *respondent*, a person who needs help because of a serious mental disorder. In item 1 of form CARE-100, enter your name, the respondent's name, and the respondent's date of birth (or, if you don't know it, give the respondent's approximate age).

Item 2: What Type of Petitioner Are You?

In item 2, confirm that you are an adult, and check the box next to each petitioner type that applies to you:

- A person who lives with the respondent.
- The respondent's spouse or registered domestic partner, parent, sibling, child, or grandparent.
- A person who has authority to act as the respondent's parent.
- The director of a county behavioral health agency of the county where the respondent lives or is present, or the director's designee.
- A licensed behavioral health professional who is or has been supervising the treatment of or treating the respondent for a mental disorder within the last 30 days, or the professional's designee.
- The director of a public or charitable agency who is or has, within the last 30 days, been providing behavioral health services to the respondent or in whose institution the respondent resides, or the director's designee.
- The director of a hospital in which the respondent is or was recently hospitalized, or the director's designee.
- A California tribal court judge in whose court the respondent has appeared within the previous 30 days, or the judge's designee.
- The director of adult protective services of the county where the respondent lives or is present, or the director's designee.
- The director of a California Indian health services program or tribal behavioral health department that is or has, within the previous 30 days, been providing behavioral health services to the respondent, or the director's designee.
- A first responder who has encountered the respondent multiple times to arrest or involuntarily detain the respondent, engage the respondent in voluntary treatment, or make other efforts to get the respondent professional help.
- The public guardian or public conservator of the county where the respondent lives or is present, or the public officer's designee.
- A conservator or proposed conservator referred from a proceeding under the Lanterman-Petris-Short (LPS) Act.
- The respondent.

Item 3: Your Interaction With the Respondent

Describe your interactions and relationship with the respondent in item 3. For example, describe how you know the respondent, how often you see or talk with them, when (give the date) you last saw them, and what happened when you interacted with the respondent.

Item 4: The Respondent's Contact information

If you know where the respondent lives, enter that address in item 4a. If you do not know the respondent's address or if they do not have one, give the respondent's last known location and any other information, such as a post office box where they get mail or locations where they are frequently found, that might help to locate the respondent. In item 4b, provide the respondent's phone number—including whether they respond to text messages—and their email address, if any. If you are in contact with the respondent, check the box or boxes in item 4c that show all ways you have been able to contact them. Then, if respondent needs any language assistance, check the box in item 4d and identify the respondent's preferred language.



Item 5: The Right Court and County

You can file a petition *only* in a county where the respondent lives, where the respondent is currently located, or where the respondent is involved in a court case. In item 5, check the box or boxes that show why the county where you are filing the petition is the right place to file. If the respondent does not live in the county, state what county they live in, if you know it.

Item 6: Required Supporting Evidence

You must include supporting evidence in or with the petition. That evidence must be one of the following:

- a. A completed declaration by a licensed behavioral health professional on *Mental Health Declaration—CARE Act Proceedings* (form CARE-101); **OR**
- b. A statement or documentation that the respondent has been hospitalized at least twice for involuntary treatment, and that the most recent hospitalization ended no more than 60 days before you file the petition.

If you know personally about the respondent’s hospitalizations for involuntary treatment, you can describe them in the space provided in item 6a. You can also check item 6b and attach documentation, such as copies of certifications for intensive treatment, declarations from one or more witnesses to the involuntary treatment, or other documents showing that the respondent was hospitalized at least twice for involuntary treatment. At least one piece of evidence in or with the petition should show the beginning and ending (discharge) dates of the most recent treatment period.

Note: For purposes of the CARE Act, “involuntary treatment” includes only a 14-day hold for intensive 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 a 72-hour hold under Welfare and Institutions Code section 5150 or treatment under Welfare and Institutions Code sections 5260, 5270.15, and 5270.70.

Item 7: The Respondent’s Eligibility for the CARE Process

Your petition must state facts and provide information to support your claim that, to the best of your knowledge, the respondent is eligible for the CARE Act process. **All** of the following requirements, which are listed in items 7a–7f on form CARE-100, must be met for a respondent to be eligible. If you are attaching a declaration on form CARE-101 (see item 6a above) containing the information required by this item, then you may check the box at the beginning of item 7 and not fill out the rest of that item. Please note that the situations discussed below are only *examples* of circumstances that **may** qualify. The court decides whether a respondent is eligible based on facts about that respondent.

Requirements	Explanations	Examples
The respondent must be 18 years old or older and must meet each requirement identified below:		
Have a diagnosis as defined in the current <i>Diagnostic and Statistical Manual of Mental Disorders</i> of a schizophrenia spectrum disorder or another psychotic disorder in the same class, or bipolar I disorder with psychotic features, except psychosis related to current intoxication (item 7a).	Only a person with a schizophrenia spectrum or other psychotic disorder, or bipolar I disorder with psychotic features, is eligible for the CARE Act. A person who does not have one of these diagnoses is not eligible even if they have a different serious mental disorder, such as major depression. Note: The person’s diagnosis 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 7 to be eligible.	Eligible diagnoses include: schizophrenia, schizophreniform disorder, schizoaffective disorder, delusional disorder, schizotypal personality disorder, bipolar I disorder with psychotic features, except psychosis related to current intoxication, and other psychotic disorders.



Requirements	Explanations	Examples
<p>Be currently experiencing a serious mental disorder that (item 7b):</p> <ul style="list-style-type: none"> • Is severe in degree and persistent in duration, • May cause behavior that interferes substantially with the person’s activities of daily living, and • May lead to an inability to maintain stable adjustment and independent functioning without treatment, support, and rehabilitation for a long or indefinite period. 	<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 disorder:</p> <ul style="list-style-type: none"> • Difficulty with self-care (e.g., bathing, grooming, obtaining and eating food, using the restroom, dressing appropriately for the weather, securing health care, or following medical advice). Poor hygiene or being unhoused alone is not sufficient. • 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.
<p>Not be clinically stabilized in ongoing voluntary treatment (item 7c). A person is clinically stabilized in ongoing treatment if their condition is stable and not deteriorating, and they are currently engaged in treatment and managing symptoms through medication or other therapeutic interventions.</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> <p>Enrollment in treatment alone is not enough to be considered clinically stabilized in ongoing voluntary treatment.</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 7d):</p>		
<p>The respondent is unlikely to survive safely in the community without supervision and the respondent’s condition is substantially deteriorating (item 7d(1)).</p> <p>OR (see next page)</p>	<p>Indicate recent instances where the respondent has needed supervision to survive in the community due to confusion or impaired insight.</p> <p>Describe how the respondent’s ability to think clearly, communicate, or participate in regular activities has been getting worse recently.</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 a mental disorder.



CARE-050-INFO Information for Petitioners—About the CARE Act

Requirements	Explanations	Examples
<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 7d(2)).</p>	<p>Describe how the respondent would become gravely disabled or likely to cause serious harm to themselves or others without services and supports.</p> <ul style="list-style-type: none"> • <i>Grave disability</i> includes a person’s inability, due to a mental disorder, to provide for their basic personal needs for food, clothing, shelter, safety, or medical care. • <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 immediate access to safe housing but chooses, because of a mental disorder, to live in conditions that could lead to a serious danger to their health. • A person who recently attempted suicide because of their mental disorder and continues to express a desire to harm themselves. • Self-injuring behavior, such as walking into traffic or harming oneself unknowingly through behavior that puts them at risk for serious injury or death.
<p>The respondent’s participation in a CARE plan or CARE agreement must:</p>		
<p>Be the least restrictive alternative necessary to ensure the respondent’s recovery and stability (item 7e), and</p>	<p>Explain how participation in a CARE plan or CARE agreement:</p> <ul style="list-style-type: none"> • Would effectively meet the respondent’s treatment needs while placing as few limits as possible on the respondent’s rights and personal freedoms. • Is necessary because other less restrictive alternatives would not ensure the respondent’s recovery and stability; for example, because other less restrictive alternatives have not been successful. 	<p>Examples of less restrictive alternatives might include:</p> <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.
<p>Be likely to benefit the respondent (item 7f).</p>	<p>Explain how participating in a CARE plan could help the respondent stabilize and improve their current state and situation.</p>	<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 you have about each item listed above. If you notice you’re repeating yourself, you can say that you already gave the information and say where you said it before. You may also attach any documents you have that support one or more of those items.



Item 8: Other Optional Information

In item 8, check any of the boxes that apply to the respondent and provide any requested information that you know. Please find information about specific sections of item 8 below.

Note: If you don't know the information requested in any part of item 8, leave that part blank. The petition will be processed even if you do not complete item 8.

- **Regional Center:** If you know that respondent is served by a regional center, please check item 8b, provide the name and location of the center, and list any services the center provides to the respondent. A list of service centers can be found at dds.ca.gov/rc/listings/.
- **Tribal Enrollment or Services From an American Indian Health Care Provider:** If you know that the respondent is a member of a federally recognized Indian tribe or is receiving services from a California Indian health care provider, tribal court, or tribal organization, include that information in item 8d or item 8e.
- **Juvenile Court Information:** If the respondent is within a juvenile court's jurisdiction as a dependent, ward, or nonminor dependent, fill out item 8f. Give the court name, the case number, and contact information for the respondent's juvenile court attorney.
- **Conservator Information:** If the respondent has a conservator, fill out item 8g. Give the court name, the case number, and contact information for the respondent's conservatorship attorney.

Item 9: Court Referral

If you are filing a petition in response to a referral from another court proceeding, fill out item 9. Give the name of the referring court and the case number, department, and type of case, if you know it. If you have a copy of the referral order, label it "Attachment 9" and attach it to the petition.

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*. That means that if you have stated anything that you know is not true on the form, you may be criminally liable. If you have an attorney helping you, they will sign as well.

5 Am I required to give or send the petition to the respondent or anyone else?

No. To begin CARE Act proceedings, you must file the petition with the court. You do not need to give or send a copy of the petition to the respondent or anyone else.

6 What will happen after I file the petition?

After you file the petition, the court will review it and the supporting documents filed with it. The court will decide if the documents show that the respondent meets or may meet the CARE Act eligibility requirements. Then the court will either:

- **Dismiss the petition** 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. **OR**
- **Order a report** if it finds that the petition shows that the respondent meets or may meet the CARE Act eligibility requirements. The court order will require a county agency to engage the respondent and file a written report with the court as soon as practicable, but within 30 court days. If the court orders a report, the county agency will notify you and the respondent.

Note: The procedures are different if the county behavioral health agency is the petitioner.



7 The initial appearance

If the court 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 set an *initial appearance*. The court will also order the county to give notice of the initial appearance to you, as well as to the respondent, the respondent's appointed counsel, and the county behavioral health agency.

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

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

8 Do petitioners have any rights?

You have the right to go to the hearing on the merits and make a statement. And if the respondent agrees, the court may also allow you to participate in the rest of the CARE Act proceedings. If you live with the respondent; are the spouse, parent, sibling, child, or grandparent of the respondent; or are someone who has authority to act as a parent, the court will provide ongoing notice to you throughout the CARE Act proceedings, including notice of when a court proceeding is postponed or when the case is dismissed. However, the court will not provide this notice if the court decides that giving notice to you would not be in the best interest of the respondent or their treatment.

If the petition is dismissed and later the respondent's situation changes, you may file a new petition with the court.

9 What is a vexatious litigant?

A *vexatious litigant* is a person whom a court has found to have used the court process to harm or annoy other people by repeatedly suing them or filing other papers against them without a good reason.

