Date of Hearing: June 16, 2026

ASSEMBLY COMMITTEE ON JUDICIARY
Ash Kalra, Chair
SB 1016 (Blakespear) – As Amended May 14, 2026

SENATE VOTE: 27-0

SUBJECT: COMMUNITY ASSISTANCE, RECOVERY, AND EMPOWERMENT (CARE) COURT PROGRAM AND COURT-ORDERED EVALUATIONS

SYNOPSIS

Enacted in 1967, the Lanterman-Petris-Short (LPS) Act provides for involuntary detentions of persons for varying lengths of time for the purpose of providing evaluation and treatment, which may culminate in the establishment of a year-long conservatorship, for a person who is found to be "gravely disabled." By contrast, the Community Assistance, Recovery, and Empowerment (CARE) Act was enacted much more recently in SB 1338 (Umberg) Chap. 319, Stats. 2022 and was intended to serve as an upstream intervention, helping people before they are placed in more restrictive settings, such as conservatorships or jail. Despite the enactment of both, criticisms abound regarding the efficacy of California's behavioral health system and this Legislature has enacted a series of measures designed to fill gaps and improve upon the existing frameworks in both measures.

This bill more clearly connects the LPS court-ordered mental health evaluations to the CARE court process, by explicitly allowing petitioners to request that a court order a mental health evaluation when they file their petition for a person to enter CARE court. The bill allows petitioners to make this request upon dismissal of the petition if they believe an individual may not be willing or able to participate in the CARE process and the corresponding CARE plan or agreement due to the severity of their mental health disorder or lack of insight into their disorder. Similarly, the bill requires the court to order an evaluation whenever it appears through the CARE court process that there is probable cause to believe that the respondent is, as a result of a mental disorder, a danger to themselves or others, or gravely disabled. Finally, the bill includes specified reporting and training requirements, and additionally requires counties to make certain findings regarding the care needs of respondents.

This bill is sponsored by the California Association of Psychiatrists and is supported by several organizations advocating for mental health services and treatment, and representatives of various cities, including Mayor Todd Gloria of the City of San Diego. These supporters contend that SB 1016 will provide a pathway for a higher level of care for those who are unwilling and unable to participate in the CARE court process. The bill is opposed by a broad coalition of civil rights advocates, disability rights organizations, and county behavioral health agencies. They argue that the bill introduces a coercive element into what is supposed to be the voluntary CARE process, among other things. Should this bill be approved by this Committee, it will next be referred to the Assembly Health Committee.

SUMMARY: Authorizes a petitioner of a CARE Act petition to request that the court order a mental health evaluation under the LPS Act upon dismissal of the petition and authorizes the court to issue an order for a mental health evaluation under the LPS Act if the CARE Act petition or report prepared by the county behavioral health agency establishes probable cause to support

the evaluation and the respondent will not voluntarily receive crisis intervention services or an evaluation. Specifically, **this bill**:

1) Specifies that whenever it appears by the process pursuant to the CARE Act to the satisfaction of a superior court that there is probable cause that a person is, as a result of a mental disorder, a danger to others, or to themselves, or gravely disabled, and the person has refused or failed to accept evaluation voluntarily, the court must issue an order notifying the person to submit to an evaluation at the time and place that is designated by the court. Provides that a court-ordered evaluation served must be by specified individuals, including a behavioral health professional.

2) Specifies that if a petitioner believes that the person otherwise meets the CARE criteria but may not be 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, the petitioner may request that the court order a mental health evaluation if the CARE petition is dismissed.

3) Requires the Judicial Council to include on the mandatory petition form an option for the petitioner to request the court to order a mental health evaluation upon dismissal of the 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.

4) Requires the Judicial Council to amend the notice of dismissal form to include a section to indicate whether the court has ordered a mental health evaluation upon the dismissal, and the indication on the dismissal form will serve as that court order for the mental health evaluation.

5) Provides that CARE Act reports, evaluations, diagnoses, and other information filed with the court relating to the respondent's health are confidential unless transferred to a covered entity for a court-ordered evaluation. Specifies that the entity receiving the documentation shall comply with all federal and state privacy protections.

