

Date of Hearing: July 15, 2025
Deputy Chief Counsel: Stella Choe

ASSEMBLY COMMITTEE ON PUBLIC SAFETY
Nick Schultz, Chair

SB 27 (Umberg) – As Amended June 17, 2025

As Proposed to be Amended in Committee

SUMMARY: Makes changes to the recently implemented Community Assistance, Recovery, and Empowerment (CARE) Act including program eligibility and how respondents are referred, among other changes. Specifically, **this bill:**

- 1) Provides that if a defendant is found mentally incompetent to stand trial (IST) in a misdemeanor case, the trial, judgment, or hearing on the alleged violation shall be suspended and the court shall, after notice to the defendant, defense counsel, and the prosecution, hold a hearing to determine whether to do one or more of the following:
 - a) Conduct a hearing to determine if the defendant is “eligible and suitable” for diversion and in that case, grant diversion for a period not to exceed one year from the date the individual is accepted into diversion or the maximum term of imprisonment provided by law for the most serious offense charged in the misdemeanor complaint, whichever is shorter.
 - b) Refer the defendant to the CARE Act court, if the defendant or counsel for the defendant agrees to the referral and the court has reason to believe that the defendant may be eligible for the CARE program.
 - i) Requires the CARE Act court to hold a hearing to determine eligibility for the CARE program within 30 court days after the date of the referral.
 - ii) Provides that if the hearing is delayed beyond 30 court days, the court shall order the defendant, if confined in a county jail, to be released on their own recognizance pending that hearing.
 - iii) Provides that if the defendant is accepted into the CARE program, the CARE Act court shall notify the criminal court of the acceptance, and the charges shall be dismissed six months after the date of the referral to the CARE program, unless the defendant’s case has been referred back to the court prior to the expiration of that six-month time period.
 - iv) Provides that, except as provided in the proceedings related to an investigation of a defendant’s eligibility for CARE services or in proceedings related to Assisted Outpatient Treatment (AOT), the above provisions do not alter the confidential nature of CARE program proceedings.

- 2) States that if the defendant is not accepted into the CARE program or if the CARE Act court refers the defendant back to criminal court before the expiration of the six-month time period, the court shall proceed with consideration for mental health diversion.
- 3) Provides that if a defendant is found IST in a misdemeanor case but ineligible “or unsuitable” for diversion, the court may refer the defendant to CARE, in which case all of the following would apply:
 - a) The CARE Act court shall hold a hearing to determine eligibility for the CARE program within 14 court days after the date of the referral.
 - b) If the hearing is delayed beyond 14 court days, the court shall order the defendant, if confined in a county jail, to be released on their own recognizance pending that hearing. If the defendant is accepted into the CARE program, the CARE Act court shall notify the criminal court of the acceptance, and the charges shall be dismissed pursuant to Section 1385 six months after the date of the referral to the CARE program, unless the defendant’s case has been referred back to the court prior to the expiration of that time period.
 - c) Except as provided in the proceedings related to an investigation of a defendant’s eligibility for CARE services or in proceedings related to AOT, the above provisions do not alter the confidential nature of CARE program proceedings.
- 4) Allows the county behavioral health agency and jail medical providers to share confidential medical records and other relevant information with the court, including, but not limited to, prior interactions with and treatment of the defendant, for the purpose of determining likelihood of eligibility for behavioral health services and programs pursuant to this section; but clarifies that the disclosure of information is subject to applicable state and federal privacy laws.
- 5) Defines “clinically stabilized in ongoing voluntary treatment” (for purposes of the requirement that to qualify for CARE, a person must have a prerequisite mental condition and *not* be clinically stabilized in ongoing voluntary treatment) to mean all of the following:
 - a) The person’s condition is stable and not deteriorating.
 - b) 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.
- 6) Modifies the criteria to qualify for CARE which is currently limited to schizophrenia spectrum and other psychotic disorders, to additionally include “bipolar I disorder with psychotic features, except psychosis related to current intoxication.”
- 7) Modifies “affidavit of a licensed behavioral health professional” to include, for purposes of existing law specifying the information required in the petition, nurse practitioners and physician assistants.
- 8) Clarifies that the court may make a prima facie determination without conducting a hearing.

- 9) Allows a CARE court in its discretion, to call additional progress hearings beyond the hearing set at 60 days, for the duration of the CARE agreement.
- 10) Requires that in order to be “graduated” from the CARE program, the court must approve the eligible participant’s request.
- 11) Allows a court to refer an individual from AOT or LPS or in a proceeding finding them to be IST for a misdemeanor, or IST for a felony, to CARE Act court.
- 12) In considering appropriateness of the referral pursuant to 11), provides that the CARE Act court may consider a referral made pursuant to this section to be a petition satisfying the requirements of the CARE Act if both of the following conditions are met:
 - a) The referral contains information sufficient to otherwise satisfy the petition requirements of the CARE Act.
 - b) The information included in the referral makes a prima facie showing that the respondent is, or may be, a person described as qualifying for CARE.
- 13) Requires, if the CARE Act court elects to consider a referral to be a petition pursuant to 11), the CARE Act court to notify the referring court that the referral has been accepted as a petition for CARE Act proceedings.
- 14) Requires, if the CARE Act court does not elect to consider a referral, the CARE Act court to order the appropriate petitioner candidate 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.
- 15) Provides that if the appropriate petitioner candidate notifies the CARE Act court that it requires additional time to complete its investigation, the CARE Act court may grant an extension of up to 30 court days.
- 16) Defines, for purposes of 11) -15), “appropriate petitioner candidate” to mean:
 - a) For referrals from assisted outpatient treatment or from misdemeanor IST proceedings: the county behavioral health director or their designee.
 - b) For referrals from conservatorship proceedings: the conservator or proposed conservator.
- 17) Makes the bill an urgency statute that is necessitated by the following findings: “The CARE Act took effect in October 2023, and therefore important changes to the act must take effect immediately to ensure the CARE Act’s success in providing timely assistance to respondents.”