A CARE Act court may find that a person is a vexatious litigant if that person files more than one CARE Act petition that is not true or is intended to disturb, harm, or annoy the respondent. Once declared a vexatious litigant, a person may be placed on a vexatious litigants list kept by the Judicial Council. The court may enter an order that prevents a vexatious litigant from filing any new litigation, including other types of cases (not just CARE Act petitions), without first getting permission from the trial court presiding judge. If such an order is issued, the court may fine a person who does not follow the order or send them to jail for contempt of court.

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* (form [MC-410](#)) to make your request. You can also ask the Americans with Disabilities Act 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>.

This information sheet provides information about the CARE Act and CARE Act proceedings.

1 Why am I being given these documents?

Someone has filed a petition with a court to start a CARE Act case for you. In the case, you are called the *respondent*. The CARE Act applies only to specific people. The petition asks a court to decide if you are one of them. The court has found that you might be. It is asking for more information to help it decide if you are.

Important information for you:

- You have been appointed an attorney, free of charge.
- Your court-appointed attorney will try to contact you about this case using the last known address or location on file for you.
- You may also contact your attorney at any time. Your attorney’s contact information is listed in item 5 of *Order for Care Act Report* (form CARE-105) and item 4 of *Notice of Initial Appearance—CARE Act Proceedings* (form CARE-110). You should have received one of those forms when you got this form.
- You should make sure that your attorney knows how to get in touch with you. Give them your contact information and let them know if it changes.
- You may also choose an attorney to represent you instead of the appointed attorney. If you choose your own attorney, you are responsible for their fees.
- You have the right to an interpreter, free of charge, at every CARE Act court hearing.

2 What is the CARE Act?

CARE stands for Community Assistance, Recovery, and Empowerment. The CARE process is a way to get court-ordered treatment, services, support, and a housing plan for adults with schizophrenia spectrum disorders, bipolar I disorder with psychotic features, or other similar psychotic disorders.

The CARE process uses outreach, meetings, and court hearings. The court will decide if you meet the eligibility requirements. One or more county agencies will be part of the process. If you are eligible, they will work with you to identify services and supports you might need.

If you are eligible for the CARE Act, the court will ask you to work with the county behavioral health agency to make a CARE agreement for services and supports. If you do not reach an agreement with the county agency, the court will order a clinical evaluation of your mental health. After reviewing the evaluation, the court will decide if you are still eligible. If you are, the court will order you and the county agency to develop a CARE plan.

3 What is CARE eligibility?

To be eligible for the CARE process, you need to be at least 18 years old and have a schizophrenia spectrum disorder, bipolar I disorder with psychotic features, or another psychotic disorder. The disorder you have must be serious. That means it has lasted for a long time, it can make you do things that interfere with your life, and it can make it impossible for you to live on your own for very long without treatment, support, and rehabilitation.

You are not eligible if you are stabilized in a voluntary treatment program. In addition, to be eligible, either it must be unlikely that you will survive safely in the community without somebody watching over you and your condition is getting a lot worse, or you must need services and supports to keep your symptoms from coming back or getting bad enough that you would probably become severely disabled or would seriously hurt yourself or somebody else. Finally, it must be likely that going through the CARE process will help you and that nothing less restrictive than the CARE process will make sure that you recover and stabilize.

4 What is a CARE agreement or CARE plan?

A CARE agreement and CARE plan are written documents that contain services designed to support you. They must be approved by court order. They may include clinical behavioral health care; counseling; specialized psychotherapy, programs, and treatment; stabilization medications; a housing plan; and other supports and services, provided directly or indirectly by local government. These documents cannot give anyone the right to use force to medicate you.



4 What is a CARE agreement or CARE plan?

A CARE agreement is a voluntary agreement between you and the county behavioral health agency. If you are eligible for the CARE program, the court will order you and the county agency to try to reach a CARE agreement. The court can change the agreement before approving it. After the court approves the CARE agreement, it can still be changed if you and the county agency agree to change it.

If you cannot reach a CARE agreement, the court may ask you to work with the county to create a CARE plan. A CARE plan is an individualized range of community-based supports and services. It can include the same services and supports as a CARE agreement. You and the county agency will propose one or more CARE plans to the court. The court will order the final CARE plan and can also change it later.

5 Who is the petitioner?

The petitioner is the person who is asking the court to start CARE Act proceedings for you.

6 Who is the respondent?

The respondent is you, the person whom the court is being asked to start CARE Act proceedings for.

7 What happens after the petition has been filed?

The court reviews the petition and decides if you might be eligible for the CARE process. If it thinks you might be, the court may order a county agency to try to contact you, talk with you, and file a written report. The county agency must file the report with the court as soon as practicable, but within 30 court days, unless the court gives it more time. The county will let you and the petitioner know if the court orders a report.

What happens if the county agency contacts me?

The county agency will ask you about your mental and physical health. It will also ask how your mental health affects your life and what services and treatment you think would be helpful. It will ask if you are willing to work with the county to get connected to those services and treatment options.

What will the report include?

The county agency will file a report even if it is not able to contact you. The report will include:

- The agency’s opinion about whether you meet, or are likely to meet, the CARE eligibility requirements. These include your mental health diagnosis and current condition, whether you need additional services, and whether there are other services that would help you but be less restrictive than a CARE agreement or plan.
- The county’s efforts to get you to participate voluntarily in services and whether the county thinks you can participate voluntarily in services.

What happens after the court receives the report?

After the court receives the report, it will either:

- **Dismiss the proceedings:** If the court finds, based on the petition and the county’s report, that you are not eligible for the CARE process or that you are working willingly and effectively with the county agency and have enrolled or are likely to enroll in behavioral health treatment, the court will dismiss the case; or
- **Set an initial appearance (court hearing):** If the court finds that the county’s report shows that you may be eligible for the CARE process and the county’s contacts with you were not able to connect you with voluntary services and treatment, the court will set an initial appearance.

Note: The court has appointed an attorney for you. The attorney will contact you at the beginning of the CARE Act process. If the court sets an initial appearance, the county will give you notice of the date, time, and place of the hearing along with additional information.



8 What happens at the initial appearance and the hearing on the merits?

At the initial appearance:

- You may replace your court-appointed attorney with an attorney that you choose.
Note: If you choose your own attorney, you are responsible for their fees, if any.
- You have the right to appear in person. You can choose to give up your right to attend personally, and your attorney can appear on your behalf.
- If you do not tell the court, either by yourself or through your attorney, that you are choosing not to attend and you do not appear, the court may have a hearing without you. To do that, the court needs to find that reasonable attempts to encourage you to appear have failed and that having a hearing without you would be in your best interests.
- The petitioner must be present at the initial appearance, or the court may dismiss the petition.
- A representative from the county behavioral health agency will be present.
- If the original petitioner is not the director of a county behavioral health agency, the court will replace the original petitioner with the director of the county behavioral health agency or their designee, who will then take over as the petitioner.
- If you are enrolled in a federally recognized Indian tribe or are receiving services from an Indian health care provider, a tribal court, or a tribal organization, the law allows a representative from the program, the tribe, or the tribal court to be present if you consent. The county must give notice of the initial appearance to the tribal representative.
- The court will set a hearing on the merits of the petition.
- The hearing on the merits of the petition may happen at the same time as the initial appearance but only if you (the respondent), the petitioner, and the court all agree.

At the hearing on the merits:

The court will decide if you meet the CARE Act requirements. The court will consider the petition, the report from the county agency, and all evidence properly presented to it, including evidence that you provide.

- **If the court finds that you *do not* meet the CARE Act requirements:** The court will dismiss the petition. The original petitioner may be able to file a new petition if something changes unless the court finds that the original petition was not filed in good faith.
- **If the court finds that you *do* meet the CARE Act requirements:** The court will order the county behavioral health agency to work with you, your attorney, and your supporter, if you have one, to connect you with behavioral health treatment. You all will need to decide if you and the behavioral health agency can reach a CARE agreement. The court will set a case management hearing.

Note: If you are enrolled in a federally recognized Indian tribe and you want a tribal representative to attend the case management hearing, the county behavioral health agency will let the tribe know the date, time, and place of the hearing.

9 What rights do petitioners have?

The original petitioner has the right to go to the hearing on the merits and make a statement. If the original petitioner lives with you; is your spouse, parent, sibling, child, or grandparent; or is someone who has authority to act as your parent, the court will continue to give them notice about the case, unless the court decides that notice would be harmful to you. In addition, if you agree, the court may allow that person to participate in your CARE Act process.

If the original petitioner is not someone listed above, the court will not give them additional rights.



10 What rights do respondents have?

You have the right to be informed of what is happening in your case. You have the right to participate in your case. You have the right to an attorney and a supporter at all stages of the process. You have the right to an interpreter if you need one. You have the right to keep confidential all CARE evaluations, reports, documents, and filings. You also have other rights that are described in *Notice of Respondent's Rights* (form CARE-113). You will get a copy of that form when you get notice of any court hearing in the CARE Act process.

11 What if I disagree with a court order?

You have the right to ask a higher court to review a court order in the CARE process. This is called an *appeal*. Talk with your attorney if you think you want to appeal a court order. To get more information, read *Information on Appeal Procedures for Unlimited Civil Cases* (form [APP-001-INFO](#)).

12 What is a "supporter"?

You have the right to choose a person to support you throughout the CARE Act process. The CARE Act calls that person a *supporter*. The supporter helps you understand, communicate, make decisions, and express your preferences. You can choose to have your supporter with you at meetings, appointments, or court hearings.

Your supporter must:

- Respect your values and beliefs and support your preferences as well as they can.
- Communicate with you to help you understand and make informed decisions.

Your supporter must not:

- Act independently from you.
- Make decisions for you or on your behalf unless necessary to keep someone from immediately getting hurt.
- Sign documents for you.

You have a right to have a supporter throughout the CARE Act process.

13 What if I don't speak English?

You have the right to an interpreter at all CARE Act court hearings. Let your attorney know that you will need an interpreter for court hearings. When you go to court, tell the judge you need an interpreter if you or your attorney haven't already asked for one. 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>.

14 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 Americans with Disabilities Act 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-INFO>.

ATTORNEY OR PETITIONER WITHOUT ATTORNEY NAME: FIRM NAME: STREET ADDRESS: CITY: STATE: ZIP CODE: TELEPHONE NO.: FAX NO.: EMAIL ADDRESS: ATTORNEY FOR (name):	STATE BAR NUMBER: STATE: ZIP CODE: FAX NO.:	FOR COURT USE ONLY <p style="text-align: center;">DRAFT 3226 Not approved by the Judicial Council</p>
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:		
CARE ACT PROCEEDINGS FOR (name): <p style="text-align: right;">RESPONDENT</p>		
PETITION TO BEGIN CARE ACT PROCEEDINGS		CASE NUMBER:

For information on completing this form, see *Information for Petitioners—About the CARE Act* (form [CARE-050-INFO](#)), visit the CARE Act webpage on the self-help website at <https://selfhelp.courts.ca.gov/care-act>, or contact your local court's self-help center. To find the location and hours of the self-help center, click <https://selfhelp.courts.ca.gov/self-help/find-self-help>.

1. **I (enter your name here):**
 am asking the court to find that (name of the person you want services for, who is called the respondent):

 is eligible to participate in the CARE Act process. The respondent was born on (date of birth, if you know it): _____ or
 I do not know the respondent's date of birth, but the respondent is (approximate age, in years): _____ years old.