6) Allows a court to order the county to provide the following additional information if the court determines the information is not in the CARE Act petition, and other requirements are met:

    a) Conclusions about whether the respondent is likely to need a higher level of care than is available under the CARE Act, and if so, recommendations about the appropriate level of care and the necessary steps to obtain that level of care for the respondent.

    b) Whether there is probable cause to believe that the respondent is, as a result of a mental disorder, a danger to themselves or others, or gravely disabled as defined, and whether the respondent will agree voluntarily to receive crisis intervention services or an evaluation in their own home or in a facility designated by the county and approved by the State Department of Health Care Services.

7) Amends the existing provision in the CARE Act requiring the court to dismiss a petition if the court determines that voluntary engagement with the respondent is effective, and that the individual has enrolled or is likely to enroll in voluntary behavioral health treatment, and

instead specifies that the court must dismiss the matter if the determines that voluntary engagement with the respondent is effective, and that the individual has enrolled *and is actively participating* in voluntary behavioral health treatment.

8) Specifies that if a court determines, based on the county agency's report, the petition, or both, that there is probable cause to believe that the respondent is, as a result of a mental disorder, a danger to themselves or others, or gravely disabled, as defined, and that the respondent will not voluntarily receive the evaluation, the court must issue an order notifying the respondent to submit to a mental health evaluation.

9) Allows remote appearances through the use of remote technology, unless otherwise ordered by the court or demanded by the respondent for hearings.

10) Requires the Department of Health Care Services to include in its training and technical assistance guidance, training and technical assistance regarding the court-ordered evaluation process under the LPS Act and its integration with the CARE process.

11) Requires the trial courts to report to the Judicial Council the following additional data related to CARE Act Petitions:

    a) The total number of court-ordered mental health evaluations.

    b) The total number of court-ordered mental health evaluations ordered upon dismissal, the total number of cases dismissed where a court-ordered mental health evaluation was requested, but not ordered, and the basis for dismissal in those cases.

12) Makes other technical and conforming changes.

EXISTING LAW:

1) Establishes the LPS Act to end the inappropriate, indefinite, and involuntary commitment of persons with mental health disorders, developmental disabilities, and chronic alcoholism, as well as to safeguard a person's rights, provide prompt evaluation and treatment, and provide services in the least restrictive setting appropriate to the needs of each person. (Welfare and Institutions Code Section 5000 *et seq*. All further statutory references are to this code, unless otherwise indicated.)

2) Defines the following for the purposes of the LPS Act:

    a) "Evaluation" consists of multidisciplinary professional analyses of a person's medical, psychological, educational, social, financial, and legal conditions as may appear to constitute a problem.

    b) "Intensive treatment" consists of such hospital and other services as may be indicated. Intensive treatment shall be provided by properly qualified professionals and carried out in facilities qualifying for reimbursement under the California Medical Assistance Program (Medi-Cal), or under Title XVIII of the federal Social Security Act and regulations thereunder. Intensive treatment may be provided in hospitals of the United States government by properly qualified professionals. This part does not prohibit an intensive treatment facility from also providing 72-hour evaluation and treatment.

c) "Prepetition screening" is a screening of all petitions for court-ordered evaluation as provided for under existing law, consisting of a professional review of all petitions; an interview with the petitioner and, whenever possible, the person alleged, as a result of mental health disorder, to be a danger to others, or to themselves, or to be gravely disabled, to assess the problem and explain the petition; when indicated, efforts to persuade the person to receive, on a voluntary basis, comprehensive evaluation, crisis intervention, referral, and other services, as specified.

d) "Gravely disabled" means any of the following, as applicable:

i. A condition in which a person, as a result of a mental health disorder, a severe substance use disorder, or a co-occurring mental health disorder and a severe substance use disorder, is unable to provide for their basic personal needs for food, clothing, shelter, personal safety, or necessary medical care.

ii. A condition in which a person has been found mentally incompetent and specified facts exist. (Section 5008.)

3) Provides that 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 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. (Section 5150.)

4) If the probable cause is based on the statement of a person other than the peace officer, professional person in charge of the facility designated by the county for evaluation and treatment, member of the attending staff, or professional person designated by the county, the person shall be liable in a civil action for intentionally giving a statement that the person knows to be false. (Section 5150 (e).)

