
THIRD READING

Bill No: SB 1016
Author: Blakespear (D), et al.
Amended: 5/14/26
Vote: 21

SENATE JUDICIARY COMMITTEE: 12-0, 4/21/26
AYES: Umberg, Niello, Allen, Ashby, Caballero, Durazo, Laird, Reyes, Stern,
Valladares, Wahab, Wiener
NO VOTE RECORDED: Weber Pierson

SENATE APPROPRIATIONS COMMITTEE: 7-0, 5/14/26
AYES: Cervantes, Seyarto, Cabaldon, Dahle, Grayson, Richardson, Wahab

SUBJECT: Community Assistance, Recovery, and Empowerment (CARE) Court
Program and court-ordered evaluations

SOURCE: California State Association of Psychiatrists

DIGEST: This bill creates a pathway for a CARE respondent to be ordered to undergo an evaluation under the Lanterman-Petris-Short (LPS) Act when certain conditions are met.

ANALYSIS:

Existing law:

- 1) Establishes the Lanterman-Petris-Short (LPS) Act, which provides for the involuntary detention for treatment and evaluation of people who are gravely disabled or a danger to self or others. (Welfare (Welf.) & Institutions (Inst.) Code, div. 5, pt. 1, §§ 5000 et seq.)
- 2) Permits any individual to apply to the person or agency designated by the county for a petition alleging that there is in the county a person who is, as a result of a mental disorder, a danger to others or themselves, or is gravely

disabled, and requesting that an evaluation of the person's condition be made. (Welf. & Inst. Code, § 5201.)

- a) The person or agency must screen the application to determine whether there is probable cause to believe the allegations before filing the petition, including through a reasonable investigation and, where possible through reasonable efforts, an interview of the person who is the subject of the petition. (Welf. & Inst. Code, § 5202.)
 - b) If, after reviewing the petition, the court determines that the person is, as a result of a mental disorder, a danger to themselves or others or gravely disabled, and the person has refused or failed to accept evaluation voluntarily, the judge shall issue an order notifying the person to submit to an evaluation; the order shall be served by a peace officer, counselor in mental health, or a court-appointed official. If the person refuses or fails to appear for the evaluation after being properly notified, a peace officer, counselor in mental health, or court-appointed official shall take the person into custody and place them into a facility designated by the county for treatment and evaluation; the person shall be evaluated as promptly as possible, but in no case shall be detained for longer than 72 hours under the court order, excluding weekends and holidays if treatment and evaluation services are not available on those days. (Welf. & Inst. Code, § 5206.)
- 3) Establishes the CARE Act. (Welf. & Inst. Code, div. 5, pt. 8, §§ 5970 et seq.)
 - 4) Establishes criteria for a person to qualify for the CARE process, including that the person is 18 years of age or older; the person is experiencing a serious mental disorder, as defined, and has a diagnosis in the disorder class of schizophrenia spectrum and other psychotic disorders, or bipolar I disorder, as specified; the person is not clinically stabilized in ongoing voluntary treatment; and participation in a CARE plan or agreement would be the least restrictive alternative necessary to ensure the person's recovery and stability. (Welf. & Inst. Code, § 5972.)
 - 5) Establishes the following process as the CARE process, which includes the following:
 - a) Upon receipt of a CARE petition, the court must promptly review the petition.

- b) If the petitioner is a county behavioral health agency (CBHA), and the court determines that the petition establishes a prima facie case of CARE eligibility, the court must set the matter for an initial hearing within 14 days.
- c) If the petitioner is not the CBHA, and the petition establishes a prima facie case of CARE eligibility, the court must order the CBHA to investigate whether the respondent satisfies the CARE Act criteria and file a report to that effect within 14 court days. If the evidence in the report supports the prima facie showing of the respondent's CARE eligibility, the court must set the matter for an initial hearing within 14 court days.
- d) At the initial hearing, the court must determine whether there is reason to believe that the facts of the petition are true; if the court so determines, the court must order the CBHA to work with the respondent, the respondent's counsel, and the respondent's CARE supporter to engage in behavioral health treatment. If the court does not dismiss the petition, the court must set a hearing on the merits of the petition; this may be conducted simultaneously with the initial hearing if the parties so stipulate.
- e) At the hearing on the merits, the court must determine whether the CBHA has established, by clear and convincing evidence, that the petitioner meets the CARE criteria. If the criteria are met, the court must order the CBHA to work with the respondent, respondent's counsel, and the respondent's supporter to engage the respondent in behavioral health treatment and attempt to enter into a CARE agreement; the court must also set a case management hearing within 14 days.
- f) At the case management hearing, the court shall hear evidence as to whether the parties have entered, or are likely to enter, a CARE agreement. If the parties have entered a CARE agreement, the court can approve or modify the CARE agreement and set the matter for a progress hearing. Otherwise, the court can continue the matter for another 14 days of discussions, or order the CBHA to conduct a clinical evaluation of the respondent that addresses the respondent's diagnosis and condition. The court shall set a clinical evaluation hearing to review the evaluation within 21 days.
- g) At the clinical evaluation hearing the court shall review the evaluation and other evidence to determine whether the respondent, by clear and convincing evidence, meets the CARE criteria. If the court so finds, the court must order the CBHA, the respondent, respondent's counsel, and respondent's supporter to jointly develop a CARE plan within 14 days, and set a CARE plan hearing within 14 days.