2. I am 18 years of age or older and (check all categories that apply to you):
- | | |
|---|---|
| a. <input type="checkbox"/> A person who lives with the respondent. | i. <input type="checkbox"/> 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. |
| b. <input type="checkbox"/> A spouse or registered domestic partner, parent, sibling, child, or grandparent of the respondent. | j. <input type="checkbox"/> The public guardian or public conservator of this county.* |
| c. <input type="checkbox"/> A person authorized to act in place of the respondent's parent. | k. <input type="checkbox"/> A conservator or proposed conservator referred from a proceeding under Welfare and Institutions Code section 5350. |
| d. <input type="checkbox"/> The director of the county behavioral health agency of this county.* | l. <input type="checkbox"/> The director of adult protective services of this county.* |
| e. <input type="checkbox"/> A licensed behavioral health professional who is or has been, within the past 30 days, treating or supervising the treatment of the respondent.* | m. <input type="checkbox"/> The director of a California Indian health services program or tribal behavioral health department that has, within the past 30 days, provided or is currently providing behavioral health services to the respondent.* |
| f. <input type="checkbox"/> The director of a hospital in which the respondent is hospitalized.* | n. <input type="checkbox"/> A California tribal court judge before whom the respondent has appeared within the past 30 days.* |
| g. <input type="checkbox"/> The director of a public or charitable organization, agency, or home
(1) <input type="checkbox"/> who is or has been, within the past 30 days, providing behavioral health services to the respondent;* or
(2) <input type="checkbox"/> in whose institution the respondent resides.* | |
| h. <input type="checkbox"/> The respondent. | |

* If you are in a category above that is followed by *, you may designate someone to file the petition on your behalf. If you have been designated to file a petition by a person in a category followed by *, check that category and enter **your** name above.

3. I have interacted with the respondent as follows (describe when (give the date) you last saw them, and what happened when you interacted with the respondent):

If you need more space for your answer, please use a separate piece of paper and label it as Attachment 3.



CARE ACT PROCEEDINGS FOR (name): RESPONDENT	CASE NUMBER:
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7. To the best of my knowledge, the respondent meets each of the requirements below:
 Check here if all the information requested in items 7a through 7f is included in form CARE-101. If it is, you can skip the rest of this question, if you choose. Otherwise, explain below.

Note: Some details you enter in items 7a through 7f may overlap. If you notice you're repeating yourself, you can say that you already gave the information and mention where you said it before.

a. The respondent has a diagnosis as defined in the current *Diagnostic and Statistical Manual of Mental Disorders* of schizophrenia spectrum disorder or another psychotic disorder in the same class, or bipolar I disorder with psychotic features, except psychosis related to current intoxication. (Explain below):

b. The respondent is currently experiencing a serious mental disorder, as defined in Welfare and Institutions Code section 5600.3(b)(2), because the disorder:
 (1) Is severe in degree and persistent in duration;
 (2) May cause, or has caused, behavior that interferes substantially with the respondent's primary activities of daily living; **and**
 (3) May result, or has resulted, in the respondent's inability to maintain stable adjustment and independent functioning without treatment, support, and rehabilitation for a long or indefinite period.
 (Describe the seriousness, length, and effects of the respondent's mental disorder below):

c. The respondent is not clinically stabilized in ongoing voluntary treatment. A respondent is clinically stabilized in ongoing treatment if both of the following are true:
 (1) The respondent's condition is stable and not deteriorating; and
 (2) The respondent is currently engaged in treatment and managing symptoms through medication or other therapeutic interventions.
 (Describe the respondent's current condition and any ongoing treatment below):

d. At least one of the following is true (complete (1) or (2) or both):
 (1) The respondent is unlikely to survive safely in the community without supervision **and** the respondent's condition is substantially deteriorating. (Explain why the respondent is unlikely to survive safely in the community, describe the type of supervision the respondent would need to survive safely, and describe how the respondent's physical or mental condition has recently grown worse):



CARE ACT PROCEEDINGS FOR <i>(name)</i> :	CASE NUMBER:
RESPONDENT	

8. f. The respondent is within a juvenile court's dependency, delinquency, or transition jurisdiction. *(If you know, provide the following):*
- (1) Court:
 - (2) Case number:
 - (3) The respondent's attorney in the juvenile court proceeding *(name)*:
(mailing address):
(telephone number): *(email address)*:
- g. The respondent has a court-appointed conservator. *(If you know, provide the following):*
- (1) Court:
 - (2) Case number:
 - (3) The respondent's attorney in the conservatorship proceeding *(name)*:
(mailing address):
(telephone number): *(email address)*:

9. **Court referral** *(complete this item only if it applies; if you don't know some of the requested information, leave that part blank):*

- This petition is filed in response to a referral of the respondent from another court proceeding.
- a. Court, department, and judicial officer:
 - b. Case number:
 - c. Type of proceeding from which the respondent was referred *(check one)*:
 - (1) Mental competence proceeding arising from a criminal prosecution (Pen. Code, §§ 1370, 1370.01)
 - (2) Assisted outpatient treatment (Welf. & Inst. Code, §§ 5346–5348)
 - (3) Lanterman-Petris-Short Act conservatorship (Welf. & Inst. Code, §§ 5350–5372)
 - d. The referral order is attached and labeled as Attachment 9 *(optional)*.
 - e. The respondent's attorney in the referring proceeding *(name)*:
(mailing address):
(telephone number): *(email address)*:

10. Number of pages attached: _____

Date:

 Type or Print Name of Attorney, if Any

▶ _____
 Signature of Attorney, if Any

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date:

 Type or Print Name of Petitioner

▶ _____
 Signature of Petitioner

ATTORNEY OR PARTY WITHOUT ATTORNEY NAME: FIRM NAME: STREET ADDRESS: CITY: TELEPHONE NO.: EMAIL ADDRESS: ATTORNEY FOR (name):	STATE BAR NUMBER: STATE: ZIP CODE: FAX NO.:	FOR COURT USE ONLY <p style="text-align: center;">DRAFT 22626 Not approved by the Judicial Council</p>
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:		
CARE ACT PROCEEDINGS FOR (name): <p style="text-align: right;">RESPONDENT</p>		
MENTAL HEALTH DECLARATION—CARE ACT PROCEEDINGS		CASE NUMBER:

TO LICENSED BEHAVIORAL HEALTH PROFESSIONAL
 This form will be used to help the court determine whether the respondent meets the diagnostic criteria for CARE Act proceedings.

GENERAL INFORMATION

1. Declarant's name:

2. Office address, telephone number, and email address:

3. License status (complete either a or b):

a. I am a licensed behavioral health professional and conducting the examination described on this form is within the scope of my license. I have a valid California license as a (check one):

- (1) physician.
- (2) psychologist.
- (3) clinical social worker.
- (4) marriage and family therapist.
- (5) professional clinical counselor.
- (6) nurse practitioner.
- (7) physician assistant.

b. I have been granted a waiver of licensure by the State Department of Health Care Services under Welfare and Institutions Code section 5751.2 because (explain):

c. My license number is (if applicable):

4. Respondent (name):

is is not a patient under my continuing care and treatment.



CARE ACT PROCEEDINGS FOR (name): RESPONDENT	CASE NUMBER:
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EXAMINATION OR ATTEMPTS MADE AT EXAMINATION OF RESPONDENT

- 5. Complete one of the following (both a and b must be within 60 days of the filling of the CARE Act petition):
 - a. I examined the respondent on (date): _____ (proceed to item 7).
 - b. On the following dates: _____ I attempted to examine respondent but was unsuccessful due to respondent's lack of cooperation in submitting to an examination.
- 6. (Answer only if item 5b is checked.) Explain in detail when, how many attempts, and the types of attempts that were made to examine respondent. Also explain respondent's response to those attempts and the outcome of each attempt.

- 7. Based on the following information, I have reason to believe respondent meets the diagnostic criteria for CARE Act proceedings (each of the following requirements **must** be met for respondent to qualify for CARE Act proceedings):
 - a. Respondent has a diagnosis as defined in the current *Diagnostic and Statistical Manual of Mental Disorders* of a schizophrenia spectrum disorder or another psychotic disorder in the same class, or bipolar I disorder with psychotic features, except psychosis related to current intoxication (indicate the specific disorder):

Note: Under Welfare and Institutions Code section 5972, a qualifying psychotic disorder must be primarily psychiatric in nature and not due to a medical condition such as a traumatic brain injury, autism, dementia, or a neurological condition. A person who has a current diagnosis of substance use disorder without also meeting the other statutory criteria, including a psychotic disorder, does not qualify.

- b. Respondent is experiencing a serious mental disorder that (all of the following must be completed):
 - (1) Is severe in degree and persistent in duration (explain in detail):



ATTORNEY OR PETITIONER WITHOUT ATTORNEY NAME: FIRM NAME: STREET ADDRESS: CITY: STATE: ZIP CODE: TELEPHONE NO.: FAX NO.: EMAIL ADDRESS: ATTORNEY FOR (name):	STATE BAR NUMBER:	FOR COURT USE ONLY DRAFT 3326 Not approved by the Judicial Council
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:		
CARE ACT PROCEEDINGS FOR (name): <div style="text-align: right;">RESPONDENT</div>		
PETITION TO BEGIN CARE ACT PROCEEDINGS BY LICENSED BEHAVIORAL HEALTH PROFESSIONAL ONLY		CASE NUMBER:
To the petitioner: If you complete and file this form, you do not need to file <i>Petition to Begin CARE Act Proceedings</i> (form CARE-100) or <i>Mental Health Declaration—CARE Act Proceedings</i> (form CARE-101). (See Cal. Rules of Court, rule 7.2221(a), (b)(1).)		

1. **I (enter your name here):** _____ am 18 years of age or older and a licensed behavioral health professional who is, or has been, within the past 30 days, treating or supervising the treatment of the respondent (enter the respondent's name here): _____. The respondent was born on (date of birth, if you know it): _____ or I do not know the respondent's date of birth, but the respondent is (approximate age, in years): _____ years old. For the reasons described in this petition, including any attachments, I am asking the court to begin CARE Act proceedings for the respondent.
2. a. I am a licensed behavioral health professional as defined by the CARE Act (Welf. and Inst. Code, § 5971(m)) as a (check one):
 - (1) physician.
 - (2) psychologist.
 - (3) clinical social worker.
 - (4) marriage and family therapist.
 - (5) professional clinical counselor.
- b. I have been granted a waiver of licensure by the State Department of Health Care Services under Welfare and Institutions Code section 5751.2 because (if applicable, check the box and explain): _____
- c. My license number is (if applicable): _____
3. I have interacted with the respondent as follows (describe when (give the date) you last interacted with them, and what happened when you interacted with the respondent): _____
4. a. The respondent lives or was last found at (give the respondent's address if they have one and you know it, including a post office box where they get mail; otherwise, describe where the respondent lives, the last locations where they were staying, or locations where they are frequently found): _____
- b. The respondent's other contact information is:
 (telephone number, if any): _____ The respondent does does not respond to text messages.
 (email address, if any): _____
- c. I believe that the best ways to contact the respondent are (check all that apply):
 - (1) by visiting them in person
 - (2) by calling them on the phone
 - (3) by sending them text messages
 - (4) by sending them email
 - (5) by sending them mail
 - (6) other (describe): _____
- d. The respondent needs assistance reading hearing or understanding speaking English.
 The respondent's preferred language is (specify one or more languages): _____



CARE ACT PROCEEDINGS FOR <i>(name)</i> :	CASE NUMBER:
RESPONDENT	

- 10. d. The respondent is an enrolled member of a federally recognized Indian tribe. *(If you know, give the tribe's name and mailing address):*