EXISTING LAW:

- 1) Authorizes a court to, after considering the positions of the defense and prosecution, grant pretrial mental health diversion to defendant charged with a misdemeanor or a felony if the defendant meets the following eligibility and suitability requirements:
 - a) The defendant suffers from a mental disorder as identified in the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders, including, but not limited to, bipolar disorder, schizophrenia, schizoaffective disorder, or post-traumatic stress disorder, but excluding antisocial personality disorder, borderline personality disorder, and pedophilia, and the defense produces evidence of the defendant's mental disorder which must include a diagnosis by a qualified mental health expert within the last five years;
 - b) The defendant's mental disorder was a significant factor in the commission of the charged offense, as provided;
 - c) In the opinion of a qualified mental health expert, the defendant's symptoms of the mental disorder motivating the criminal behavior would respond to mental health treatment;
 - d) The defendant consents to diversion and waives their right to a speedy trial, unless a defendant has been found to be an appropriate candidate for diversion in lieu of commitment due to their mental incompetence and cannot consent to diversion or give a knowing and intelligent waiver of their right to a speedy trial;
 - e) The defendant agrees to comply with treatment as a condition of diversion; and,
 - f) The defendant will not pose an unreasonable risk of danger to public safety, as defined, if treated in the community. In making this determination, the court may consider the opinions of the district attorney, the defense, or a qualified mental health expert, and may consider the defendant's treatment plan, violence and criminal history, the current charged offense, and any other factors that the court deems appropriate. (Pen. Code, § 1001.36, subds. (a)-(c).)
- 2) Contains a presumption that the defendant's mental disorder was a significant factor in the commission of the offense, which can be rebutted with clear and convincing evidence. (Pen. Code § 1001.36, subd. (b)(2).)
- 3) Excludes defendants from mental health diversion eligibility if they are charged with murder, voluntary manslaughter, an offense requiring sex-offender registration (except for indecent exposure), or offenses involving weapons of mass destruction. (Pen. Code, § 1001.36, subd. (d).)
- 4) States that at any stage of the proceedings, the court may require the defendant to make a prima facie showing that the defendant will meet the minimum requirements of eligibility for diversion and that the defendant and the offense are suitable for diversion. (Pen. Code, § 1001.36, subd. (e).)

- 5) Provides that the hearing on the prima facie showing shall be informal and may proceed on offers of proof, reliable hearsay, and argument of counsel. If a prima facie showing is not made, the court may summarily deny the request for diversion or grant any other relief as may be deemed appropriate. (*Ibid.*)
- 6) Defines “pretrial diversion” for purposes of mental health diversion as the postponement of prosecution, either temporarily or permanently, at any point in the judicial process from the point at which the accused is charged until adjudication, to allow the defendant to undergo mental health treatment, subject to the following conditions:
 - a) The court is satisfied that the recommended inpatient or outpatient program of mental health treatment will meet the specialized mental health treatment needs of the defendant;
 - b) The defendant may be referred to a program of mental health treatment utilizing existing inpatient or outpatient mental health resources. Before approving a proposed treatment program, the court shall consider the request of the defense, the request of the prosecution, the needs of the defendant, and the interests of the community. The treatment may be procured using private or public funds, and a referral may be made to a county mental health agency, existing collaborative courts, or assisted outpatient treatment only if that entity has agreed to accept responsibility for the treatment of the defendant, and mental health services are provided only to the extent that resources are available and the defendant is eligible for those services;
 - c) The provider of the mental health treatment program in which the defendant has been placed shall provide regular reports to the court, the defense, and the prosecutor on the defendant’s progress in treatment. (Pen. Code, § 1001.36, subd. (f).)
- 7) Establishes the CARE Act, which must be implemented by Glenn, Orange, Riverside, San Diego, San Francisco, Stanislaus, and Tuolumne Counties by October 1, 2023, and the remaining counties by December 1, 2024, subject to delays based on a state or local emergency, or discretionary approval by the Department of Health Care Services (DHCS), up until December 1, 2025. Provides that the CARE Act only becomes operative upon DHCS, in consultation with county stakeholders, developing a CARE Act allocation to provide state financial assistance to counties to implement the CARE process. (Welf. & Inst. Code, § 5970 et seq.)
- 8) Defines, for purposes of the CARE Act, certain terms, including:
 - a) "CARE agreement" is a voluntary settlement agreement, which includes the same elements as a CARE plan.
 - b) "CARE plan" is an individualized, appropriate range of services and supports consisting of behavioral health care, stabilization medications, housing, and other supportive services, as provided.
 - c) "Graduation plan" is a voluntary agreement entered into by the parties at the end of the CARE program that includes a strategy to support a successful transition out of court jurisdiction and may include a psychiatric advance directive. A graduation plan includes the same elements as a CARE plan to support the respondent in accessing services and

supports. A graduation plan may not place additional requirements on the local government entities and is not enforceable by the court.

- d) "Licensed behavioral health professional" means either of the following:
 - i) A licensed mental health professional, as defined in subdivision (j) of Section 4096.
 - ii) A person who has been granted a waiver of licensure requirements by the department pursuant to Section 5751.2.
 - e) "Parties" are the person who file the petition, the respondent and the county behavioral health agency, along with other parties that the court may add if they are providing services to the respondent.
 - f) "Petitioner" is the entity who files the CARE Act petition, but if other than the county behavioral health agency, the court is required, at the initial hearing, to substitute the director of county behavioral health agency or their designee as the petitioner, limiting the initial petitioner's rights to potentially receiving ongoing notice of the proceedings, and the right to make a statement at the hearing on the merits of the petition, with broader participation rights only if the respondent consents.
 - g) "Respondent" is the person who is subject to the petition for the CARE process.
 - h) "Supporter" is an adult who assists the respondent, which may include supporting the person to understand, make, communicate, implement, or act on their own life decisions during the CARE process, including a CARE agreement, a CARE plan, and developing a graduation plan. (Welf. & Inst. Code, § 5971.)
- 9) Provides that a respondent may qualify for the CARE process only if all of the following criteria are met:
- a) The person is 18 years of age or older.
 - b) The person is currently experiencing a severe mental illness, as defined, and has a diagnosis identified in the disorder class: schizophrenia spectrum and other psychotic disorders, as defined in the most current version of the Diagnostic and Statistical Manual of Mental Disorders. Specifically exempts specified other conditions or disorders.
 - c) The person is not clinically stabilized in on-going voluntary treatment.
 - d) At least one of the following is true:
 - i) The person is unlikely to survive safely in the community without supervision and the person's condition is substantially deteriorating.
 - ii) 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 to others.
 - e) Participation in a CARE plan or agreement would be the least restrictive alternative necessary to ensure the person's recovery and stability.

- f) It is likely that the person will benefit from participation in a CARE plan or agreement. (Welf. & Inst. Code, § 5972.)