- h) At the CARE plan hearing, the court may consider the plan or plans submitted by the parties and adopt elements of a CARE plan that support the recovery and stability of the respondent. The issuance of an order approving a CARE plan begins the one-year CARE plan timeline.
- i) At the end of one year, the respondent may elect to be graduated from the program or remain in the program for one additional year. The court may also involuntarily reappoint the respondent to the program if certain conditions are met. (Welf. & Inst. Code, §§ 5977-5977.3)
- 6) Allows the court, at any point during CARE proceedings, if it determines, by clear and convincing evidence, that the respondent, after receiving notice, is not participating in the CARE process or is not adhering to their CARE plan, to terminate the respondent's participation. The court is then permitted to make a referral under the LPS Act, as provided. (Welf. & Inst. Code § 5979(a).)
- 7) Provides that, if a respondent was timely provided with all services and supports required by their CARE plan, the fact that the respondent failed to successfully complete the plan and reasons for that failure (a) are facts to be considered by a court in a subsequent hearing under the LPS Act, provided that the hearing occurs within six months of termination of the CARE plan; and (b) create a presumption at that hearing that the respondent needs additional interventions beyond the supports and services provided by the CARE plan. (Welf. & Inst. Code, § 5979(a)(3).)

This bill:

- 1) Provides that, whenever it appears to a judge pursuant to the process in the CARE Act that a person is, as a result of a mental disorder, a danger to themselves or others or gravely disabled, and that person has refused or failed to voluntarily accept an evaluation, the court shall order the person to submit to an evaluation, as provided for in the LPS Act.
- 2) Permits a behavioral health professional to serve a court order for an evaluation ordered pursuant to an LPS Act petition or through the CARE process.
- 3) Provides that, when a person refuses or fails to appear for a court-ordered LPS Act evaluation, a peace officer, mental health counselor, or court-appointed official shall initiate an involuntary hold on the person, rather than taking them into custody, for purposes of evaluation.

- 4) Modifies the required forms for (1) a court-ordered evaluation, and (2) the report of the property of a person who was placed in an involuntary hold after refusing or failing to appear for a court-ordered evaluation.
- 5) Permits a CARE petitioner who believes that the person named in the petition meets the CARE criteria but may not be able to participate in the CARE process due to the severity of their mental disorder or lack of insight into their mental disorder to request that the CARE court order a mental health evaluation under the LPS Act if the CARE petition is dismissed.
- 6) Requires the Judicial Council to:
 - a) Include on the mandatory CARE Act petition form an option for the petitioner to request a court-ordered evaluation under the LPS Act upon dismissal of the CARE petition if the respondent is not willing or able to participate in the CARE process and a CARE plan or CARE agreement due to the severity of their mental disorder or lack of insight into their mental disorder.
 - b) Amend the notice of dismissal form to indicate whether the court has ordered a mental health evaluation under the LPS Act upon the dismissal; the indication on the dismissal form shall serve as the court order for the mental health evaluation.
- 7) Provides that CARE Act reports, evaluations, diagnoses, and other information filed with the court relating to the respondent's health may, notwithstanding the requirement of confidentiality, be transferred to a covered entity, as defined, for a court-ordered evaluation; the entity receiving the documentation shall comply with all federal and state privacy protections.
- 8) Requires the CBHA to include, in its report to the CARE Court, information about whether the respondent is likely to need a higher level of care than is available under the CARE Act, whether the respondent may be, as the result of a mental disorder, a danger to themselves or others or gravely disabled, and whether the respondent will voluntarily receive crisis intervention services or an evaluation.
- 9) Requires the court, if it determines that the CARE petition, the CBHA's report under 8), or both, establishes probable cause to believe that the respondent is, of a mental disorder, a danger to themselves or others or gravely disabled and that the respondent will not voluntarily receive services or an evaluation, to issue an order requiring the respondent to undergo an involuntary LPS Act evaluation.