- e. The respondent is receiving services from a California Indian health services program, a California tribal behavioral health department, or a California tribal court. *(If you know, give the name and mailing address of the program, department, or court):*

- f. The respondent is within a juvenile court's dependency, delinquency, or transition jurisdiction. *(If you know, provide the following):*
 - (1) Court:
 - (2) Case number:
 - (3) The respondent's attorney in the juvenile court proceeding *(name)*:
(mailing address): _____
(telephone number): _____ *(email address):* _____

- g. The respondent has a court-appointed conservator. *(If you know, provide the following):*
 - (1) Court:
 - (2) Case number:
 - (3) The respondent's attorney in the conservatorship proceeding *(name)*:
(mailing address): _____
(telephone number): _____ *(email address):* _____

11. **Court referral** *(complete this item only if it applies; if you don't know some of the requested information, leave that part blank):*

- This petition is filed in response to a referral of the respondent from another court proceeding.
- a. Court, department, and judicial officer:

- b. Case number:
- c. Type of proceeding from which the respondent was referred *(check one)*:
 - (1) Mental competence proceeding arising from a criminal prosecution (Pen. Code, §§ 1370, 1370.01)
 - (2) Assisted outpatient treatment (Welf. & Inst. Code, §§ 5346–5348)
 - (3) Lanterman-Petris-Short Act conservatorship (Welf. & Inst. Code, §§ 5350–5372)
- d. The referral order is attached and labeled as Attachment 11 *(optional)*.
- e. The respondent's attorney in the referring proceeding *(name)*:
(mailing address): _____
(telephone number): _____ *(email address):* _____

12. Number of pages attached: _____

Date:

 Type or Print Name of Attorney, if Any

▶

 Signature of Attorney, if Any

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date:

 Type or Print Name of Petitioner

▶

 Signature of Petitioner

Referring court division information: SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	FOR COURT USE ONLY DRAFT 3226 Not approved by the Judicial Council
Receiving court division information (if different from referring court): SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
CARE ACT PROCEEDINGS FOR <i>(name)</i> :	
COURT REFERRAL TO THE CARE ACT COURT	CASE NUMBER: REFERRING COURT: CARE ACT COURT <i>(if applicable)</i> :

1. I am referring *(name of referred individual)* from another court proceeding to the CARE Act court.
2. **Referring court information:**
 - a. Court, department, and judicial officer:
 - b. Case number:
 - c. Type of proceeding from which the individual is referred *(check one)*:
 - (1) Mental competence proceeding arising from a criminal prosecution (Pen. Code, §§ 1370, 1370.01)
 - (2) Assisted outpatient treatment (Welf. & Inst. Code, §§ 5346–5347)
 - (3) Lanterman-Petris-Short Act conservatorship (Welf. & Inst. Code, §§ 5350–5372)
 If (3) is checked, the referred individual's conservator or proposed conservator is:
 - d. The individual's attorney in the referring proceeding *(name)*:
(mailing address):
(telephone number): *(email address)*:
3. This referral contains all of the information required to be included in a petition under Welfare and Institutions Code section 5975, and there is reason to believe that the individual in item 1 is a person described in Welfare and Institutions Code section 5972 based on the following:
(If you need more space for item 3, attach additional page(s) as Attachment 3.)

Note: Welfare and Institutions Code section 5972 requires that an individual meet the following criteria to qualify for the CARE process:

- (1) The person is 18 years of age or older.
- (2) The person is currently experiencing a serious mental disorder, as defined in Welfare and Institutions Code section 5600.3(b)(2), and has a diagnosis as defined in the current *Diagnostic and Statistical Manual of Mental Disorders* of schizophrenia spectrum disorder or another psychotic disorder in the same class, or bipolar I disorder with psychotic features, except psychosis related to current intoxication.
- (3) The person is not clinically stabilized in ongoing voluntary treatment. A person is clinically stabilized in ongoing voluntary treatment if their condition is stable and not deteriorating, and they are currently engaged in treatment and managing symptoms through medication or other therapeutic interventions.
- (4) The person is either (1) unlikely to survive safely in the community without supervision and the person's condition is substantially deteriorating or (2) in need of services and supports to prevent a relapse or deterioration that would be likely to result in grave disability or serious harm to the person or others.
- (5) Participation in a CARE plan or CARE agreement would be the least restrictive alternative necessary to ensure the person's recovery and stability.
- (6) It is likely that the person will benefit from participation in a CARE plan or CARE agreement.



CONFIDENTIAL

CARE-125

CARE ACT PROCEEDINGS FOR <i>(name)</i> :	CASE NUMBER:
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4. I am attaching reports or records relevant to the individual's CARE Act eligibility. The individual, or their attorney, has waived confidentiality of the attached reports or records.
5. The individual's contact information is:
(telephone number, if any):
(email address, if any):
(residential address or last known location, if any):
6. **OPTIONAL:** Information that may assist the county behavioral health agency in connecting with the individual (e.g., common locations, other people they interact with), along with any other details that could be relevant to potential CARE Act proceedings (e.g., expected release date, preferred contact method(s)) includes:

7. Number of pages attached: _____

Date:

Judicial Officer

Referring court division information: SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	<p style="text-align: center;"><i>FOR COURT USE ONLY</i></p> <p style="text-align: center;">DRAFT 22626 Not approved by the Judicial Council</p>
Receiving court division information (if different than referring court): SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
CARE ACT PROCEEDINGS FOR <i>(name)</i> :	
<input type="checkbox"/> RULING OR <input type="checkbox"/> ORDER ON COURT REFERRAL TO CARE ACT COURT	CASE NUMBER: REFERRING COURT: CARE ACT COURT <i>(if applicable)</i> :

The court has read and reviewed the written referral from a court under Welfare and Institutions Code section 5978. Based on the information contained in the written referral, the court finds as follows *(check 1 or 2)*:

1. The court accepts the referral as a petition. The referral contains all the information required by Welfare and Institutions Code section 5975 to be included in a CARE process petition, and the information included in the referral makes a prima facie showing that the respondent is, or may be, a person described in Welfare and Institutions Code section 5972. The court will:
 - a. Notify the referring court that the referral has been accepted as a petition for CARE Act proceedings.
 - b. Complete *Order for CARE Act Report* (form CARE-105) for these CARE Act proceedings.

2. The court does not accept the referral as a petition. A copy of the written referral is attached to this order. The court orders *(name)*: _____, the appropriate petitioner candidate identified in Welfare and Institutions Code section 5978(f), to do the following within 14 court days:
 - a. Complete an investigation to determine whether to file a petition on behalf of the referred individual.
 - b. Notify the referring court whether it intends to file a CARE Act petition on behalf of the referred individual.

Date:

Judicial Officer

W26-08

Mental Health Law: Implementation of CARE Act Legislation (amend Cal. Rules of Court, rules 7.2221, 7.2223, 7.2230, and 7.2235; repeal rule 7.2225, approve forms CARE-125 and CARE-126; revise forms CARE-050-INFO, CARE-060-INFO, CARE-100, CARE-101, and CARE-102)

All comments are verbatim unless indicated by an asterisk (*).

	Commenter	Position	Comment	Committee Response
1.	Alameda Health System, Outpatient Behavioral Health by Alicia Caldwell, LCSW	A	<p>I'm commenting on the proposed CARE Act rule and form changes, particularly those related to beginning CARE Act proceedings by referral and the court's discretion to treat referrals as petitions.</p> <p>I work in AHS's behavioral health department that serves clients with significant and ongoing needs, and I want to share how closely these changes are tied to the availability of stable, public behavioral health services.</p> <p>The CARE Act relies on clinicians who know clients over time, can make careful referrals, complete declarations, and stay involved once a case begins. When that continuity is disrupted, the burden doesn't go away — it tends to show up later in emergency settings, inpatient units, or through the courts.</p> <p>As Alameda Health System intends to close their entire Outpatient Behavioral Health Department within the next 60 days, any current or perspective client who would have been receiving care in the partial hospitalization program, intensive outpatient program, behavioral health outpatient program, or after care program will be without services. That reality makes the practical impact of these rule changes feel very immediate, and raises questions about how CARE Act processes will be carried out if local clinical capacity is reduced at the same time.</p> <p>My hope is that the County will consider CARE Act implementation and service availability together. How well these policies work in practice depends on whether the systems expected to carry them out are still in place.</p>	<p>The committee appreciates this comment and recognizes that the CARE Act is one component of the broader mental health system. This proposal is intended to implement statutory requirements through court rules and forms, rather than address broader service delivery or resource issues. While the committee cannot modify the proposal to address these county-specific operational concerns, it acknowledges that CARE Act procedures and available resources will vary depending on local factors. In addition, decisions regarding the availability of local resources fall beyond the scope of these rules and forms.</p>

Positions: A = Agree; AM = Agree if modified; N = Do not agree; NI = Not indicated.

W26-08

Mental Health Law: Implementation of CARE Act Legislation (amend Cal. Rules of Court, rules 7.2221, 7.2223, 7.2230, and 7.2235; repeal rule 7.2225, approve forms CARE-125 and CARE-126; revise forms CARE-050-INFO, CARE-060-INFO, CARE-100, CARE-101, and CARE-102)

All comments are verbatim unless indicated by an asterisk (*).

	Commenter	Position	Comment	Committee Response
			<p>Thank you for the opportunity to comment and for considering how these changes affect real world care!</p> <p>At the bottom it asks if I'm commenting on behalf of an organization... While this comment is spurred by personal motivation, it also comes from serving our clients, clinical experience, and working within our community.</p>	
2.	California Health and Human Services Agency by Austin Dickman, Senior Policy Analyst	AM	<p>CARE-100 and CARE-101 Q7a and CARE-102 Q9a To support county data collection and reports, suggest revising to: The respondent has a diagnosis as defined in the current Diagnostic and Statistical Manual of Mental Disorders of (check each that applies and explain below):</p> <ul style="list-style-type: none"> o Schizophrenia spectrum or other psychotic disorder in the same class o Bipolar I disorder with psychotic features <p>Additional Information: [free text space]:</p>	<p>While the committee appreciates the intent to support county data collection and reporting, it does not recommend modifying the proposal in response. The current structure of the forms already allows petitioners to include diagnostic information that counties can use for data collection without requiring additional checkboxes.</p> <p>The committee is concerned that adding checkboxes could confuse petitioners who mistakenly assume that both diagnoses are required. Adding checkboxes also increases the risk that a petitioner mistakenly indicates the wrong diagnosis or no diagnosis, which would likely delay proceedings.</p> <p>Finally, the suggested structure and language would lengthen the forms, which the committee aims to keep as concise and short as possible.</p>
			CARE-125 Q3	The committee appreciates this commenter's suggestion and has revised the form in a

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W26-08

Mental Health Law: Implementation of CARE Act Legislation (amend Cal. Rules of Court, rules 7.2221, 7.2223, 7.2230, and 7.2235; repeal rule 7.2225, approve forms CARE-125 and CARE-126; revise forms CARE-050-INFO, CARE-060-INFO, CARE-100, CARE-101, and CARE-102)

All comments are verbatim unless indicated by an asterisk (*).