5) Provides that any person alleged, as a result of mental disorder, to be a danger to others, or to himself, or to be gravely disabled, may be given an evaluation of his condition under a superior court order. (Section 5200.)

6) Provides that any individual may 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 mental disorder a danger to others, or to himself, or is gravely disabled, and requesting that an evaluation of the person's condition be made. (Section 5201.)

7) Requires the person or agency designated by the county to prepare the petition for court-ordered evaluation and all other forms required in the proceeding and specifies the person or agency is responsible for filing the petition. (Section 5202.)

8) Specifies that any individual who seeks a petition for court-ordered evaluation knowing that the person for whom the petition is sought is not, as a result of mental disorder, a danger to

himself, or to others, or gravely disabled is guilty of a misdemeanor, and may be held liable in civil damages by the person against whom the petition was sought. (Section 5203.)

9) Whenever it appears, by petition pursuant to this article, to the satisfaction of a judge of a superior court that a person is, as a result of mental disorder, a danger to others, or to himself, 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 at such time and place as designated by the judge. (Section 5206.)

10) Specifies that persons who have been detained for evaluation shall be released, referred for care and treatment on a voluntary basis, certified for intensive treatment, or recommended for conservatorship pursuant to this part, as required. (Section 5206.)

11) Provides that if, upon evaluation, the person is found to be in need of treatment because the person is, as a result of a mental health disorder, a danger to self or others, or is gravely disabled, the person may be detained for treatment in a facility for 72-hour treatment and evaluation. Specifies that Saturdays, Sundays, and holidays may be excluded from the 72-hour period if the State Department of Social Services certifies for each facility that evaluation and treatment services may not reasonably be made available on those days. (Section 5213.)

12) Specifies that if a person is detained for 72 hours under Section 5150, or under court order for evaluation, and has received an evaluation, the person may be certified for not more than 14 days of intensive treatment related to the mental health disorder or impairment by chronic alcoholism, under the following conditions:

    a) The professional staff of the agency or facility providing evaluation services has analyzed the person's condition and has found the person is, as a result of a mental health disorder or impairment by chronic alcoholism, a danger to others or to themselves, or is gravely disabled.

    b) The facility providing intensive treatment is designated by the county to provide intensive treatment and agrees to admit the person. A facility shall not be designated to provide intensive treatment unless it complies with the certification review hearing required by this article. The procedures shall be described in the county Short-Doyle plan.

    c) The person has been advised of the need for, but has not been willing or able to accept, treatment on a voluntary basis.

    d) A person is not "gravely disabled" if that person can survive safely without involuntary detention with the help of responsible family, friends, or others who are both willing and able to help provide for the person's basic personal needs for food, clothing, or shelter. (Section 5250.)

13) Permits a professional person in charge of an agency providing comprehensive evaluation or at a facility providing intensive treatment to recommend conservatorship for a person in their care if they determine that the person is gravely disabled and is unwilling to accept, or is incapable of accepting, treatment voluntarily, as specified. (Section 5352.)

14) Specifies that if, at any time during CARE court proceedings, the court determines by clear and convincing evidence that the respondent is not participating in the CARE process, after the respondent receives notice, or is not adhering to their CARE plan, after the respondent receives notice, the court may terminate the respondent's participation in the CARE process. (Section 5979 (a).)

15) To ensure the respondent's safety, the court may utilize existing legal authority pursuant to Article 2 (commencing with Section 5200) of Chapter 2 of Part 1. Requires the court to provide notice to the county behavioral health agency and the Office of the Public Conservator and Guardian if the court utilizes that authority. (Section 5979 (a).)

16) Specifies that if the respondent was timely provided with all of the services and supports required by the CARE plan, the fact that the respondent failed to successfully complete their plan, will be a fact considered by the court in a subsequent hearing under the LPS Act, provided that the hearing occurs within six months of the termination of the CARE plan and will create a presumption at that hearing that the respondent needs additional intervention beyond the supports and services provided by the CARE plan. (Section 5979 (a).)

FISCAL EFFECT: As currently in print this bill is keyed fiscal.