- 10) Provides that CARE parties and witnesses may appear through the use of remote technology unless otherwise ordered by the court or demanded by the respondent.
- 11) Requires the DHCS, as part of its required training and technical assistance to the counties, to include training and technical assistance regarding the court-ordered evaluation process under the LPS Act.
- 12) Requires the trial courts, as part of their reports to Judicial Council for use in the annual CARE Act report, to report (1) the total number of court-ordered mental health evaluations under the LPS Act requested in a CARE proceeding; (2) the total number of court-ordered mental health evaluations ordered upon dismissal of a CARE petition; (3) the total number of cases dismissed where a court-ordered mental health evaluation was requested but not ordered; and (4) the basis for dismissal in cases under (2) and (3).

Comments

The CARE Act, enacted in 2022, is intended to provide essential mental health and substance use disorder services to severely mentally ill Californians—many of whom are homeless or incarcerated—while also preserving these individuals’ self-determination to the greatest extent possible. The first counties implemented the CARE Act in October 2023; all counties in the state were required to begin accepting CARE petitions as of December 1, 2024, unless they received an implementation extension from the Department of Health Care Services (DHCS). As the CARE Act has been implemented across the state, stakeholders have figured out what works well and what needs improvement; according to the author, the CARE Act does not have adequate provisions in place for a respondent who does not complete the CARE process or who may need a higher level of services than is available under the CARE Act.

This is intended to provide a process through which a court can order a CARE respondent to be evaluated under the LPS Act if the court finds probable cause to believe that the respondent has a mental disorder, a danger to themselves or others or gravely disabled and that the respondent will not voluntarily receive services or an evaluation. The bill permits a petitioner to seek the LPS Act evaluation when they file the petition, but does not permit the court to order the evaluation until after they have received the CBHA’s report on the respondent. The bill also expands the conditions under which a CARE proceeding may be conducted through remote technology and modifies various CARE Act training and reporting requirements.

FISCAL EFFECT: Appropriation: No Fiscal Com.: Yes Local: Yes

According to the Senate Appropriations Committee, this bill presents unknown, potential cost pressures to the courts related to additional duties required in this bill. While the courts are not funded on a workload basis, an increase in workload could result in delayed court services. The Governor's FY 2026-27 budget proposes \$70 million General Fund to backfill the Trial Court Trust Fund.

SUPPORT: (Verified 5/14/26)

California State Association of Psychiatrists (source)
City of Oceanside
City of Riverside
Families Advocating for the Seriously Mentally Ill
Sacramento Family Advocates for Individuals with Serious Mental Illness
Treatment Advocacy Center
One individual

OPPOSITION: (Verified 5/14/26)

California State Association of Counties
County Behavioral Health Directors Association
Disability Rights California
Disability Rights Education & Defense Fund
Mental Health America of California
Rural County Representatives of California
Urban Counties of California

ARGUMENTS IN SUPPORT: According to the California State Association of Psychiatrists:

While the CARE Act recognizes that a court-ordered mental health evaluation should be considered when a respondent's safety is at risk, counties are not using this mechanism. The statutory authority to petition a court for a mental health evaluation has existed in since 1967, under Welfare and Institutions Code section 5200. What is lacking is a clear procedural connection between CARE Court and that evaluation process.

SB 1016 creates that connection. It establishes a pathway for CARE Court respondents who are unwilling or unable to engage to be referred for a court-ordered mental health evaluation under section 5200, allowing the court to access existing legal tools without creating new or duplicative procedures.

ARGUMENTS IN OPPOSITION: According to Mental Health America of California:

The CARE process requires an engagement period where the respondent may participate in voluntary behavioral health supports and services and avoid involuntary treatment. However, this bill requires the petitioner's belief that the respondent may not be willing or able to participate in the CARE process to make a request for a mental health evaluation. They must indicate this request in the petition and at the beginning of the process. This bill assumes that the respondent will fail before any engagement is done and ensures involuntary treatment if the petition is dismissed. This defeats the purpose of the CARE process, unjustly stigmatizing the respondent...

Welfare and Institutions Code (WIC) Section 5972(e) states that "Participation in a CARE plan or CARE agreement would be the least restrictive alternative necessary to ensure the person's recovery and stability" as criteria for CARE Court. This bill indicates that if the respondent is not willing or able to participate in the CARE process, the court may issue an order for a mental health evaluation. A CARE plan or agreement created under threat of evaluation and forced treatment is unduly restrictive and is not conducive to a person's recovery and stability.

Prepared by: Allison Whitt Meredith / JUD. / (916) 651-4113
5/18/26 15:17:59

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