	Commenter	Position	Comment	Committee Response
			<p>Suggest revising to include prompts to guide the referring court to provide information for the receiving court and county behavioral health:</p> <p>There is reason to believe that the individual in item 1 is a person described in Welfare and Institutions Code section 5972 based on the following (provide any additional information below):</p> <p>[checkboxes]</p> <ul style="list-style-type: none"> ○ Respondent has a diagnosis of: <ul style="list-style-type: none"> ○ Schizophrenia spectrum or other psychotic disorder in the same class ○ Bipolar I disorder with psychotic features ○ The respondent is currently experiencing a serious mental disorder, as defined in Welfare and Institutions Code section 5600.3(b)(2) ○ The respondent is not clinically stabilized in on-going voluntary treatment. ○ Choose one or both of the following: <ul style="list-style-type: none"> ○ The respondent is unlikely to survive safely in the community without supervision and the person’s condition is substantially deteriorating. ○ The person is in need of services and supports in order to prevent a relapse or deterioration that would be likely to result in grave disability or serious harm to the person or others, as defined in Section 5150. ○ Participation in a CARE plan or CARE agreement would be the least restrictive alternative necessary to ensure the person’s recovery and stability. ○ It is likely that the person will benefit from participation in a CARE plan or CARE agreement. 	<p>similar manner. Item 3 of form CARE-125 has been revised to include a note providing the eligibility criteria listed in Welfare and Institutions Code section 5972.</p>

Positions: A = Agree; AM = Agree if modified; N = Do not agree; NI = Not indicated.

W26-08

Mental Health Law: Implementation of CARE Act Legislation (amend Cal. Rules of Court, rules 7.2221, 7.2223, 7.2230, and 7.2235; repeal rule 7.2225, approve forms CARE-125 and CARE-126; revise forms CARE-050-INFO, CARE-060-INFO, CARE-100, CARE-101, and CARE-102)

All comments are verbatim unless indicated by an asterisk (*).

	Commenter	Position	Comment	Committee Response
			Please provide any additional information about the above [free text space]:	
			<p>Q7 Suggest revising to match CARE-100 to best guide county behavioral health in locating the respondent: The respondent lives or was last found at (give the respondent's address if they have one and you know it, including a post office box where they get mail; otherwise, describe where the respondent lives, the last location where they were staying, or locations where they are frequently found):</p>	The committee appreciates this comment and has revised item 7 of form CARE-125 to prompt judicial officers to provide any information about the respondent's residence, location, known associates, or general whereabouts that could assist county behavioral health in locating and connecting with the individual. The committee considered including the exact instructions from form CARE-100, but determined that they would not be appropriate for form CARE-125, as judicial officers are unlikely to have details such as a post office box or a description of where the respondent lives but may have other helpful information.
3.	California State Association of Psychiatrists ("CSAP") by Dr. Aaron Meyer	NI	<p>CSAP represents more than three thousand psychiatrists in California who are members of the American Psychiatric Association.</p> <p>From the perspective of psychiatric physicians, CSAP believes that the proposed modifications to rules and forms effectively support the objectives of SB 27. The changes are clearly presented and appropriately balance the need for administrative efficiency with the practical demands placed on clinical practitioners and the judiciary under the new legislation.</p> <p>CSAP supports the implementation of these changes, including the expansion of CARE Court eligibility and the clarification of initiation processes and forms. This will encourage greater</p>	The committee appreciates this comment and the California State Association of Psychiatrists' support during CARE Act implementation.

Positions: A = Agree; AM = Agree if modified; N = Do not agree; NI = Not indicated.

W26-08

Mental Health Law: Implementation of CARE Act Legislation (amend Cal. Rules of Court, rules 7.2221, 7.2223, 7.2230, and 7.2235; repeal rule 7.2225, approve forms CARE-125 and CARE-126; revise forms CARE-050-INFO, CARE-060-INFO, CARE-100, CARE-101, and CARE-102)

All comments are verbatim unless indicated by an asterisk (*).

	Commenter	Position	Comment	Committee Response
			<p>engagement among practitioners with CARE Court, thereby enabling more Californians suffering from serious mental illness to access necessary resources and guidance.</p> <p>CSAP is grateful for the opportunity to review and comment on the proposals. Our Association looks forward to continuing its involvement and providing support during further implementation stages, with the shared goal of improving the quality of life for those most severely affected by serious mental illness in California.</p>	
4.	County Behavioral Health Directors Association by Diana Luna, Deputy Director of Budget Advocacy	NI	<p><i>Note: Commenter submitted comments via Microsoft Word comment feature. This comment was made on Page 4 of the Invitation to Comment, in reference to form CARE-125:</i></p> <p>CBHDA requests this form be required to standardize the quality of referrals received and ensure consistency with referrals across criminal and civil courts. Mandatory use of this form would also address current inconsistencies in what level of information is provided in the referrals.</p>	<p>The committee appreciates this comment and recognizes the value of standardizing processes to promote consistency. However, the committee recommends that forms CARE-125 and CARE-126 be optional.</p> <p>The committee must balance the benefits of standardization with the need for courts to maintain flexibility in their processes. The committee recognizes that the use of mandatory forms often promotes consistency in practices and furthers the efficiency of data collection and reporting. Alternatively, allowing courts to choose whether to use these optional forms or develop their own local forms supports adaptability to local practices and systems. The committee also notes that comments from courts and judicial officers were unanimous in supporting optional use of these forms. Additionally, the committee believes that Welfare and</p>

Positions: A = Agree; AM = Agree if modified; N = Do not agree; NI = Not indicated.

W26-08

Mental Health Law: Implementation of CARE Act Legislation (amend Cal. Rules of Court, rules 7.2221, 7.2223, 7.2230, and 7.2235; repeal rule 7.2225, approve forms CARE-125 and CARE-126; revise forms CARE-050-INFO, CARE-060-INFO, CARE-100, CARE-101, and CARE-102)

All comments are verbatim unless indicated by an asterisk (*).

	Commenter	Position	Comment	Committee Response
			<p>If the Judicial Council does not make this mandatory, CBHDA would appreciate further understanding of how the courts will determine the completeness of the referrals received across criminal and civil courts.</p>	<p>Institutions Code section 5978(b) provides a base level of standardization by specifying the criteria judicial officers must use when determining whether to accept a referral as a petition.</p> <p>Ultimately, the committee concluded that, for this process, optional forms strike the appropriate balance by offering tools for standardization while preserving flexibility for courts to develop their own local forms.</p> <p>The committee notes that the completeness of a referral does not depend on whether the form is mandatory or optional. Here, making forms CARE-125 and CARE-126 mandatory would not guarantee that all referrals include sufficient information. Regardless of whether the referral is made on Judicial Council form or another document, the receiving CARE Act court determines the “completeness” of the referral under Welfare and Institutions Code section 5978.</p> <p>The Judicial Council provides ongoing support to courts and judicial officers through live and on-demand training, informational resources, and technical assistance to ensure compliance with these requirements.</p>

Positions: A = Agree; AM = Agree if modified; N = Do not agree; NI = Not indicated.

W26-08

Mental Health Law: Implementation of CARE Act Legislation (amend Cal. Rules of Court, rules 7.2221, 7.2223, 7.2230, and 7.2235; repeal rule 7.2225, approve forms CARE-125 and CARE-126; revise forms CARE-050-INFO, CARE-060-INFO, CARE-100, CARE-101, and CARE-102)

All comments are verbatim unless indicated by an asterisk (*).

	Commenter	Position	Comment	Committee Response
			<p><i>This comment was made on Page 4 of the Invitation to Comment, in reference to form CARE-126:</i></p> <p>Same comment above. CBHDA recommends this form be required to standardize the quality of referrals received.</p>	<p>For the same reasons provided above regarding form CARE-125, the committee recommends form CARE-126 be an optional form.</p>
			<p><i>This comment was made on Page 6 of the Invitation to Comment, in reference to form CARE-101 Item 3:</i></p> <p>CBHDA recommends keeping the checkboxes. A narrative format could be more burdensome to explain a provider’s waived status and there does not seem to be enough benefit.</p>	<p>The committee does not recommend modifying the form in response to this comment. In weighing the interest in reducing the burden on providers completing form CARE-101 against the overall conciseness and effectiveness of forms, the committee determined that the current narrative approach is preferable. The form version circulated for comment consolidates what were previously four subparts in the currently operative version of CARE-101, Item 3b, into a single subpart. Maintaining this approach reduces unnecessary length of the form and makes the form easier for courts to review.</p>
			<p><i>This comment was made on Page 7 of the Invitation to Comment, in reference to discussion regarding form CARE-125:</i></p> <p>CBHDA is concerned that while the committee is made up of lawyers and judges, it did not include any significant representation by county behavioral health agencies, and other practitioners responsible for applying the information contained in a referral to begin the CARE process.</p>	<p>The committee notes that the composition and function of all Judicial Council advisory committees are set forth in the California Rules of Court. (See rule 10.31.)</p> <p>The Probate and Mental Health Advisory Committee is comprised of between 12 and 18 members, several of which are not lawyers or judges. (See rule 10.44.)</p>

Positions: A = Agree; AM = Agree if modified; N = Do not agree; NI = Not indicated.

W26-08

Mental Health Law: Implementation of CARE Act Legislation (amend Cal. Rules of Court, rules 7.2221, 7.2223, 7.2230, and 7.2235; repeal rule 7.2225, approve forms CARE-125 and CARE-126; revise forms CARE-050-INFO, CARE-060-INFO, CARE-100, CARE-101, and CARE-102)

All comments are verbatim unless indicated by an asterisk (*).

	Commenter	Position	Comment	Committee Response
				<p>The comment period is intended to solicit feedback from various stakeholders and gain perspectives that may differ from those of the committee. This proposal was provided directly to state and county agencies and was circulated through email distribution lists administered by contractors for both the California Health and Human Services Agency and the Department of Health Care Services that include county behavioral health agencies. As a result, the committee received comments from three county behavioral health agencies, in addition to this association.</p>
			<p>To date, counties typically receive very little data in referrals, particularly those from criminal courts. CBHDA urges the Judicial Council to reconsider this recommendation and instead require the use of this as a mandatory form. This will ensure a more standardized implementation of the law across criminal and civil courts, and ensure that counties' time is spent only on those cases where sufficient information has been provided to County BH.</p>	<p>Please see discussion above regarding the committee's recommendation that forms CARE-125 and CARE-126 be optional forms.</p>
			<p><i>This comment was made on Page 14 of the Invitation to Comment, in reference to form CARE-050 Item 7:</i></p> <p>CBHDA recommends adding this language to align with statute.</p> <p>Proposed language: "as defined in the most current version of the Diagnostic and Statistical Manual of Mental Disorders."</p>	<p>The committee does not recommend modifying form CARE-050-INFO in response to this comment. The "Requirements" column refers to the <i>Diagnostic and Statistical Manual of Mental Disorders</i>, consistent with the statutory language. Adding the same phrase to the "Explanations" or "Examples" columns</p>

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W26-08

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	Commenter	Position	Comment	Committee Response
				<p>would be repetitive and unnecessary given the chart’s purpose, which is to provide statutory language once and then expand on that definition. Maintaining the current structure ensures the chart remains clear and concise for petitioners.</p>
			<p>CBHDA cautions against a definition of “difficulty with self-care” that solely speaks to the conditions of homelessness or poverty. Instead, we recommend adding:</p> <p>“unhygienic/uninhabitable living conditions or behaviors which are so severe and significant to contribute to an unsafe physical environment. Poor hygiene alone and/or being unhoused is not sufficient.”</p>	<p>The committee agrees in part with this comment and has made conforming changes to form CARE-050. The committee recognizes that the definition of “difficulty with self-care” should not exclusively speak to conditions of homelessness or poverty, and it agrees that the examples provided can be revised to improve the definition. However, the committee does not agree that difficulties with bathing, grooming, obtaining and eating food, using the restroom, or any of the other examples listed are exclusive to homelessness or poverty. The committee has revised the definition to clarify that poor hygiene or being unhoused alone is not sufficient.</p>
			<p><i>This comment was made on Page 32 of the Invitation to Comment, in reference to form CARE-102 Item 1:</i></p> <p>Seems like this could be misleading and subjective if based on perception. Would recommend instead to require this to be noted as “unknown.”</p>	<p>The committee does not recommend modifying the proposal in response to this comment. Welfare and Institutions Code section 5972(a) requires that an individual be at least 18 years or older to be eligible for the CARE Act. A judicial officer needs age information to determine eligibility for the CARE Act. The form instructs the petitioner</p>