COMMENTS: Implementation concerns have hounded the CARE Act since its inception. One of the chief concerns among supporters of the CARE Act is that individuals requiring a higher level of care than what is afforded through the CARE court process are slipping through the cracks. Frequently, stakeholders express concerns about dismissals from CARE court involving those that may be unwilling to participate in the voluntary process. For these reasons and others, many mental health advocates and families with individuals suffering from severe mental health disorders would like to see a greater connection between CARE court and other more intensive interventions, ranging from involuntary court-ordered evaluations up to conservatorships, if necessary.

According to the author:

> SB 1016 addresses a critical gap in the implementation of CARE Court. While CARE Court was designed to connect individuals with serious mental illness to treatment and housing, early data has shown that many individuals do not ultimately receive services through the program. We are presented with a clear problem: When CARE is not the right fit, there is no reliable pathway to ensure individuals are connected to a higher level of care. Individuals are often left without services or routed through short-term crisis interventions that are not designed to provide comprehensive evaluation or long-term stability. SB 1016 opens this connection, allowing individuals who cannot be served within CARE Court to be instead directed to a level of care that better matches their needs.

The CARE Act. The CARE Act was enacted in 2022 in SB 1338 (Umberg) Chap. 319, Stats. 2022. It is intended to provide essential mental health and substance use disorder services to severely mentally ill Californians. The first step in the CARE Act process is a petition submitted by a family member, mental health provider, or first responder, among others, that is filed with the court. Throughout the CARE court process, the county behavioral health agency, and the court are both authorized to help "respondents" (subjects of the petition) come up with a course of action for treatment. However, the process is ultimately voluntary, and respondents face no consequences for failure to adhere to a plan or refusal to participate in the process at all.

Involuntary detentions and conservatorships under the LPS Act. The LPS Act provides for involuntary commitment, or "holds," for varying lengths of time for the purpose of treatment and evaluation, provided certain requirements are met. Additionally, the LPS Act provides for LPS conservatorships, resulting in involuntary commitment for the purposes of treatment, if an individual is found to meet the "grave disability" standard.

WIC "5150" holds. Typically, the first interaction with the LPS Act is through what is commonly referred to as a 5150 hold. A peace officer, or an individual or facility authorized by the county (i.e., "LPS-designated") may involuntarily detain a person for up to 72 hours for an assessment, evaluation and crisis intervention, or placement for evaluation and treatment in a facility designated by the county if they are determined to be, because of a mental health disorder, a threat either to themselves or to others, or gravely disabled. The person who detains the individual must know of facts that would lead a person of ordinary care and prudence to believe that the individual meets this standard. When making the determination, the person or facility who enacts the hold may consider the individual's historical course, which includes evidence presented by an individual who has provided or is providing mental health or related support services to the person on the 5150 hold; evidence presented by one or more members of the family of the person on the 5150 hold; and, evidence presented by the person on the 5150 hold, or anyone designated by that person, if the historical course of the person's mental disorder has a reasonable bearing on making a determination that the person requires a 5150 hold. An individual admitted to a designated facility must be given written and oral information about why they are being detained, including whether they are a harm to themselves or others, or are gravely disabled.

While the intent of the LPS Act is for authorized individuals to take individuals who are placed on a 5150 hold to a designated facility, if one does not exist, or the detained person is suffering another condition that requires immediate emergency medical services, the person can be transported to the nearest healthcare facility, which often is an emergency department (ED) within a hospital that is not a "designated facility." The terms "designated facility" or "facility designated by the county for evaluation and treatment" mean facilities that are licensed or certified as a mental health treatment facility or a hospital. Referrals to non-designated facilities may lead to a less thorough assessment of the person's condition.

WIC 5200 court-ordered evaluations. Existing law also allows any individual to seek a petition requesting a court-ordered evaluation of another person's mental health condition. (Section 5200.) Anyone can make these requests to the designated person or agency within the county, and individuals making these requests must allege that there is in the county a person who is, as a result of a mental disorder a danger to others, or to themselves, or is gravely disabled. (*Id.*) Seeking a petition knowing that the person is not, a danger to himself, or to others, or gravely disabled is a misdemeanor, and individuals can be held civilly liable for doing so. (Section 5203).