10) Allows a petition to initiate a CARE proceeding to be brought by one of the following adults:

- a) A person with whom the respondent resides or a spouse, parent, sibling, child, or grandparent of the respondent, or another individual who stands in loco parentis to the respondent.
- b) The director of a hospital, or their designee, in which the respondent is hospitalized, or the director of a public or charitable organization, agency, or home, or their designee, that is currently, or within the previous 30 days, providing behavioral health services to the respondent or in whose institution the respondent resides.
- c) A licensed behavioral health professional, or their designee, who is treating, or has been treating within the last 30 days, the respondent for a mental illness.
- d) 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 in the form of multiple arrests, multiple detentions, as provided, multiple attempts to engage the respondent in voluntary treatment or other repeated efforts to aid the respondent in obtaining professional assistance.
- e) The public guardian or public conservator, or their designee (and a respondent may be referred from conservatorship proceedings).
- f) The director of a county behavioral health agency of the county in which the respondent resides or is present (and a respondent may be referred from assisted outpatient treatment proceedings).
- g) The director of the county Adult Protective Services or their designee.
- h) The director of a California Indian health services program, California tribal behavioral health department, or their designee.
- i) The judge of a tribal court that is located in California, or their designee.
- j) The respondent. (Welf. & Inst. Code, § 5974.)

11) Requires the Judicial Council to develop a mandatory form for use to file a CARE process petition with the court and any other forms necessary for the CARE process; and request the petition to be signed under the penalty of perjury and contain specified information, including one of the following:

- a) An affidavit of a licensed behavioral health professional, stating that the licensed behavioral health professional or their designee has examined the respondent within 60 days of the submission of the petition, or has made multiple attempts to examine, but has not been successful in eliciting the cooperation of the respondent to submit to an examination, within 60 days of the petition, and that the licensed behavioral health

professional had determined that the respondent meets, or has reason to believe, explained with specificity in the affidavit, that the respondent meets the diagnostic criteria for CARE proceedings.

- b) Evidence that the respondent was detained for a minimum of two intensive treatments pursuant to Article 4 (commencing with Section 5250) of Chapter 2 of Part 1, the most recent one within the previous 60 days. Evidence may include, but is not limited to, documentary evidence from the facility where the respondent was detained, or a signed declaration from the petitioner if the petitioner had personal knowledge of the detentions. (Welf. & Inst. Code, § 5975.)
- 12) Allows a court, if a criminal defendant is found to be IST and ineligible for a diversion, to refer the defendant to the CARE program, as provided. (Pen. Code, § 1370.1, subd. (b)(1)(D)(iv).)
- 13) Sets out the respondent's rights, including the right to be represented by counsel at all stages of a CARE proceeding, and requires the court to appoint specified counsel if the respondent does not have their own attorney. (Welf. & Inst. Code, § 5976.)
- 14) Provides that all CARE Act hearings are presumptively closed to the public. Allows the respondent to demand that the hearings be public or request the presence of a family member or friend without waiving their right to keep the hearing closed to the general public. A request by another party to make a hearing public may be granted if the court finds that the public interest clearly outweighs the respondent's privacy interest. (Welf. & Inst. Code, § 5976.5.)
- 15) Requires, for all CARE Act proceedings, that the judge control all hearings with a view to the expeditious and effective ascertainment of the jurisdictional facts and the ascertainment of all information relative to the present condition and future welfare of the respondent. Except where there is a contested issue of fact or law, requires the proceedings to be conducted in an informal, non-adversarial atmosphere with a view to obtaining the maximum cooperation of the respondent, all persons interested in the respondent's welfare, and all other parties, with any provisions that the court may make for the disposition and care of the respondent. (Welf. & Inst. Code, § 5977.4, subd. (a).)
- 16) Upon receipt of a CARE Act petition, requires the court to promptly review the petition to see if it makes a prima facie showing that the respondent is or may be a person eligible for services under the CARE Act. (Welf. & Inst. Code, § 5977, subd. (a)(1).)
- a) If the court finds the petitioner has not made a prima facie showing that the respondent is or may be a person who is eligible for services under the CARE Act, the court shall dismiss without prejudice, except if the court finds that the petition is without merit, or intended to harass the respondent. Allows a petition to be refiled with new information. (Welf. & Inst. Code, § 5977, subd. (a)(2).)
 - b) If the court finds the petitioner has made a prima facie showing that the respondent is or may be a person who is eligible for services under the CARE Act, and the petitioner is the county behavioral health agency, the court shall do all of the following: (i) set the matter for an initial appearance; (ii) appoint counsel; (iii) determine if the petition includes all the required information and, if not, order the county to submit a report with

the information; and (iv) require notice be provided. (Welf. & Inst. Code, § 5977, subd. (a)(3)(A).)

- c) If the court finds the petitioner has made a prima facie showing that the respondent is or may be a person who is eligible for services under the CARE Act, and the petitioner is not the county behavioral health agency, the court shall order the county agency to investigate whether the respondent meets the eligibility criteria of the CARE Act and is willing to engage voluntarily with the county, file a written report with the court, and provide notice, as required by the Act. (Welf. & Inst. Code, § 5977, subd. (a)(3)(B).)

17) Provides that if the county agency is making progress to engage the respondent, the agency may request up to an additional 30 days to continue to engage and enroll the individual in treatment and services. (Welf. & Inst. Code, § 5977, subd. (a)(4).)

18) Requires, within five days of the receipt of the investigative report described above, the court to review the report and do one of the following:

- a) If the court determines that voluntary engagement with the respondent is effective, as provided, requires the court to dismiss the matter.
- b) If the court determines that the county's report supports the petition's prima facie showing that the respondent meets the CARE criteria, and engagement is not effective, requires the court to: (i) set an initial hearing within 14 days; (ii) appoint counsel, unless the respondent has their own counsel; and (iii) provide notice of the hearing, as provided.
- c) If the court determines that the county's report does not support the petition's prima facie showing that the respondent meets the CARE criteria, requires the court to dismiss the matter. (Welf. & Inst. Code, § 5977, subd. (a)(5).)

