Date of Hearing: August 5, 2026

ASSEMBLY COMMITTEE ON APPROPRIATIONS
Buffy Wicks, Chair
SB 1016 (Blakespear) – As Amended July 2, 2026

Policy Committee:	Judiciary	Vote:	9 - 1
	Health		15 - 0

Urgency: No State Mandated Local Program: Yes Reimbursable: Yes

SUMMARY:

This bill creates new requirements related to dismissal of a Community Assistance, Recovery, and Empowerment (CARE) Act petition. The bill requires a county behavioral agency's report to the court about a respondent include whether the respondent needs a higher level of care than is available under the CARE Act and authorizes a court, if it intends to dismiss a petition because a respondent needs a higher level of services, to order the county to conduct a pre-petition screening for involuntary care under the Lanterman-Petris-Short (LPS) Act.

More specifically, this bill:

1) Requires the written report by the county behavioral health agency to include 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.

2) Authorizes a court, if it intends to dismiss a petition because a respondent needs a higher level of services, to order the county to conduct a pre-petition screening and hold the CARE petition open until the pre-petition screening by the county is complete.

3) Removes the authorization for a court to dismiss a petition if the respondent is likely to enroll in behavioral health treatment.

4) Makes an exception from confidentiality requirements for reports, evaluations, diagnoses, or other information filed with the court related to the respondent's health, if the respondent's records are transferred to a covered entity, as defined, for a court-ordered pre-petition screening for a mental health evaluation, but requires the receiving covered entities comply with all federal and state privacy protections.

5) Requires the Judicial Council amend the notice of dismissal form to include a section to indicate whether the court has ordered a pre-petition screening pursuant to this bill.

6) Requires a court to allow hearings to be held remotely, except as specified.

7) Requires the Department of Health Care Services (DHCS), as part of its required training and technical assistance (TTA) to the counties, to include TTA regarding the court-ordered evaluation process under the LPS Act.

8) Requires trial courts to add to their annual CARE Act report to the Judicial Council the total number of court-ordered pre-petition screenings for mental health evaluations ordered upon dismissal of persons believed to be a danger to themself or others, or gravely disabled, the basis for dismissal, the number of county petitions submitted following an order by the court for a pre-petition screening, and the number of petitions that led to an evaluation.

FISCAL EFFECT:

1) The Judicial Council (Council) estimates costs between $820,000 and $2.4 million for the first year and $662,000 to $2.3 million per year thereafter. The Council will incur one-time costs with the case management vendors to update the system with additional data fields. There will also be new, ongoing workload at each court and the Council associated with the expanded reporting requirements. The majority of costs will come from the additional trial court workload associated with hearings to order additional pre-petition screenings and hearings associated with either updates or results from those hearings (Trial Court Trust Fund and General Fund). The Council notes that if funding is not provided for the new workload created by this bill, delays and prioritization of court cases may reduce access to justice.

2) DHCS estimates a one-time cost of $2 million in contract resources in fiscal year 2027-28 to augment the existing TTA contract and to develop policies, update, revise data collection and reporting, and coordinate with courts and county behavioral health agencies (General Fund). These funds would support comprehensive revision and cataloging of statewide CARE Act training materials and curricula, including dedicated TTA regarding the court-ordered mental health evaluation process and its integration with the CARE process for judges, respondents' counsel, families, petitioners, and county behavioral health agencies. DHCS would also revise CARE Act data collection and reporting tools to capture required data on the number of court-ordered mental health evaluations in annual CARE Act reporting.

3) Costs to counties potentially exceeding $100 million per year for staff time related to outreach and engagement, interviewing the individual, collecting information needed for the pre-petition documents, and developing reports for the courts, attending court hearings, keeping individuals engaged in the process, processing reports and court documents, developing policies and procedures, coordination and meeting with the courts and relevant agencies, and develop workflows, and additional LPS conservatorships. The County Behavioral Health Directors Association (CBHDA), which opposes this bill, estimates costs of $151 million to $257 million upon implementation, and $121 million to $217 million annually thereafter, assuming 2,525 individuals who come to the court through the CARE Act may need a higher level of care. CBHDA also estimated 25% to 50% of the 2,525 would become conserved through the LPS Act. CARE Act costs to counties would be reimbursable by the state General Fund, subject to a determination by the Commission on State Mandates. LPS Act costs are borne by the counties (local funds).

COMMENTS:

1) **Purpose.** This bill is sponsored by The California State Association of Psychiatrists (CSAP). 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.

2) **Background.** In 2022, the Legislature passed and Governor Newsom signed SB 1338 (Umberg), Chapter 319, Statutes of 2022, known as the CARE Act. SB 1338 established the CARE court program, which seeks to provide mental health and substance abuse disorder services to qualifying individuals through court-ordered CARE plans. The goal of the CARE court program is to provide these services without requiring incarceration in jail, detention in a psychiatric facility, or an LPS conservatorship. Seven counties began implementation by October 1, 2023 and the remaining counties were required to begin implementation by December 1, 2024.

   The CARE court process begins when a person ("petitioner") files a petition with the court seeking services for a qualifying person with a serious mental disorder ("respondent"). The court orders a clinical evaluation and appoints a public defender and a support person to represent the respondent in legal proceedings and help the respondent navigate the CARE court process. If the court finds that the respondent meets the statutory criteria, the court orders the parties and the county behavioral health agency to develop a proposed CARE treatment plan for the respondent. Once the court approves the plan, it becomes a court-ordered treatment plan that requires the respondent to participate in specified clinically appropriate, community-based services for a set period of time. If a respondent fails to complete their CARE treatment plan, a future court may consider that fact when determining whether to place the respondent under a conservatorship.

3) **Support.** CSAP, the sponsor of this bill, states that the most severely mentally ill are not all receiving the evaluations and help they need through the CARE Act. Those whose illness is so severe that they cannot recognize it or engage with court proceedings remain outside the program's reach. CSAP argues that as of March 2026, over 3,800 CARE petitions have been submitted statewide, yet fewer than 1,851 people have continued through the CARE Court process. The DHCS first Annual CARE Act Report found that among those dismissed in the program's first nine months, 90 received no county behavioral health services at all. These are the people whose severity of illness prevented engagement with the court process; the very population CARE Court was built to reach. CSAP contends that many have anosognosia, which prevents a person from recognizing their own illness. For these patients, CARE Court's current framework provides no workable pathway to evaluation and treatment. CSAP states this bill 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.

4) **Opposition.** A coalition of county entities, including the CBHDA, Urban Counties of California, California State Association of Counties, Rural County Representatives of

California, and the California State Association of Public Administrators, Public Guardians, and Public Conservators argues that the evaluation authority referenced in this bill has historically not been used because counties have more efficient and effective ways to evaluate an individual who is a danger to themself or others or is gravely disabled. Namely, the opponents assert, counties have stood up a statewide network of 24/7 community-based mobile crisis teams to help immediately respond and deescalate behavioral health crises and connect individuals to services. The coalition states that when an individual is considered a danger to themselves or others or gravely disabled, counties typically rely on an LPS Act 5150 hold to immediately detain and evaluate the individual who is at risk. The coalition adds that if a person is found to meet the criteria for an LPS conservatorship, a county is able to rapidly assess and connect the individual to the evaluation and treatment, without having to go through a lengthy court process.

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