Before filing the petition, the designated county entity must complete a prepetition screening to determine whether there is probable cause to support the allegations. (Section 5202.) As part of the prepetition screening, counties are required to conduct a reasonable investigation of the facts and make a reasonable effort to interview the subject of the petition. (*Id.*) Additionally, the counties are tasked with determining whether an individual will voluntarily consent to receive crisis intervention services or submit to an evaluation in their own home or a designated facility. (*Id.*) Only after the prepetition screening, where the county makes a determination that an

individual will not voluntarily engage in specified services or an evaluation, and that there is probable cause that a person is a danger to themselves or others, or is gravely disabled, does the county file a petition for a court-ordered evaluation, along with a report containing its findings.

If the court grants the order, the order is then served on the person who is the subject of the petition and if the person refuses or fails to appear for the evaluation, the law allows them to be taken into custody and placed in a designated facility for treatment or evaluation. (Section 5206.) Existing law requires that the evaluation be done as promptly as possible and specifies that the individual cannot be detained for more than 72 hours excluding weekends, and holidays if treatment and evaluation services are not available on those days. (*Id.*) Finally, the law specifies that individuals who have detained for evaluation must be released, referred for care and treatment on a voluntary basis, certified for intensive treatment, or recommended for a conservatorship pursuant to the LPS Act. (*Id.*)

This bill**,** among other things, permits a petitioner to request an LPS evaluation if they believe that an individual meets the CARE court criteria but may not be willing or able to participate in the CARE court process due to the severity of their mental disorder, upon dismissal of the petition. Petitioners would be able to make the request at the outset of the petition, and the bill does not require a petitioner to believe or allege that the person is a danger to themselves or others, or gravely disabled. While existing law allows any individual to request such an evaluation at any time, the framework for petitioners' requests in this bill presents several issues.

First, under existing law, it is a misdemeanor to seek a petition for a court-ordered evaluation knowing that a person does meet the specified criteria. (Section 5203.) Criminal penalties and civil liability are there to ensure that individuals are only requesting these evaluations, which deprive individuals of their freedom for many days, in the most serious cases. By not requiring a petitioner to believe that an individual meets the specified criteria for an evaluation, this bill removes a key provision in the LPS Act designed to protect the civil rights of those who could become subject to such evaluations. Should a petitioner truly believe an individual is an imminent risk to themselves or others, or potentially gravely disabled, existing law provides a mechanism for requesting these evaluations.

Second, this framework could create a dynamic where individuals file petitions for CARE court knowing that the subject of the petition is unwilling or unable to participate in the process for the sole purpose of seeking an otherwise unobtainable LPS 5200 evaluation, and any subsequent referrals for treatment up to or an LPS conservatorship. To that end, this provision implicates stakeholders' broader concerns about connecting LPS court-ordered evaluations to the CARE court process and CARE courts being used as a pathway to increasing involuntary detentions. Beyond these provisions, the bill requires courts to order an evaluation whenever it appears through the CARE process that there is probable cause that an individual is a danger to themselves or others, or gravely disabled, and that an individual will not voluntarily submit to an evaluation or engage in crisis intervention services.

Questions regarding the efficacy of involuntary treatment. To be clear, the author and the sponsor's overarching goal of connecting individuals who need a higher level of care than what the CARE process can provide are laudable, but whether doing so should involve involuntary processes, such as the LPS court-ordered evaluations, is the subject of serious debate. While supporters of the bill argue that these evaluations will connect individuals with a higher level of care, it is unclear whether that higher level of care involves further involuntary detentions or

referrals to other voluntary community-based services, or both. Further, Committee staff could find no data or statistics regarding clinical outcomes for individuals who have been subject to court-ordered mental health evaluations, which could speak to the efficacy of such evaluations. Without evidence of the efficacy of such detentions, increasing opportunities for individuals and courts to request such evaluations, which could result in an individual's detention for 72 hours or more, seems premature at minimum.

Additionally, to the extent that individuals are referred to other voluntary behavioural health services following an evaluation, there is no guarantee that any prescribed services will be available. A recurring finding across research on mental health support in California is that there is a striking shortage of services, facilities, and support for individuals held or conserved under the LPS Act.