19) Provides at the initial hearing:

- a) If the petitioner is not present, allows the court to dismiss the matter.
- b) If the respondent elects not to waive their appearance and is not present, allows the court to conduct the hearing in the respondent's absence if the court makes a finding on the record that reasonable attempts to elicit the attendance of the respondent have failed, and conducting the hearing without the participation or presence of the respondent would be in the respondent's best interest.
- c) Requires a county behavioral health agency representative to be present, allows a supporter to be appointed, and allows a tribal representative to attend for a respondent who is a tribal member, as provided, and subject to the respondent's consent.
- d) If the court finds that there is no reason to believe that the facts stated in the petition are true, requires the court to dismiss the case without prejudice, unless the court makes a finding on the record that the petitioner's filing was not in good faith.
- e) If the court finds that there is reason to believe that the facts stated in the petition appear to be true, requires the court to order the county behavioral health agency to work with

the respondent and the respondent's counsel and CARE supporter to engage in behavioral health treatment. Requires the court to set a case management hearing within 14 days.

- f) If the petitioner is other than the county behavioral health director, substitutes the county behavioral health director or their designee for the petitioner, as specified.
- g) Requires the court to set a hearing on the merits of the petition, which may be conducted concurrently with the initial appearance on the petition upon stipulation of the petitioner and respondent and agreement by the court. (Welf. & Inst. Code, § 5977, subd. (b).)

20) Provides at the hearing on the merits:

- a) If the court finds that the petitioner has not shown, by clear and convincing evidence, that the respondent meets the CARE criteria, requires the court to dismiss the case without prejudice, unless the court makes a finding, on the record, that the petitioner's filing was not in good faith.
- b) If the court finds that the petitioner has shown by clear and convincing evidence that the respondent meets the CARE criteria, requires the court to order the county behavioral health agency to work with the respondent, the respondent's counsel, and the supporter to engage in behavioral health treatment and determine if the parties will be able to enter into a CARE agreement. Requires the court to set a case management hearing. Requires notice to the tribe, if applicable. (Welf. & Inst. Code, § 5977, subd. (c).)

21) Provides at the case management hearing:

- a) If the parties have entered, or are likely to enter, a CARE agreement, requires the court to approve or modify and approve the CARE agreement, stay the matter, and set a progress hearing for 60 days.
- b) If the court finds that the parties have not entered, and are not likely to enter, into a CARE agreement, requires the court to order a clinical evaluation of the respondent, as provided. Requires the evaluation to address, at a minimum, a clinical diagnosis, whether the respondent has capacity to give informed consent regarding psychotropic medication, other information, as provided, and an analysis of recommended services, programs, housing, medications, and interventions that support the respondent's recovery and stability.
- c) Requires the court to set a clinical evaluation hearing. (Welf. & Inst. Code, § 5977.1.)

22) Provides at the clinical evaluation review hearing:

- a) The court shall consider the evaluation, and other evidence, including calling witnesses, but only relevant and admissible evidence that fully complies with the rules of evidence may be considered by the court.
- b) If the court finds, by clear and convincing evidence, after review of the evaluation and other evidence, that the respondent meets the CARE criteria, requires the court to order the county behavioral health agency, the respondent, and the respondent's counsel and supporter to jointly develop a CARE plan.

- c) If the court finds, in reviewing the evaluation, that clear and convincing evidence does not support that the respondent meets the CARE criteria, requires the court to dismiss the petition. (Welf. & Inst. Code, § 5977.1, subd. (c).)

23) Provides at the hearing to review the proposed CARE plan:

- a) The parties shall present their plan or plans to the court. (Welf. & Inst. Code, § 5977.1, subd. (d)(1).)
- b) The court shall adopt the elements of a CARE plan that support the recovery and stability of the respondent. Allows the court to issue any orders necessary to support the respondent in accessing appropriate services and supports, including prioritization for those services and supports, subject to applicable laws and available funding, as provided. These orders are the CARE plan. (*Id.* at (d)(2).)
- c) A court may order medication if it finds, upon review of the court-ordered evaluation and hearing from the parties that, by clear and convincing evidence, the respondent lacks the capacity to give informed consent to the administration of medically necessary stabilization medication. To the extent that the court orders medically necessary stabilization medications, prohibits the medication from being forcibly administered and the respondent's failure to comply with a medication order may not result in a penalty, including but not limited to a court order of contempt or imposition of accountability measures. (*Id.* at (d)(3).)
- d) Specifies that the above provisions do not prohibit the parties from agreeing to, and the court from approving, amendments to the CARE plan. The court may also approve amendments to the CARE plan upon the finding that those amendments are necessary to support the respondent in accessing appropriate services and supports, following a hearing on the issue. (Welf. & Inst. Code, § 5977.1, subd. (d)(7).)

24) Requires that a status review hearing occur at least every 60 days during the CARE plan implementation. (Welf. & Inst. Code, § 5977.2, subd. (a)(1).)

- a) Requires the petitioner to file with the court, and serve on the respondent and the respondent's counsel and supporter, a report not less than five court days prior to the hearing, with specified information, including progress the respondent has made on the CARE plan, what services and supports in the CARE plan were provided, and what services and supports were not provided, and any recommendations for changes to the services and supports to make the CARE plan more successful.
- b) Allows the respondent to respond to the report and introduce their own information and recommendations.
- c) Allows the petitioner, the respondent, or the court to request more frequent reviews as necessary to address changed circumstances. (Welf. & Inst. Code, § 5977.2, subd. (a)(1)(A) – (b).)

25) Requires the court, in the 11th month, to hold a one-year status hearing, which is an evidentiary hearing, to determine if the respondent graduates from the CARE plan or should be reappointed for another year.