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				to provide the approximate age to account for situations in which the petitioner might not have exact age information. The committee also notes that CARE-100 has similar language.
			<i>This comment was made on Page 32 of the Invitation to Comment, in reference to form CARE-102 Item 2:</i> Same comments as above. CBHDA recommends keeping the checkboxes rather than a narrative format response.	For the same reasons provided above regarding checkboxes on CARE-101, the committee does not recommend modifying the proposal in response.
			<i>This comment was made on Page 38 of the Invitation to Comment, in reference to form CARE-125 Item 8:</i> CBHDA recommends this information be required if known.	The committee does not recommend modifying form CARE-125 in response. This information is not required by statute, and this item is intended to provide space for additional information that is specific to the respondent but not contemplated by previous items.
5.	County of Sacramento Behavioral Health by Michael Nevans, Mental Health Program Coordinator	AM	Please add a field for the respondent's date of birth to the CARE-102 form.	The committee agrees with the need for this field and notes that it was included in the version of form CARE-102 circulated for comment. The respondent's date of birth appears in Item 1 of form CARE-102, as reflected in the yellow-highlighted language on page 32 of the Invitation to Comment.
			It would also be helpful if the form clearly stated that the CARE-102 is intended for current service providers and that supporting	The committee does not recommend modifying the form in response. Form CARE-102 is intended for use by individuals

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			documentation (e.g., relevant medical records demonstrating how CARE criteria are believed to be met) should be attached.	both eligible to file a petition under section 5974(e) and eligible to file an affidavit in support under section 5975(d)(1). The law does not require that the filer be a current service provider for the respondent. Regarding supporting documentation, the committee believes the form provides sufficient direction. The instructions for Items 6, 7, 8 and 9 state that supporting information or documentation must be included in the petition or attached to the petition. Items 7 and 9 both prompt the petitioner to include attachments if they need more space to provide the required information.
			As County BHS, we have received CARE-102 petitions that do not include medical records and have several fields left blank. Without a date of birth, we are unable to reliably verify the client in our EHR or other records, and without medical records we are unable to complete a robust investigation in a timely manner.	Please see the comment above regarding the inclusion of the respondent's date of birth on form CARE-102.
6.	County of Sacramento County Counsel by Andrew Crouse, Deputy County Counsel	A	No comment submitted other than position on proposal.	The committee appreciates County of Sacramento County Counsel's position on the proposal.
7.	County of San Diego Behavioral Health Services by Urmi Patel, Deputy Director	NI	1. Does the proposal appropriately address the stated purpose? Yes, the proposal aligns with the stated purpose and reflects thoughtful consideration of the CARE process and its integration into existing systems.	The committee appreciates this comment.

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			<p>2. Does the optional use of forms CARE-125 & CARE-126 strike an appropriate balance between system consistency and court flexibility? While the intent behind these forms is commendable, particularly in encouraging judicial screening of appropriate CARE candidates, the practical application may be challenging. Judges may not have the capacity to complete detailed forms or conduct the necessary screening. The process appears to rely heavily on a party to provide this information. That said, the forms do offer a valuable mechanism for communication between criminal and civil courts.</p> <p>A more feasible approach may be to have the Public Defender’s Office complete a standardized screening form to support judicial decision-making.</p>	<p>The committee appreciates the comment and notes that this proposal implements the referral process provided for in Senate Bill 27, in which a judicial officer from a referring court directly refers an individual to the CARE Act court. The CARE Act court, then, determines whether the referral provides sufficient information (if so, it could be treated as a petition). If the referring court does not provide sufficient information, referrals will be directed to the appropriate petitioner candidate, similar to the process prior to SB 27.</p>
			<p>3. Should form CARE-126 be split into two forms for different referral outcomes? A single form is preferable. Simplicity is key, and having one form that allows the judge to indicate whether a referral meets prima facie criteria or is denied would streamline the process and reduce confusion.</p>	<p>The committee appreciates this comment and recommends that form CARE-126 remain one form.</p>
			<p>4. Does the inclusion of space for two case numbers on forms CARE-125 and CARE-126 appropriately support use of case numbers from both the referring and receiving courts? Yes, this inclusion is appropriate and supports coordination between jurisdictions.</p>	<p>The committee appreciates this comment.</p>

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			<p>5. Are forms CARE-125 and CARE-126 sufficient to support the referral process on their own, or would additional rules or guidance be helpful? While forms CARE-125 and CARE-126 provide a foundational structure for initiating referrals, additional guidance and refinement would significantly enhance their utility and effectiveness. Specifically:</p> <p>Proof of Diagnosis: Including a requirement for documentation from a qualified provider, such as a physician, clinic, or hospital, would strengthen the referral process, particularly in cases where mental health records are not readily accessible. This would help ensure that referrals are based on verified clinical information.</p>	<p>The committee does not recommend modifying the form to require specific documentation of a diagnosis, as such documentation is not legally required under section 5978 and so it would be inappropriate to require it in the form. In order to be deemed a petition, section 5978(b)(1) requires that referral, in order to be deemed a petition, contain all the information required to be included in a petition pursuant section 5975. Section 5975 does not require documentation of a particular diagnosis, but rather “facts that support the petitioner’s assertion that the respondent meets the CARE criteria in Section 5972.” Section 5972(b) requires that the person has a qualifying diagnosis, among other criteria. Documentation from a qualified provider is one option for the petitioner to support the assertion (see section 5975(d)(1)), but it is not required. Section 5978(b)(2), similarly, requires that a referral include information making a prima facie showing that the person is, or may be, a person described in section 5972, in order to be deemed a petition. However, if specific documentation is available, the court has the ability to include it as an attachment to CARE-125.</p>
			<p>Form Design Improvements: The current format relies heavily on narrative responses, which may be impractical for judicial</p>	<p>The committee does not recommend modifying the form in response to this</p>

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			<p>officers who often operate under time constraints. Incorporating structured elements such as checkboxes and standardized fields would streamline completion and reduce variability in responses. Simplifying the forms would also promote consistency and usability across jurisdictions.</p>	<p>comment. In evaluating the design and usability of forms, the committee considers who completes and reviews each form. Here, forms CARE-125 and CARE-126 are completed by a referring court and reviewed by the receiving court. Judicial officers consistently expressed a preference for narrative responses over checkboxes in this form because the narrative format allows for greater clarity and additional information where appropriate. While the committee recognizes the goal of promoting consistency and usability, the current design reflects the needs and expectations of the primary users of these forms.</p>
			<p>Judicial Role Limitations: It is important to recognize that judges are not licensed mental health clinicians and may not possess the expertise required to determine whether CARE is the least restrictive and most appropriate treatment option for a given individual. The current forms appear to place undue responsibility on the judiciary to assess clinical suitability, which could lead to inappropriate referrals.</p>	<p>The committee notes that these forms closely reflect the statutory structure of Welfare and Institutions Code section 5978(b), which specifies when the CARE Act court may decide to consider a referral to be a petition. The committee also notes that under current law, courts are making the same determinations for CARE Act petitions, which can be filed by individuals who are not licensed mental health clinicians. For those petitions, if a court finds that respondent is or may be a person described in section 5972, the court will order the county behavioral health agency to investigate.</p>

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				<p>With respect to judicial officers’ ability to determine whether CARE is appropriate, the committee notes that judicial officers already make determinations on whether CARE is the least restrictive option for CARE responses as part of their eligibility findings. The Judicial Council provides ongoing support to courts and judicial officers through live and on-demand training, informational resources, and technical assistance to ensure compliance with these requirements.</p> <p>Impact of Skipping Investigations: The proposed process bypasses the critical investigation phase, which is essential for assessing the Respondent’s readiness and appropriateness for CARE. Without this step, there is a risk of scheduling unnecessary hearings for individuals who may not meet eligibility criteria or who are not interested in participating. This could result in inefficient use of court resources and potentially undermine the effectiveness of the CARE program.</p> <p>Differentiating Mental Health Conditions: The forms do not adequately address the complexity of distinguishing between various mental health conditions, such as differentiating substance-induced psychosis from other qualifying diagnoses.</p>

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			This further underscores the need for clinical input and structured screening prior to judicial referral.	procedures provide for that input. Please see response above.
			In summary, while the forms are a step in the right direction, their current structure and reliance on judicial input without adequate clinical support may hinder their effectiveness. Additional guidance, streamlined formatting, and a more collaborative approach to screening and referral would better support the goals of the CARE program.	The committee appreciates this comment.
			6. Would the proposal provide cost savings? If so, please quantify. The proposal presents both cost-saving and cost-increasing implications. Eliminating the investigation phase and treating referrals as internal petitions may reduce initial processing time. However, this shift could increase costs by necessitating court hearings for individuals who may not meet eligibility criteria or who are not interested in services. The absence of a rapport-building phase may also impact the effectiveness of CARE Agreements, potentially leading to fewer successful outcomes.	The committee appreciates the comment. Regarding investigations, please see responses above to questions #2 and #6.
			7. What would the implementation requirements be for courts? Implementation would require: If CARE 125 form is to be completed by Judges, then further training on the CARE Act Program, mental health diagnoses, and community treatment programs would be beneficial. Expected hours of training are difficult to calculate at this time. If the Public Defender’s Office completes a referral form, then clinical staff training on the screening process (at least one formal presentation of 1-2 hours and ongoing consultations) will be needed.	The committee notes that the Judicial Council provides ongoing support to courts and judicial officers through live and on-demand training, informational resources, and technical assistance to ensure compliance with these requirements.