In fact, in 2020, the State Auditor published a scathing audit of the LPS Act by examining its implementation in Los Angeles County, San Francisco County, and Shasta County. (California State Auditor, *Lanterman-Petris-Short Act: California has Not Ensured that Individuals with Serious Mental Illnesses Receive Adequate Ongoing Care* (July 2020), available at: https://information.auditor.ca.gov/pdfs/reports/2019-119.pdf.) The audit found severe gaps in services and support. For example, the audit noted:

- Individuals on conservatorships have limited treatment options. Many could not receive specialized care in state hospital facilities for an average of one year because of a shortage of available treatment beds; and

- Individuals who are held involuntarily have not been enrolled consistently in subsequent care to help them live safely in their communities.

Nothing in this bill would increase the availability of these critical mental health services for those held under this bill following an evaluation. Moreover, various representatives of California counties contend that these court-evaluations have historically not been used because there are more efficient ways of evaluating an individual who could be a danger to themselves or others, or potentially gravely disabled, including the use of mobile crisis units or the use of 5150 holds. Whether these methods, including the use of 5150 holds, are more effective than court-ordered mental health evaluations is debatable. However, what is clear is that 5150 holds do not require the same lengthy procedural court process as required for court-ordered evaluations, and the overarching goals of mobile crisis units are to de-escalate ongoing crises, prevent involuntary hospitalizations, and connect individuals to ongoing care.

Existing authority in the CARE Act to order LPS 5200 evaluations. Currently, the CARE Act allows courts to order a mental health evaluation pursuant to the LPS Act, to ensure the respondent's safety. (Section 5979 (a).) The CARE Act suggests that a court may do so only after the court terminates a respondent's participation in the CARE process when the court determines by clear and convincing evidence that the respondent is not participating in the CARE process. (*Id.*) If the court exercises its authority to order an evaluation, it must provide notice to the county behavioral health agency and the Office of the Public Conservator or Public Guardian. (*Id.*)

Given this existing authority, it is unclear what the rationale is for providing petitioners with the ability to request LPS evaluations at the outset of a petition. Even if courts are not doing so

frequently, it does not follow that courts are not ordering these evaluations simply because they are unaware of their ability to do so. Courts frequently exercise their discretion when carrying out their duties, and to preserve the civil liberties of individuals who may interact with the intentionally voluntary CARE process, courts may be deliberately limiting the use of any court orders that could result in involuntary detention.

Additionally, while the Judicial Council has not formally adopted a position on this bill at this time, it has identified concerns that the bill places courts in a challenging position when attempting to engage with respondents due to the potential for involuntary treatment and results in additional hearings, leading to potentially significant workload and cost pressures for the courts.

The voluntary nature of CARE court. Since its inception, a central premise of the CARE Act is to focus on the most severely mentally ill, including those with schizophrenia and other psychotic disorders, in a *collaborative and voluntary* manner. While the overall purpose of the CARE Act is to provide essential services to the most severely ill, it also is supposed to preserve a respondent's self-determination to the greatest extent possible. The California Health and Human Services Agency describes CARE Court as "an upstream intervention" with the purpose being "to help people before they are placed in more restrictive situations, such as a conservatorship (where they lose the right to make their own decisions) or jail." (California Health and Human Services, "CARE Act," at https://www.chhs.ca.gov/care-act/#how-its-different.)

By connecting the LPS court-ordered evaluations to the CARE court process, this bill introduces the threat of involuntary detention into what has been described as a voluntary program designed to prevent individuals from being required to receive care in restrictive settings. In that sense, individuals could begin to feel like a natural consequence of leaving the CARE court program prematurely was that the court would simply order a mental health evaluation. Refusal to participate in the CARE court process does not necessarily mean that an individual should be involuntarily detained for a mental health evaluation, and introducing court ordered evaluations as a consistent feature of the program could drive individuals that would voluntarily engage in services, including CARE court, away from the program for fear of being subject to involuntary detention.

ARGUMENTS IN SUPPORT*:* Sponsor of the bill, the California State Association of Psychiatrists, contend that SB 1016 "addresses a critical gap" in the CARE court process for the patients who need it most. Additionally, they submit:

> 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 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.

Similarly, City of San Diego Mayor Todd Gloria writes:

> For the City of San Diego, SB 1016 would meaningfully expand the reach of CARE Court by allowing the City and other petitioners to pursue evaluation and treatment for individuals who currently fall through the cracks — those who are neither willing enough to accept voluntary services nor able to engage with the CARE process on their own. By creating a pathway to a more robust clinical evaluation, this bill increases the likelihood that those with the greatest needs will receive appropriate, lasting care.