- a) Requires a report by the petitioner before the status conference, as provided. Allows the respondent to call witnesses and present evidence.
 - b) Provides that the respondent may be graduated from the CARE program and may be allowed to enter into a voluntary graduation plan with the county. However, such plan may not place additional requirements on the county and is not enforceable, other than a psychiatric advance directive if included.
 - c) If the respondent elects to accept voluntary reappointment to the program, the respondent may request to be re-appointed to the CARE program for up to one additional year, subject to meeting certain criteria and court approval.
 - d) Allows the court to involuntarily reappoint the respondent to the CARE program for up to one year if the court finds, by clear and convincing evidence, that (i) the respondent did not successfully complete the CARE process; (ii) all of the required services and supports were provided to the respondent; (ii) the respondent would benefit from continuation of the CARE process; and (iv) the respondent currently meets the requirements for initial enrollment in the CARE program.
 - e) Provides that a respondent may only be reappointed to the CARE program for up to one additional year. (Welf. & Inst. Code, § 5977.3.)
- 26) Provides mandatory timeframes, as well as continuances for good cause, throughout the CARE court proceedings. (Welf. & Inst. Code, § 5977.1.)
- 27) Allows the court, at any point in the proceedings, if it determines, by clear and convincing evidence, that the respondent, after receiving notice, is not participating in the CARE proceedings, to terminate respondent's participation in the CARE process. Allows the court to make a referral under the LPS Act, as provided. (Welf. & Inst. Code, § 5979, subd. (a).)
- 28) Provides that all CARE plan services and supports ordered by the court are subject to available funding and all applicable federal and state statutes, regulations, contractual provisions and policy guidance governing program eligibility, as provided. (Welf. & Inst. Code, § 5982, subd. (d).)
- 29) Sets forth rules by which a county is responsible for the costs of providing services to CARE participants. (Welf. & Inst. Code, § 5982, subds. (d) – (f).)
- 30) Requires the Health and Human Services Agency, as provided, to (1) engage an independent, research-based entity to advise on the development of data-driven process and outcome measures to guide the planning, collaboration, reporting, and evaluation of the CARE Act; and (2) convene a working group to provide coordination and on-going engagement with, and support collaboration among, relevant state and local partners and other stakeholders throughout the phases of county implementation to support the successful implementation of the CARE Act, including during implementation. (Welf. & Inst. Code, § 5983, subd. (a).)
- 31) Provides immunity to a county, or an employee or agent of a county, for any action by a respondent in the CARE process, except when the act or omission of a county, or the employee or agent of a county, constitutes gross negligence, recklessness, or willful misconduct. (Welf. & Inst. Code, § 5987.)

FISCAL EFFECT: Unknown.

COMMENTS:

- 1) **Author's Statement:** According to the author, "This is a cleanup bill that makes several important reforms to the Community Assistance, Recovery and Empowerment (CARE) Act. Firstly, this bill requires courts to consider CARE referral as an option for the Misdemeanor Incompetent to Stand Trial (MIST) defendants. Secondly, the bill combines specified hearings and sharing of data between CARE partners and allowing additional licensed medical professionals to participate. This bill would also revise CARE Act eligibility criteria and definitions. Additionally, this proposal would clarify that courts have ongoing oversight and flexibility of CARE plans. Finally, this bill expands CARE eligibility to mood disorders with psychotic features, in addition to those with schizophrenia spectrum and other psychotic disorders."
- 2) **CARE Act:** In 2022, the Governor signed SB 1338 (Umberg) Chapter 319, known as the CARE Act. The CARE Act established a new civil court process to provide clinically appropriate, community-based services and supports that are culturally and linguistically competent, to Californians with schizophrenia spectrum disorders and other psychotic disorders, while also preserving these individuals' self-determination to the greatest extent possible. To be eligible under the CARE Act, a person must meet all of the following:
 - a) 18 years of age or older;
 - b) Have a serious mental illness and a diagnosis of a schizophrenia spectrum or other psychotic disorder;
 - c) They are not clinically stabilized in ongoing voluntary treatment;
 - d) They are unlikely to survive safely in the community without supervision and the person's condition is substantially deteriorating or they are 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 used in the LPS Act in 1) of Existing Law;
 - e) CARE would be the least restrictive alternative necessary to ensure the person's recovery and stability; and,
 - f) It is likely that the person will benefit from participation in CARE.

The first seven pilot counties implemented the CARE Act in October 2023, Los Angeles implemented in December 2023, and all counties were required to begin accepting CARE petitions as of December 1, 2024, unless they received an implementation extension from DHCS.

Under the CARE Act, a county behavioral health agency, spouse, parent, sibling, child, or grandparent of the respondent, a treating behavioral health professional, the county public guardian or public conservator, and others, as specified, may petition to begin the CARE process. If the original petitioner is not the county behavioral health agency, the county behavioral health agency replaces the original petitioner as the CARE petition proceeds.

There are two paths to court-ordered services: if the respondent and the behavioral health agency are able to agree on a plan, it is known as a “CARE Agreement” and if they are unable to reach an agreement, one or both parties may present a proposed “CARE Plan” to the court and the court may accept a proposed plan or adopt a modified plan, which becomes a court order that lasts for up to one year. The CARE Plan or Agreement may provide for behavioral health services and housing supports, as well as other services, and counties may face financial penalties for failure to provide the required services. The court may allow the original petitioner to participate in the respondent’s CARE proceedings, to the extent that the respondent consents.

This bill makes several changes to the CARE Act. The bill amends Penal Code Section 1370.01, regarding misdemeanor defendants who are found IST and allowing them to be referred to a CARE Act court in lieu of mental health diversion from the criminal proceedings. This will be discussed in further detail in Note 3 below.

The bill would also expand eligibility for CARE which is currently limited to schizophrenia spectrum and other psychotic disorders, to additionally include bipolar I disorder with psychotic features, except psychosis related to current intoxication.

The bill would clarify that no hearing is necessary to determine prima facie evidence of eligibility.

Additionally, the bill clarifies that the court may, in its discretion, call additional progress hearings beyond the hearing set at 60 days, for the duration of the CARE agreement and amends existing procedures for graduation from CARE proceedings to require court approval of the respondent’s request to graduate from the program.

The bill also clarifies that a court may refer an individual who has been found IST from both misdemeanor proceedings or from felony proceedings to the CARE Act court and that in either case, the CARE Act court may consider a referral made pursuant to this section to be a petition under the CARE Act if both of the specified conditions are met. Existing law provides the authority of a criminal court to refer a felony IST or misdemeanor IST defendant to CARE court but this authority is not specified in the CARE Act, thus this bill would clarify that the court has the authority to do this.

Lastly, grants the CARE Court the authority, if information in the referral does not provide all of the information necessary for a petition, to direct that an investigation be conducted.

- 3) **Background on Mental Health Diversion:** Diversion is the suspension of criminal proceedings for a prescribed time period with certain conditions. A defendant may not be required to admit guilt as a prerequisite for placement in a pretrial diversion program. If diversion is successfully completed, the criminal charges are dismissed and the defendant may, with certain exceptions, legally answer that he or she has never been arrested or charged for the diverted offense. If diversion is not successfully completed, the criminal proceedings resume, however, a hearing to terminate diversion is required.