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			<p>8. Would two months from Judicial Council approval until the effective date provide sufficient time for implementation? No, two months is likely insufficient. Based on prior legislative rollouts, a longer lead time, potentially six months to one year, would be more realistic to ensure adequate training, stakeholder engagement, and adoption of new procedures.</p>	<p>The committee appreciates this comment and acknowledges that revising court rules and forms impacts various stakeholders, but it does not recommend a delayed implementation because section 5978 is already in effect.</p>
			<p>9. How well would this proposal work in courts of different sizes? The effectiveness of this proposal may vary depending on the size and capacity of the court system. Larger court systems typically have access to a broader range of resources and personnel, which allows for greater flexibility in implementing new processes. These courts are more likely to have established partnerships with external entities, such as the Public Defender’s Office, which can assist in managing referrals. Given their vested interest in connecting defendants to appropriate mental health treatment and potentially mitigating sentencing outcomes, the Public Defender’s Office may be well-positioned to take on a screening role. This delegation could alleviate the burden on judicial officers and streamline the referral process. Smaller judicial systems, while potentially facing limitations in staffing and infrastructure, may benefit from closer interagency collaboration and more streamlined communication channels. These courts often have stronger relationships with local service providers and may be more agile in sharing records and coordinating care. However, they may require additional support and guidance to implement the proposed changes effectively, particularly if they lack dedicated behavioral health personnel or technological infrastructure.</p>	<p>The committee appreciates the comment.</p>

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			In both settings, tailored implementation strategies and training will be essential to ensure consistency and efficacy. Flexibility in how referrals are managed, whether through judicial officers, public defenders, or other designated parties, will be key to adapting the proposal to diverse court environments.	
			In summary, while the new CARE 125 & 126 forms are a step in the right direction, their current structure and reliance on judicial input without adequate clinical support may hinder their effectiveness. Additional guidance, streamlined formatting, and a more collaborative approach to screening and referral would better support the goals of the CARE program.	Please see responses above.
8.	Denise Darling Clinical Social Worker Department of State Hospitals Patton	AM	Please add a section for the respondents' birthdate on the CARE 102 form.	The committee agrees with the need for this field and notes that it was included in the version of form CARE-102 circulated for comment. The respondent's date of birth appears in Item 1 of form CARE-102, as reflected in the yellow-highlighted language on page 32 of the Invitation to Comment.
9.	Carolyn Evans Fresno, CA	AM	The CARE Act will never achieve its purpose until treatment, including medication, becomes mandatory. Voluntary treatment does not work for the most severely impaired. People with anosognosia do not realize that they are sick, so are not willing to accept the help that they need. For a time they may participate in a program but in the long run, few will continue with treatment. Similar programs, such as Assisted Outpatient Treatment, have had limited success for the same reason. I have been a member and participant in NAMI and have advocated for individuals with SMI for 20 years. I have been a member of my county's Behavioral Health Board for 15 years. I have seen it all. Despite	The committee appreciates this comment but does not recommend modifying the proposal in response. The committee notes that concerns regarding the nature of the CARE Act are appropriately addressed to the Legislature.

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			the increase in programs and efforts by service providers, I have seen few improvements in the successful treatment of our most seriously mentally ill. Voluntary treatment does not work. Laws need to change so that individuals have a chance at a somewhat normal life with mandated treatment.	
10.	Suzanne Arlene Fidler, MD, JD, FACP, CPHRM Physician, Attorney Irvine, CA	AM	<p>I. Context: Family Experience and Public Reporting Recent statewide reporting has documented a pattern of family disappointment with CARE Court implementation: high expectations paired with limited follow-through, inconsistent county engagement, and a process that is difficult for both families and respondents to navigate. While the proposed changes reflect thoughtful procedural refinement, they do not meaningfully address the core concerns raised by families across California.</p> <p>II. Acknowledgment of Positive Changes I recognize and appreciate several constructive elements of the proposal:</p> <ul style="list-style-type: none"> • Expanded eligibility to include bipolar I disorder with psychotic features. • Clarification that “clinically stabilized in ongoing voluntary treatment” requires both stability and meaningful engagement. 	<p>The committee appreciates the comment and notes that this proposal is intended to implement statutory changes from Senate Bill 27 through revisions to court rules and forms. The committee appreciates the challenges counties, families, and other stakeholders have experienced during CARE Act implementation. However, these concerns are beyond the limited scope of this rules and forms proposal.</p> <p>The committee encourages continued collaboration among stakeholders to address broader policy issues and notes that recommendations regarding systemic changes are most appropriately addressed to the Legislature.</p> <p>The committee appreciates the comment and notes that the proposal reflects the changes to the CARE Act made by Senate Bill 27 and are intended to provide clarity and consistency for the referral process outlined in that legislation. Comments regarding the overall purpose of the CARE Act are most appropriately addressed to the Legislature.</p>

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			<ul style="list-style-type: none"> • Streamlined court-to-court referral mechanisms intended to reduce delays. • Improved clarity and consistency in rules and forms. <p>These changes are directionally helpful. However, they remain largely administrative and do not address how CARE Court functions in practice for those most affected.</p> <hr/> <p>III. Anosognosia and the Reality of Psychosis Many CARE Court respondents suffer from anosognosia, a well-documented neurological symptom of psychotic illness characterized by a lack of insight into one’s condition. This is not denial or noncompliance—it is part of the illness itself. They refuse treatment because they cannot understand that they are ill. Moreover, respondents often cannot meaningfully comprehend court paperwork or legal explanations, and experience the CARE Court process as confusing, frightening, and intimidating, particularly during acute psychosis. This process can ruin fragile relationships with their family members who try desperately to get the respondents the help they need, yet cannot due to the very condition they qualify for to participate in CARE Court. This is the fundamental problem that is not being addressed. It cannot be solved with a court process that is designed to provide the judiciary with full discretion yet excludes input from family members, non-CARE Court clinicians, and other experts. These conditions can be life-threatening, but the power to intervene is stripped from those who are most knowledgeable, caring, and engaged. The proposal does not meaningfully account for this reality. Instead, it relies on procedural safeguards that assume a level of comprehension and engagement that many respondents, by definition, do not possess at the time CARE Court is initiated.</p>	<p>Please see previous response.</p>

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			<p>IV. Families as the Missing Evidence-Based Component Evidence-based care for serious mental illness consistently recognizes families as the primary safety net when systems fail, the people most familiar with baseline functioning and early warning signs, the first to notice deterioration or crisis, and the only consistent presence across hospitalizations, incarcerations, and system handoffs. Yet CARE Court—and these proposed changes—continue to marginalize families. Family members are relied upon to initiate proceedings but are quickly replaced as petitioners. Ongoing notice and participation remain discretionary. There is no presumption that families are partners in care, despite their central role in real-world outcomes. This disconnect between evidence-based practice and CARE Court design is a fundamental flaw that these amendments do not correct. Furthermore, when a crisis does occur, it is the family member who must act, make instantaneously and critical decisions, and has no means to contact the CARE Court team. Has anyone read the 7-part series of CalMatters that was just published?</p>	Please see previous responses.
			<p>V. Resource Allocation: Process Over People Families are also troubled by how much CARE Court appears to consume resources that do not directly benefit the respondent. Multiple hearings, extensive court staffing, repeated filings and reviews, and legal and administrative overhead divert resources away from housing, treatment access, and sustained support. From a family perspective, CARE Court often feels like a system that expends significant public resources around the respondent rather than on the respondent.</p>	Please see previous responses.

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			<p>VI. Expansion of Judicial Power Without Oversight These proposed changes effectively increase judicial discretion without adding accountability. Courts may now treat referrals as petitions, consolidating gatekeeping authority. Decisions to dismiss or proceed remain discretionary, even when failures stem from lack of services rather than lack of need. Optional forms document decisions but do not provide standards, review mechanisms, or public outcome reporting. Public reporting has highlighted wide variation in CARE Court outcomes across counties, which this proposal does not address.</p>	<p>The committee notes that SB 27 revised Welfare and Institutions Code section 5978(b) to grant the CARE Act court the discretion to treat a referral made under section 5978 as a petition, if certain requirements are met. The judicial discretion involved in the new intracourt referral process flows directly from section 5978(b) rather than these forms. The committee also notes that forms, whether optional or mandatory, do not provide additional accountability.</p>
			<p>VII. What Families Are Asking For Families are not asking for less structure or fewer protections. They are asking for alignment with clinical reality and evidence-based care, including:</p> <ol style="list-style-type: none"> 1. Presumptive family inclusion, with exclusion requiring specific findings. 2. Clear recognition of anosognosia in CARE Court procedures and expectations. 3. Service-first standards ensuring care availability before court escalation. 4. Outcome transparency, including reasons for dismissal and delays. 5. Resource prioritization that directs funding toward housing, treatment, and crisis response rather than administrative process. Meanwhile, it is not the courts who are outside on cold, rainy nights helping people running away in an attempt to escape the paranoid delusions they cannot stop, confused, vulnerable, and losing the basic human dignity they deserve to retain. 	<p>The committee notes that specific recommendations regarding systemic changes are most appropriately addressed to the Legislature.</p>

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			That burden falls almost entirely on families, if they are fortunate to know where their loved one has run to, outreach workers, and community members who intervene in real time, often without resources or support.	
			VIII. Conclusion These proposed changes refine CARE Court mechanics but do not resolve the fundamental issues families and respondents experience daily. CARE Court remains a process-heavy system that often overwhelms people who cannot comprehend it, sidelines those who know them best, and expends resources without reliably delivering care. Until families are treated as essential partners, anosognosia is meaningfully accounted for, and services—not procedures—are prioritized, CARE Court will continue to fall short of its stated goals.	Please see previous responses.
11.	Health Management Associates by Laura Collins, Managing Principal	NI	Overall, we are supportive of the proposed actions , particularly a standardized referral form referring courts may use for individuals who may benefit from CARE. We have a few comments and questions we would like to raise for the Committee's consideration.	The committee appreciates Health Management Associates' position on the proposal.
			The proposal amends rule 7-2230 to include “written court referral that began the proceedings” in the information that would be provided to respondent's counsel upon appointment. This is the alternative to providing the “petition packet”, in instances in which a referral is deemed a petition. This caused us to think about whether similar language would be helpful elsewhere in the rules or on the forms. Specifically:	The committee agrees with this comment and has revised the rules in a similar manner. To improve the clarity and consistency of the rules, the committee recommends removing the word “packet” throughout the rules so that the rules simply reference “the petition.” Proposed rule 7.2221(a) identifies the three options for a petition to begin CARE Act

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	Commenter	Position	Comment	Committee Response
			(1) Is there a need to include the same language related to “written court referral” in Rule 7.2235 (Notice of Proceedings)?	proceedings, including “a written referral under section 5978 if the CARE Act court deems the referral to be a petition.” Therefore, any reference to “the petition” would include a written referral deemed to be a petition.
			(2) Is it contemplated that if the CARE court deems a court referral to be a petition, a copy of the referral would be provided to the county behavioral health agency, as a petition would be? If so, would it make sense for Form 105 to include language to that affect as currently 105 only mentions a copy of the petition packet?	The committee appreciates this concern but does not recommend modifying form CARE-105 in response. Form CARE-105 requires the court to provide “[a] copy of the petition.” As described in the preceding response, a referral deemed to be a petition is a petition (under rule 7.2221(a)). Thus, the existing language in CARE-105 will require the court to provide a copy of a referral that is deemed to be a petition.
			(3) If the CARE court does not deem a court referral to be a petition and orders county behavioral health to investigate, would behavioral health be given a copy of the referral? Should Form 126 include a prompt that the referral is attached to the order?	The committee agrees with this comment and has modified form CARE-126 accordingly.
12.	Hon. Melissa O’Connell Superior Court of Contra Costa County	A	Does the proposal appropriately address the stated purpose? Yes, thank you for the thoughtful considerations regarding implementation of SB 27.	The committee appreciates this comment.
			Does optional use of forms CARE-125 and CARE-126 strike an appropriate balance between system consistency and court flexibility?	The committee appreciates this comment and recommends that the forms CARE-125 and CARE-126 be optional. Please see the response to Comment 4, above, regarding the

