



DATE: April 18, 2025

Behavioral Health Information Notice No.: 25-012

TO: California Alliance of Child and Family Services
California Association for Alcohol/Drug Educators
California Association of Alcohol & Drug Program Executives, Inc.
California Association of DUI Treatment Programs
California Association of Social Rehabilitation Agencies
California Consortium of Addiction Programs and Professionals
California Council of Community Behavioral Health Agencies
California Hospital Association
California Opioid Maintenance Providers
California State Association of Counties
Coalition of Alcohol and Drug Associations
County Behavioral Health Directors
County Behavioral Health Directors Association of California
County Drug & Alcohol Administrators

SUBJECT: Facility Referrals to the Community Assistance, Recovery, and Empowerment (CARE) Act Process.

PURPOSE: To provide guidance to counties and facilities on the referral procedures and form for the CARE Act.

REFERENCE: [Welfare and Institutions \(W&I\) Code Sections 5970 through 5987](#); [Behavioral Health Information Notice \(BHIN\) 22-059](#); [BHIN 23-016](#); [Assembly Bill \(AB\) 102 \(Ting, Section 133, Provision 24\(a\)-\(d\), Budget Act of 2023\)](#); [Senate Bill \(SB\) 35](#) (Umberg, Chapter 283, Statutes of 2023); [SB 42](#) (Umberg, Chapter 640, Statutes of 2024) & [SB 1400](#) (Stern, Chapter 647, Statutes of 2024); [BHIN 24-041](#); W&I Code Section 5150 subdivision (a); W&I Code Section 5008 subdivision (n)

BACKGROUND:

On September 14, 2022, the Governor approved SB 1338, which enacted the CARE Act. The CARE Act created a new civil court process to provide early action, support, and community-based behavioral health services for individuals experiencing a serious mental disorder who have a diagnosis in the disorder class of schizophrenia spectrum and other psychotic disorders and are not clinically stabilized in on-going voluntary



treatment.¹ The CARE process provides accountability for CARE clients as well as the local governments responsible for providing behavioral health services to these individuals. The CARE Act was implemented in two phases. Glenn, Orange, Riverside, San Diego, Stanislaus, Tuolumne, and San Francisco Counties (Cohort I) were required to implement the CARE Act by October 1, 2023. Los Angeles implemented on December 1, 2023. All other counties (Cohort II) were required to implement the CARE Act by December 1, 2024.²

SB 42 authorizes specified facilities to refer an individual held involuntarily under the Lanterman-Petris-Short (LPS) Act to a county behavioral health agency for assessment. A licensed behavioral health professional must believe the individual meets or is likely to meet CARE Act criteria and authorize the referral.³

The Department of Health Care Service (DHCS) is required to develop a referral form and procedures for facilities to refer an individual to a county behavioral health agency for assessment.⁴ Additionally, DHCS is required to include information related to referrals made in its annual report pursuant to California Welfare & Institutions (W&I) Code section 5985, subdivisions (e) and (f).⁵ County behavioral health agencies shall provide information regarding referrals made by facilities in a format and frequency specified by DHCS.⁶

POLICY:

This BHIN provides guidance on procedures, a form for facilities to refer an individual to the CARE Act as part of discharge planning, and requirements for county behavioral health agencies to complete an assessment upon receipt of facility referrals.

Facility Referral Procedures

A facility that provides assessment, evaluation, and crisis intervention, pursuant to W&I Code section [5150, subdivision \(a\)](#)⁷ or a designated facility as defined in W&I Code

¹ W&I Code, § 5972.

² W&I Code, § 5970.5.

³ W&I Code, § 5978.1, subd. (b).

⁴ W&I Code, § 5978.1, subd. (d)(1).

⁵ W&I Code, §§ 5978, subd. (e) and [5985](#), subd. (e)(19).

⁶ W&I Code, § [5986](#), subd. (c).

⁷ W&I Code section 5150, subd. (a): When a person, as a result of a mental health disorder, is a danger to others, or to themselves, or gravely disabled, a peace officer, professional person in charge of a facility designated by the county for evaluation and treatment, member of the attending staff, as defined by regulation, of a facility designated by the county for evaluation and

section [5008, subdivision \(n\)](#) may refer an individual who is being treated under an involuntary hold pursuant to the LPS Act (Art. 1 to 4.7 and Art. 6 of Chapter 2 of Part 1 of Division 5 of the W&I Code) for assessment to determine if the individual qualifies for the CARE process. Facilities may refer to the behavioral health agency of the individual's county of residence or to the county where the individual is receiving involuntary treatment,⁸ as part of the individual's discharge planning process as soon as clinically indicated.⁹ Referrals must be authorized by a licensed behavioral health professional¹⁰ employed or contracted by the facility, who has knowledge of the individual's case, has been involved in the individual's treatment during their involuntary hold, and believes that the individual meets or is likely to meet criteria to qualify for the CARE process.¹¹ The CARE Act referral form published on the [DHCS website](#) must be signed by the licensed behavioral health professional, or their designee, who is authorized to make the referral and sign the form.¹² Referring LPS-designated facilities must include a copy of the patient's Model of Care Coordination Plan¹³, as specified in [BHIN 24-039](#).