***ARGUMENTS IN OPPOSITION**:* A coalition of over 30 organizations and individuals, including civil rights advocacy organizations, disability rights organizations and mental health advocates, are primarily concerned about linking LPS court-ordered evaluations to CARE Court. Specifically, they state:

> SB 1016 would make explicit what advocates have long warned: that unwillingness to participate in CARE Court means a fast track to involuntary commitment. Specifically, if someone chooses to not participate in CARE Court, SB 1016 would permit a court to order them to submit to an evaluation or be subjected to an evaluation for involuntary commitment. These evaluations are often conducted in locked facilities, where the individual may be held for days before receiving one.
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> By increasing the link between CARE Court and involuntary treatment, SB 1016 would add another coercive layer to CARE Court.

Additionally, representatives from the counties responsible for conducting these LPS evaluations contend that these evaluations have not been historically used. Specifically, the County Behavioral Health Directors Association, the California State Association of Counties, the Urban Counties of California, the Rural County Representatives of California, and California State Association of Public Administrators and Public Guardians and Public Conservators write:

> Welfare and Institution Code Section 5200 allows any individual to allege that another individual is a danger to themselves or others or gravely disabled as a result of their mental health condition, and to request a court-ordered county mental health evaluation of that person under the Lanterman-Petris-Short (LPS) Act. This has existed in California law since the inception of the LPS Act in 1967. Proponents of the bill have argued that this bill is needed to compel counties to use this section, as counties rarely use this authority.
>
> This authority has historically not been used because ***counties have more efficient and effective ways to evaluate an individual who is a danger to themselves or others or potentially gravely disabled.*** Namely, counties have stood up a statewide network of 24/7 community-based mobile crisis teams to help immediately respond and deescalate behavioral health crisis and connect individuals to services. Where an individual is considered a danger to themselves or others or gravely disabled, counties typically rely on LPS WIC Section 5150 to immediately detain and evaluate individuals who are at risk. In either scenario, if a person is found to meet the criteria for an LPS Conservatorship, a county is able to immediately assess and connect individuals to the public guardian for investigation, without having to go through a lengthy court process.

REGISTERED SUPPORT / OPPOSITION:

Support

Alameda County Families Advocating for the Seriously Mentally Ill
California State Association of Psychiatrists (CSAP)
City of San Jose Office of the City Attorney
Family Advocates for Individuals With Serious Mental Illness (FAISMI) of Sacramento
Mayor Todd Gloria, City of San Diego
Nami-California
National Shattering Silence Coalition INC
Oceanside; City of
Riverside; City of
San Diego County District Attorney's Office
Treatment Advocacy Center
Eight individuals

Opposition

All People's Health Collective
Anti Police-terror Project
Antiracist Md
Cal Voices
California Advocates for Nursing Home Reform
California Assoc. of Mental Health Peer Run Organizations (CAMHPRO)
California Behavioral Health Planning Council
California Peer Watch
California State Association of Counties (CSAC)
California State Assoc. of Public Administrators, Public Guardians, and Public Conservators
Centro Legal De LA Raza
Corporation for Supportive Housing (CSH)
County Behavioral Health Directors Association, (CBHDA)
Disability Community Resource Center
Disability Rights California
Disability Rights Education & Defense Fund (DREDF)
Food Not Bombs
Gray Panthers of San Francisco
Homeless United for Friendship and Freedom
Housing Is a Human Right
Justice Teams Network
Kelechi Ubozoh Consulting
LA Street Care & Mutual Aid
Law Foundation of Silicon Valley
Los Angeles Community Action Network
Mental Health America of California
National Alliance to End Homelessness
National Coalition for Mental Health Recovery
National Mental Health Consumers' Self-help Clearinghouse
Racial and Ethnic Mental Health Disparities Coalition

Rural County Representatives of California (RCRC)
Sacramento Homeless Union
Serf City Times
Urban Counties of California (UCC)
Venice Justice Committee
Western Regional Advocacy Project
One individual

Analysis Prepared by: Tom Clark and Kristian Wright / JUD. / (916) 319-2334