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			<p>Yes. Having a sample referral form will encourage consistency amongst the referring courts and also invites the justice partners to create their own internal policies to address the confidentiality of the proceedings so that critical information can be shared by the referring court.</p>	<p>optional use of forms CARE-125 and CARE-126.</p>
			<p>Should form CARE-126 be split into two forms, with one form designated to be filled out when a referral is treated as a petition and the other form for when the court decides not to treat a referral as a petition? Or would two forms for one decision point be more confusing?</p> <p>Two forms for one decision point might be confusing. Logistically, in our county, the clerk’s office sends the applicable orders to the CARE court judge. One form with two order options would be preferred.</p>	<p>The committee appreciates this comment and recommends that form CARE-126 remain one form.</p>
			<p>Does the inclusion of space for two case numbers on forms CARE-125 and CARE-126 appropriately support use of case numbers from both the referring and receiving courts, where applicable?</p> <p>Yes.</p>	<p>The committee appreciates the comment.</p>
			<p>Are forms CARE-125 and CARE-126 sufficient to support the referral process on their own, or would additional rules or guidance, such as is provided in the juvenile custody order process, be helpful?</p> <p>The explanations laid out in support of the proposal appear to be sufficient.</p>	<p>The committee appreciates this comment but does not recommend modifying the proposal in response. The concerns raised involve the scope of permissible intracourt communication under Welfare and Institutions Code section 5978.2. Statutory issues cannot be resolved through a rules or forms proposal unless the relevant statutory</p>

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			<p>However, a concern that still exists is communication between courts, specifically if a CARE case is not “referred” by one of the enumerated departments but at some juncture the individual ends up in an adjacent court where treatment options and goals are also a priority. The communications statute (W&I Code section 5978.2) only permits communication between “referring courts” and the CARE court. Important information can be lost regarding one’s access to continuous support and treatment if they are being “stepped down” from a more restrictive court to CARE court but the case was not initiated through the court referral process. For example, a Respondent may be in CARE proceedings initiated by a petitioner other than through court referral and subsequently end up in LPS proceedings. Under the current language of the communications statute, if CARE proceedings are still pending, the LPS court could not share information such as court dates in LPS and whether there’s been an indication that the Public Guardian will be moving to dismiss LPS proceedings. The dismissal is a point in time in which it would be critical for CARE teams to re-engage the Respondent so there are no gaps in care as they transition off more restrictive placement and care (i.e. LPS or from a custodial setting) into independent community living. This like housing would be critical at that time as a person transitioning from a secured housing placement would not be able to stay there as soon as the conservatorship is dismissed and they would therefore need assistance in obtaining safe housing. Because the CARE case did not come from a referral, information is not able to be shared between the courts. This is very nuanced and the privacy interests of the Respondent are significant, but at least in instances where the individual is</p>	<p>language is revised. The committee notes that recommendations to address perceived statutory gaps are most appropriately directed to the Legislature.</p>

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			<p>being stepped back down to CARE court, it would be beneficial to have discussions around additional considerations as to how to bridge the communication gaps between departments in these situations so that CARE participants do not lose access to resources and support.</p>	
			<p>Would the proposal provide cost savings? If so, please quantify.</p> <p>In consultation with our county Court Operations Manager II, specifically assigned to civil and probate and who is responsible establishing the CARE court infrastructure: The new CARE-125 and -126 would only require establishing a new code in our system. We also anticipate adding the language from the CARE-126 order into our existing prima facie order and order for CARE Act report when the court has accepted the referral as a petition. These changes are not anticipated to be cost or time prohibitive. The direct petition process might result in an increase in the number of cases and as a result likely to expend more court budget for resources for CARE participants but this would not result in more expenses for court processes. Our administration agrees with the flexibility to create our own local forms, taking guidance from the Judicial Council forms. Training of staff and judicial officers regarding referrals to CARE is anticipated to be a small undertaking, requiring at most a half-day session of training.</p>	<p>The committee appreciates this response.</p>
			<p>What would the implementation requirements be for courts—for example, training staff (please identify position and expected hours of training), revising processes and procedures (please describe), changing docket codes in case management systems, or modifying case management systems?</p>	<p>The committee appreciates the response.</p>

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	Commenter	Position	Comment	Committee Response
			<p>The implementation requirements would involve training the criminal mental health judge, the LPS judge and CARE court judge as well as these judges' courtroom clerks, the processing clerks, and the clerk's office staff. The modifications and revising processes would require minimal changes and minimal time as our court's CARE court infrastructure is already in place. Our notification system to the court and justice partners would only involve adding new codes and updating existing orders.</p>	
			<p>Would two months from Judicial Council approval of this proposal until its effective date provide sufficient time for implementation?</p> <p>According to our county Court Operations Manager II, two months is plenty of time.</p>	The committee appreciates the response.
			<p>How well would this proposal work in courts of different sizes?</p> <p>We are a mid-size county; we do anticipate these proposals would result in a larger number of petitions which could obviously then have a larger impact on Behavioral Health's resources. Regardless of county size, the changes in the law have the potential to increase the number of petitions and the number of community members we get to serve, achieving the perceived goals of the legislation.</p>	The committee appreciates the response.
13.	Joint Rules Subcommittee, Trial Court Presiding Judge Advisory Committee/Court Executive Advisory Committee	AM	<p>The JRS notes that the proposal is required to conform to a change of law.</p> <p>The JRS also notes the following impact to court operations:</p> <ul style="list-style-type: none"> • Significant fiscal impact 	The committee appreciates this information.

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	Commenter	Position	Comment	Committee Response
	by Corey Rada, Senior Analyst		<ul style="list-style-type: none"> ○ The proposal will require increased staff time, including training. ● Impact on existing automated systems. <ul style="list-style-type: none"> ○ The proposal will require technology changes. ● Results in additional training, which requires the commitment of staff time and court resources. ● Increases staff workload. 	
			<p>The JRS also notes the following:</p> <p>The proposed rules revisions and the revised and additional forms seem appropriate.</p> <p>The proposed rules and form revisions are essential to conform to the amendments to the Welfare & Institutions Code affecting CARE Court and referrals to CARE Court.</p> <p>It makes sense that the forms be optional and that trial courts are free to adopt their own forms as needed.</p> <p>The impacts on trial court funding and operations are unavoidable in light of SB 27 changes.</p>	The committee appreciates the comment.
			<p>Suggested Modifications</p> <p>Form Care-126: The court has read and reviewed the written referral from a court as provides for in pursuant to Welfare and Institutions Code section 5978.</p>	The committee agrees with this comment and has revised the form in a similar manner. Form CARE-126 has been revised to read as follows: “The court has read and reviewed the written referral from a court under Welfare and Institutions Code section 5978.”
14.	Orange County Bar Association	A	No comment submitted other than position on proposal.	The committee appreciates the comment.

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	Commenter	Position	Comment	Committee Response
	by Shirin Footan, President			
15.	Superior Court of Los Angeles County by Stephanie Kuo	A	<p>The following comments are representative of the Superior Court of California, County of Los Angeles, and do not represent or promote the viewpoint of any particular officer or employee.</p> <p>In response to the Judicial Council of California’s Invitation to Comment, “W26-08 Mental Health Law: Implementation of CARE Act Legislation,” the Superior Court of California, County of Los Angeles (Court), agrees with the proposal. The proposed rule changes and forms adequately address the legislative changes to the CARE Act.</p>	The committee appreciates the comment.
			<p>The Court agrees that the optional use of forms CARE-125 and CARE-126 are appropriate. Making these forms optional allows courts that find them useful to adopt them while preserving flexibility for jurisdictions like LA County that already have efficient referral processes through the Department of Mental Health (DMH). This approach avoids imposing unnecessary administrative burdens. Form CARE-126 should not be split as it would cause confusion and is unnecessary.</p>	The committee appreciates this comment and recommends forms CARE-125 and CARE-126 remain optional and that CARE-126 remain a single form.
			<p>Requiring a CARE Court case number before completing the referral would necessitate coordination with the clerk’s office, delaying the referral process.</p>	The committee acknowledges that requiring a CARE Act court case number on a referral may affect courts differently depending on local procedures. However, the CARE Act court case number will be provided by the CARE Act court, and the referring court will not need to complete prior to completing the referral. Form CARE-125 notes that the CARE Act court case number only needs to

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				be provided if applicable Accordingly, the committee does not recommend modifying the form in response.
			The proposed court referral forms would not provide cost savings.	The committee appreciates the information.
			Additionally, these forms would not work in LA County. Given the large number of applicable cases, referrals will continue to be made to DMH.	The committee appreciates this comment.
			Two months should be sufficient time for implementation of the proposal.	The committee appreciates the response.
			Smaller courts may find the forms helpful for standardized referrals. For larger courts with established processes, this proposal may not work.	The committee appreciates the response.
16.	Superior Court of San Diego County by Mike Roddy, Executive Officer	A	Q: Does the proposal appropriately address the stated purpose? A: Yes.	The committee appreciates this comment.
			Q: Does optional use of forms CARE-125 and CARE-126 strike an appropriate balance between system consistency and court flexibility? A: Yes, the preference is that CARE-125 and CARE-126 remain optional forms.	The committee appreciates this comment and recommends forms CARE-125 and CARE-126 be optional.
			Q: Should form CARE-126 be split into two forms, with one form designated to be filled out when a referral is treated as a petition and the other form for when the court decides not to treat a referral as a petition? Or would two forms for one decision point be more confusing? A: CARE-126 should remain one form.	The committee appreciates this comment and recommends that form CARE-126 be one form.

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			<p>Q: Does the inclusion of space for two case numbers on forms CARE-125 and CARE-126 appropriately support use of case numbers from both the referring and receiving courts, where applicable? A: Yes, space should be included for both case numbers.</p>	<p>The committee appreciates the response.</p>
			<p>Q: Are forms CARE-125 and CARE-126 sufficient to support the referral process on their own, or would additional rules or guidance, such as is provided in the juvenile custody order process, be helpful? A: The CARE-125 and CARE-126 forms are sufficient on their own.</p>	<p>The committee appreciates the response.</p>
			<p>Q: Would the proposal provide cost savings? If so, please quantify. A: No.</p>	<p>The committee appreciates the response.</p>
			<p>Q: What would the implementation requirements be for courts for example, training staff (please identify position and expected hours of training), revising processes and procedures (please describe), changing docket codes in case management systems, or modifying case management systems? A: Revising internal procedures and training judges and staff.</p>	<p>The committee appreciates the response.</p>
			<p>Q: Would two months from Judicial Council approval of this proposal until its effective date provide sufficient time for implementation? A: Yes.</p>	<p>The committee appreciates the response.</p>
			<p>Q: How well would this proposal work in courts of different sizes?</p>	<p>The committee appreciates the response.</p>

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			A: It appears that the proposal would work for courts of all sizes.	
17.	Sadie Symens	AM	CARE-100 is the form non-behavioral health professionals are directed to use in submitting a CARE Court petition. Question 7 on the form requires such petitioners to, upon penalty of perjury, attest that the respondent, among other things, has a diagnosis of schizophrenia spectrum disorder or another psychotic disorder in the same class. By nature of the class of petitioners submitting this form, they cannot attest to a medical diagnosis. I noticed that the revision to the form effective July 1, 2025 does include the qualifier “to the best of my knowledge,” but I still believe it is inappropriate to require non-licensed health professionals to make an attestation as to a medical diagnosis (rather than their own observations.) That diagnosis is more appropriately established at later stages of the proceedings, by a duly qualified licensed health professional.	<p>The committee appreciates this comment but does not recommend modifying the language of form CARE-100 in response because the form reflects statutory requirements.</p> <p>Form CARE-100 is a mandatory form for the CARE process petition. As specified in Welfare and Institutions Code section 5975, the petition must contain (among other information) facts supporting the petitioner’s assertion that the respondent meets the CARE criteria in section 5972. Section 5972(b), in turn, requires that the person have a qualifying diagnosis to qualify for the CARE process. Therefore, form CARE-100 asks the petitioner to assert to the best of their personal knowledge that the respondent has a qualifying diagnosis, as required by section 5972.</p>

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