In 2018, the Legislature enacted a law authorizing pretrial diversion of eligible defendants with mental disorders. Under the mental health diversion law, in order to be eligible for diversion, 1) the defendant must suffer from a mental disorder, except those specifically excluded, 2) that played a significant factor in the commission of the charged offense; 3) in

the opinion of a qualified mental health expert, the defendant's symptoms of the mental disorder causing, contributing to, or motivating the criminal behavior would respond to mental health treatment; 4) the defendant must consent to diversion and waive the right to a speedy trial; 5) the defendant must agree to comply with treatment as a condition of diversion; and 6) the court is satisfied that the defendant will not pose an unreasonable risk of danger to public safety, as defined, if treated in the community. (Pen. Code, § 1001.36, subds. (b)-(c).) The law also states that a defendant is not eligible if they are charged with specified crimes, including murder, voluntary manslaughter, specified sex crimes and any crime requiring sex offender registration. (Pen. Code, § 1001.36, subd. (d).)

In 2022, the Legislature amended the mental health diversion law to, among other things restate that granting diversion is in the trial court's discretion in subdivision (a) (the original law provided the court's discretion in subdivision (h)) and to require the court to find that the defendant's mental disorder was a significant factor in the commission of the offense unless there is clear and convincing evidence that it was not.¹ The cited reason for this change was a recommendation from the Committee on the Revision of the Penal Code.² One of the Committee's recommendations, after staff's exhaustive research and receiving public testimony from expert witnesses including crime victims, law enforcement leaders, judges, and criminal defense experts and advocates, was to strengthen the mental health diversion law by increasing its use in appropriate cases, with include consideration of risk to public safety. Specifically, the Committee recommended that the law be changed to simplify the procedural process for obtaining diversion by presuming that a defendant's diagnosed "mental disorder" has a connection to their offense. A judge could deny diversion if that presumption was rebutted or for other reasons currently permitted under the law, including finding that the individual would pose an unreasonable risk to public safety if placed in a diversion program.³

In addition to the eligibility requirements of the defendant, mental health treatment program must meet the following requirements: 1) the court is satisfied that the recommended inpatient or outpatient program of mental health treatment will meet the specialized mental health treatment needs of the defendant; 2) the defendant may be referred to a program of mental health treatment utilizing existing inpatient or outpatient mental health resources; 3) and the program must submit regular reports to the court and counsel regarding the defendant's progress in treatment. (Pen. Code, § 1001.36, subd. (f).) The court has the discretion to select the specific program of diversion for the defendant. The county is not required to create a mental health program for the purposes of diversion, and even if a county has existing mental health programs suitable for diversion, the particular program selected by the court must agree to receive the defendant for treatment. (Pen. Code, § 1001.36, subd. (f)(1)(A).)

The diversion program cannot last more than two years for a felony and cannot last for more than a year on a misdemeanor. (Pen. Code, § 1001.36, subd. (f)(1)(C).) If there is a request for victim restitution, the court shall conduct a hearing to determine whether restitution is

¹ SB 1223 (Becker), Ch. 735, Stats. 2022.

² The Committee on the Revision of the Penal Code was established within the Law Review Commission through SB 94, Ch. 25, Stats. 2019 to study the Penal Code and recommend statutory reforms.

³ *Annual Report and Recommendations 2021*, Committee on Revision of the Penal Code, http://www.clrc.ca.gov/CRPC/Pub/Reports/CRPC_AR2021.pdf, p. 17 (accessed July 3, 2025).

owed to any victim as a result of the diverted offense and, if owed, order its payment during the period of restitution. (Pen. Code, § 1001.36, subd. (f)(1)(D).)

The stated purpose of the diversion program is “to promote all of the following: . . . Allowing local discretion and flexibility for counties in the development and implementation of diversion for individuals with mental disorders across a continuum of care settings.” (Pen. Code, § 1001.35, subd. (b).)

Mental health diversion can be granted to persons charged with either a misdemeanor or felony. Within this group, persons who are found IST can also be granted diversion. This bill specifically deals with the population of defendants who would be considered for mental health diversion who is charged with a misdemeanor after a finding that the person is IST which will be discussed in more detail in note 4 below.

- 4) **Mental Competency in Criminal Proceedings:** The Due Process Clause of the United States Constitution prohibits the criminal prosecution of a defendant who is not mentally competent to stand trial. Existing law provides that if a person has been charged with a crime and is not able to understand the nature of the criminal proceedings and/or is not able to assist counsel in his or her defense, the court may determine that the offender is IST. (Pen. Code § 1367.) When the court issues an order for a hearing into the present mental competence of the defendant, all proceedings in the criminal prosecution are suspended until the question of present mental competence has been determined. (Pen. Code, § 1368, subd. (c).)

In order to determine mental competence, the court must appoint a psychiatrist or licensed psychologist to examine the defendant. If defense counsel opposes a finding on incompetence, the court must appoint two experts: one chosen by the defense, one by the prosecution. (Pen. Code, § 11369, subd. (a).) The examining expert(s) must evaluate the defendant’s alleged mental disorder and the defendant’s ability to understand the proceedings and assist counsel, as well as address whether antipsychotic medication is medically appropriate. (Pen. Code, § 1369, subd. (a).)

Both parties have a right to a jury trial to decide competency. (Pen. Code, § 1369.) A formal trial is not required when jury trial has been waived. (*People v. Harris* (1993) 14 Cal.App.4th 984.) The burden of proof is on the party seeking a finding of incompetence. (*People v. Skeirik* (1991) 229 Cal.App.3d 444, 459-460.) Because a defendant is initially considered competent to stand trial (*Medina v. California* (1992) 505 U.S. 437), usually this means that the defense bears the burden of proof to establish incompetence. Therefore, defense counsel must first present evidence to support mental incompetence. However, if defense counsel does not want to offer evidence to have the defendant declared incompetent, the prosecution may. Each party may offer rebuttal evidence. Final arguments are presented to the court or jury, with the prosecution going first, followed by defense counsel. (Pen. Code, § 1369, subds. (b)-(e).)

For defendants charged with a felony, if after an examination and hearing the defendant is found IST, the criminal proceedings are suspended and the court shall order the defendant to be referred to DSH, or to any other available public or private treatment facility, including a community-based residential treatment system if the facility has a secured perimeter or a locked and controlled treatment facility, approved by the community program director that

will promote the defendant's speedy restoration to mental competence, or placed on outpatient status, except as specified. (Pen. Code § 1368, subd. (c) and 1370, subd. (a)(1)(B).) The court may also make a determination as to whether the defendant is an appropriate candidate for mental health diversion pursuant to Penal Code section 1001.36.