A facility or a county behavioral health agency may adopt the CARE Act referral form published on the [DHCS website](#) or develop and use its own form. DHCS encourages the use of the referral form published on the [DHCS website](#). If a facility or a county behavioral health agency chooses to develop a referral form, the form shall include, at a minimum, all of the following information,¹⁴ as available, related to the referred individual:

- Contact information, including name, telephone number, address, and email
- Medi-Cal Client Index Number (CIN)

treatment, designated members of a mobile crisis team, or professional person designated by the county may, upon probable cause, take, or cause to be taken, the person into custody for a period of up to 72 hours for assessment, evaluation, and crisis intervention, or placement for evaluation and treatment in a facility designated by the county for evaluation and treatment and approved by the State Department of Health Care Services. The 72-hour period begins at the time when the person is first detained. At a minimum, assessment, as defined in Section 5150.4, and evaluation, as defined in subdivision (a) of Section 5008, shall be conducted and provided on an ongoing basis. Crisis intervention, as defined in subdivision (e) of Section 5008, may be provided concurrently with assessment, evaluation, or any other service.

⁸ W&I Code, § 5978.1, subd. (b)

⁹ W&I Code, § 5978.1, subd. (b)(2)

¹⁰ W&I Code, § 5978.1, subd. (b)(1)

¹¹ W&I Code, § 5978.1, subd. (b); W&I Code, § 5972, subd. (a)-(e) [requirements to qualify for the CARE process].

¹² W&I Code, § 5978.1, subd. (b)(1)

¹³ W&I Code, § 5402.5

¹⁴ W&I Code, § 5978.1, subd. (b)(3)

- Social Security Number (SSN)
- Date of Birth
- Documentation of the authority for a referral with signature by the licensed behavioral health professional or their designee that shall include, at a minimum, the following information:
 - Behavioral health professional or their designee's name
 - Profession or role
 - Facility name
 - Name of individual referred
 - Name of receiving county behavioral health agency
 - Date of referral to county behavioral health
 - Start and end date of involuntary hold
 - Confirmation that they have knowledge of the individual's case, have been involved in the individual's treatment during their involuntary hold, and believe that the individual meets or is likely to meet the criteria to qualify for the CARE process pursuant to W&I Code Section 5978.1 subdivision (b)(1)

Pursuant to W&I Code Section 5978.1, subdivision (f) a facility is not permitted to continue an involuntary hold on a referred individual who no longer meets the criteria for involuntary treatment solely for the purpose of allowing the county behavioral health agency to complete its assessment of whether the individual meets or is likely to meet criteria for the CARE process.¹⁵ A CARE Act referral does not affect the facility's ability to make a referral for assisted outpatient treatment.¹⁶

County Behavioral Health Agency Requirements

County behavioral health agencies are required to accept CARE Act referrals made by facilities, described above, in any format containing the required information detailed in this guidance. Within 14 business days of receipt of a CARE Act referral, a county behavioral health agency shall complete an assessment of the referred individual and shall file a petition if the county behavioral health agency determines that the individual meets or is likely to meet criteria to qualify for the CARE process and the individual does not engage in voluntary treatment.¹⁷

If the county behavioral health agency is unable to complete an assessment within 14 business days of receipt of a CARE Act referral, but later determines that the person is

¹⁵ W&I Code, § 5978.1, subd. (f)

¹⁶ W&I Code, § 5978.1, subd. (g) ,

¹⁷ W&I Code, § 5978.1, subd. (c)

or may be eligible for CARE, the county behavioral health agency may file a petition pursuant to W&I Code Section 5974, subdivision (h).

As specified in [BHIN 24-041](#), county behavioral health agencies shall adhere to all data collection and reporting requirements set forth in the CARE Act Data Dictionary published on the [DHCS website](#). Facilities and county behavioral health agencies shall implement all applicable privacy and security features, such as those required to comply with the Health Insurance Portability and Accountability Act Security Rule requirements and any other laws protecting the privacy and security of individually identifiable data.

Technical Assistance

DHCS has contracted with a vendor to provide technical assistance to county behavioral health agencies, facilities, and providers to support implementation of the CARE Act.¹⁸ Requests for technical assistance may be submitted to info@CARE-Act.org.

Questions regarding this BHIN may be directed to DHCS CARE Act@dhcs.ca.gov.

Sincerely,

Original signed by

Ivan Bhardwaj, Chief
Medi-Cal Behavioral Health Policy Division

¹⁸ See W&I Code, § [5983](#), subd. (b) [DHCS shall provide training and technical assistance, including training regarding data collection]; § [5984](#), subd. (a) [authorizing DHCS to enter into contracts, or amend existing contracts, for purposes of implementing the CARE Act].