The maximum term of commitment for an IST defendant charged with a felony is two-years, however, no later than 90 days prior to the expiration of the defendant's term of commitment, if the defendant has not regained mental competence shall be returned to the committing court and the court shall not order the defendant returned to the custody of DSH. (Pen. Code, § 1370, subd. (c)(1).) With the exception of proceedings alleging a violation of mandatory supervision, the criminal action may be dismissed in the interests of justice. (Pen. Code, § 1370, subd. (d).)

For defendants charged with a misdemeanor, if the defendant is found IST, the proceedings shall be suspended and the court may do either of the following: 1) conduct a hearing to determine whether the defendant is eligible for mental health diversion; or 2) dismiss the charges pursuant to Penal Code section 1385. If the charges are dismissed, the court shall transmit a copy of the order to county behavioral health director or the director's designee. (Pen. Code, § 1370.01, subd. (b).)

If a misdemeanor defendant is found eligible for diversion, the court may grant diversion for a period not to exceed one year from the date the individual is accepted into diversion or the maximum term of imprisonment provided by law for the most serious offense charged in the complaint, whichever is shorter. (Pen. Code, § 1370.01, subd. (b)(1)(A).)

If the court finds that the defendant is not eligible for diversion, the court may, after notice to the defendant, defense counsel, and the prosecution, hold a hearing to determine whether to do any of the following: 1) order modification of the treatment plan in accordance with a recommendation from the treatment provider; 2) refer the defendant to assisted outpatient treatment (AOT); if the defendant is accepted into AOT, the charges shall be dismissed; 3) refer the defendant to the county conservatorship investigator for possible conservatorship if the defendant appears to be gravely disabled, as defined; if a conservatorship is established, the charges shall be dismissed; or 4) refer the defendant to the CARE program; if the defendant is accepted into CARE the charges shall be dismissed. (Pen. Code, § 1370.01, subd. (b)(1)(D).)

This bill authorizes the criminal court to consider referral of the defendant to a CARE Act court at an earlier stage in the process instead of waiting to determine whether the person is unsuitable for diversion. This bill specifies that the person can be referred to CARE court in lieu of mental health diversion if the defendant or counsel for the defendant agrees to the referral and the court has reason to believe that the defendant may be eligible for the program. Additionally, this bill provides that if the person is not accepted into the CARE program or if the CARE Act court refers the defendant back to criminal court before the expiration of the six-month time period, the court shall proceed as it normally would have with considering the defendant for diversion.

Supporters of this bill state that a subset of misdemeanor IST defendant who are likely to be eligible for CARE and are also likely to be found not suitable for mental health diversion would benefit from an earlier referral to CARE instead of considering mental health

diversion first, and then moving into other options including CARE. They argue that oftentimes the defendant is waiting up to 30 days for a hearing on whether they will be granted diversion and then released on their own recognizance. Locating these individuals can be difficult for the behavioral health agency if they have been released.

However, opponents of this bill, which include the Behavioral Health Directors, argue that this does not give them enough time to work up the petition or collaborate with the court and defense counsel and prosecutors to determine whether a person would be a good candidate for CARE court which could also lead to delays once a person is referred. This bill states that the referral is contingent on both the defense agreeing to the referral as well as the court having reason to believe the person is eligible. It is unclear if the court would have enough information at this early of a stage to believe that a person may be eligible for CARE court, however requiring the referral to be voluntary perhaps helps to narrow this category of people to those who ultimately want to receive CARE services. Additionally, they are concerned that the urgency clause in this bill would not give county agencies enough time to prepare for the changes made by this bill.

- 5) **CARE Act Annual Report:** AB 102 (Ting) Chapter 102, Statutes of 2023, required DHCS to issue an early implementation report on the CARE Act. In the first nine months of implementation (October 2023 through June 2024), 557 total petitions were filed and 217 of those were dismissed at the discretion of a judge. Preliminary data from July through September 2024 indicates an additional 231 petitions were filed. The report further indicates that dismissals will require further research, since the reasons for their dismissal are not available for the preliminary report, and could include people who are receiving care, those whose cases were dismissed for successful voluntarily engagement, people not being eligible for CARE who receive needed treatment another way, or people who are still not receiving care. The report also states that the CARE process can take time, like all mental health and SUD care, to build the trust and develop the self-directed plans needed for long-term recovery and stability.

The first CARE Act annual report was released in June 2025 and covered the same reporting period as the early implementation report. The annual report clarified that 556 petitions were filed and 101 (18%) resulted in CARE agreements or court-ordered CARE plans. Thirty-nine percent of petitions were dismissed and 229 were still pending at the end of the reporting period (over one year ago). Fifty-five respondents were found ineligible for CARE but received services from a county behavioral health agency, while an additional 90 found ineligible did not receive any county behavioral health services. Most respondents were male (64%) and aged 26–45 (64%), and 37% of respondents were White, 21% Hispanic, 18% Black, and 7% Asian, with 11.6% unknown. The most common petitioner type is personal contacts (such as family and household members) who filed 68% of petitions. County behavioral health agencies and public guardians are unlikely to refer because they may prefer to engage in services without court involvement, as some indicated in the early implementation report.

CARE respondents largely access mental health treatment (93%) and three-quarters of respondents accessed specialized mental health programs like Assertive Community Treatment (ACT) or Full-Service Partnership (FSP). Many respondents received stabilizing medications (72%) with 40% of those individuals receiving long-acting injectable medications. Long-acting injectable antipsychotic medications can be given as a shot in the

muscle or under the skin and they usually are given every 2 to 4 weeks, according to the Mayo Clinic. Sixty-three percent received all three foundational services (medication, treatment, and housing supports) though unmet needs remain.

The report notes that housing remains a challenge, though the share of respondents in permanent housing increased from 46% at time of petition to 56% in the most current reporting period. The most common unmet need for CARE participants was securing and maintaining permanent housing. Over half of CARE participants did not receive at least one ordered mental health service during their active service period (the most common was peer supports). Twenty-five percent had criminal justice involvement during their service period, 21% had emergency visits, and 20% were hospitalized or placed on psychiatric holds. The report notes that only 15 individuals became "elective clients," those who voluntarily engaged with services outside court oversight. These clients generally accessed fewer services, especially medications and housing supports, suggesting disparities in care quality.

Along with the first annual report, the California Health and Human Services Agency (HHSA) released a companion document to provide an update on implementation. As of May 31, 2025, 2,008 petitions have been filed across California since October 2023. Since the CARE Act took effect in all counties in December 2024, 1,063 petitions were filed, which is more total petitions than had been filed in the previous 14 months. The update also states that, through 2024, counties "diverted" 1,358 individuals to other services through CARE outreach.

- 6) **Triple-Referral:** The contents of this bill propose changes that are in the jurisdiction of the Judiciary Committee, Health Committee and Public Safety Committee. Assembly Judiciary Committee heard the bill on July 1, 2025 and Assembly Health Committee head the bill on July 8, 2025. Issues within the jurisdiction of Judiciary and Health Committees have been analyzed by those Committees.
- 7) **Argument in Support:** According to *Big City Mayors*, "Our cities remain deeply committed to connecting vulnerable individuals with the behavioral health services they need. SB 27 strengthens the CARE Court process by speeding up initial proceedings, expanding eligibility, and providing greater clarity—ensuring individuals with serious mental health challenges receive timely and effective care. We appreciate Senator Umberg's leadership in advancing these critical improvements.

"Through the passage of SB 1338 (Umberg, 2022), the State of California took an important step in connecting individuals struggling with serious, untreated mental illness with court-ordered treatment plans through the CARE Court Program. CARE Court has been successful in getting some individuals into a CARE program, but further work to ensure proper implementation is necessary.

"Under current law, when a defendant is found mentally incompetent to stand trial for a misdemeanor (MIST), the court may hold a hearing to determine their eligibility for diversion. Only if the individual is ineligible for diversion may they be referred to CARE Court—despite being part of a population that could benefit significantly from CARE services."

- 8) **Argument in Opposition:** According to *Mental Health America of California*, “CARE Court is a legal mechanism to force individuals into court-ordered, and thus involuntary, behavioral healthcare. Approximately 4.4% of U.S. adults experience bipolar disorder in their lifetime.¹ Currently, CARE Court eligibility is limited to individuals with schizophrenia spectrum disorders with a prevalence in the U.S. ranging between 0.25% and 0.64%.² Expanding eligibility to include Bipolar 1 Disorder with psychotic features would increase the number of individuals being stripped of their right to choose the mental health supports and services that best meet their needs. An individual's mental health challenges are not better addressed when the government tells them what to do.

“Senate Bill 27 also makes sweeping changes to California’s mental health diversion process. Under current law, when a person is found incompetent to stand trial, the court is required to hold a diversion hearing. If, at this hearing, a person is deemed ineligible for diversion, another hearing is conducted to determine alternatives to diversion including Assisted Outpatient Treatment, CARE Court, or conservatorship. This bill instead mandates a new initial hearing to determine if: a) the court wants to hold an additional diversion hearing; or b) the court wants to refer an individual directly to CARE Court. At this point, no other alternatives are offered, and the court would be able to *bypass the entire diversion process* by sending an individual directly to CARE Court. If the court chooses option (a) under SB 27, the diversion process would proceed in a similar manner to current law, with the option to refer individuals to a range of alternative programs if they are deemed ineligible for diversion.

“CARE Court is a new, unproven mental health program. In its Early Implementation Report released in November 2024, the Department of Health Care Services reported only a total of 100 Care Court participants, yet state officials estimated 7,000 to 12,000 people would be eligible.³⁴ With only 100 people enrolled in CARE Court, it costs an estimated \$713,000 per person a year. These costs are for court personnel and other court costs, and do not include any costs for treatment. For comparison, Full-Service Partnerships (FSP) are designed to provide treatment for, and services to, adults with serious mental illness. This costs taxpayers approximately \$16,666 per person and, as of 2021, services more than 60,000 people statewide.”

9) **Related Legislation:**

- a) SB 331 (Menjivar) would permit an original petitioner to be assigned ongoing rights by the court throughout the CARE process. SB 331 is pending hearing in the Assembly Health Committee.
- b) SB 823 (Stern) would include bipolar I disorder in the criteria for a person to receive services under the CARE Act. SB 823 was held in the Senate Appropriations Committee’s suspense file.

10) **Prior Legislation:**

- a) SB 42 (Umberg), Chapter 640, Statutes of 2024 made various changes to the CARE Act, with an urgency clause so that the bill took effect in advance of the second cohort of counties’ implementation of the CARE Act on or before December 1, 2024.
- b) SB 1400 (Stern), Chapter 647, Statutes of 2024, relevant to this bill, modified CARE Act reporting requirements including requiring trial courts to report to Judicial Council on the

number of CARE plans ordered, CARE agreements approved, and CARE petitions dismissed.

- c) SB 35 (Umberg), Chapter 283, Statutes of 2023, made various modifications to the CARE Act in advance of the first cohort's implementation of the CARE Act in 2023.
- d) SB 26 (Umberg), of the 2023-2024 Legislative Session, would have created the CARE Scholarship Program. SB 26 was vetoed by the Governor.
- e) SB 1338 (Umberg), Chapter 319, Statutes of 2022, enacted the CARE Act.

REGISTERED SUPPORT / OPPOSITION:

Support

Alameda County Families Advocating for the Seriously Mentally Ill
Bakersfield, City of
Calchamber
California Advocates for Smi
California Big City Mayors Coalition
California Retailers Association
California State Association of Psychiatrists (CSAP)
City of Bakersfield
City of San Diego
Orange County Business Council
Treatment Advocacy Center

Oppose

Cal Voices
California Association of Mental Health Peer Run Organizations
California Foundation for Independent Living Centers
California Peer Watch
California State Association of Public Administrators, Public Guardians, and Public Conservators
California Youth Empowerment Network
County Behavioral Health Directors Association, (CBHDA)
County of Fresno
County of San Joaquin
Disability Rights California
Disability Rights Education & Defense Fund (DREDF)
Drug Policy Alliance
Hand in Hand
Homeless Union for Friendship and Freedom
Kelechi Ubozoh Consulting
Law Project for Psychiatric Rights (PSYCHRIGHTS)
Mental Health America of California

National Health Law Program
Racial and Ethnic Mental Health Disparities Coalition
The Coelho Center for Disability Law Policy and Innovation
Venice Justice Committee
Western Center on Law & Poverty
Western Regional Advocacy Project

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