

Date of Hearing: August 20, 2025

ASSEMBLY COMMITTEE ON APPROPRIATIONS

Buffy Wicks, Chair

SB 820 (Stern) – As Amended July 7, 2025

Policy Committee: Public Safety

Vote: 9 - 0

Urgency: No

State Mandated Local Program: Yes

Reimbursable: No

SUMMARY:

This bill creates a process for a court to authorize administration of involuntary medication for a misdemeanor defendant who has been found incompetent to stand trial (IST).

Specifically, among other provisions, this bill:

- 1) Permits administration of antipsychotic medication for a defendant who has been charged with a misdemeanor, who is confined in county jail, and who has been found IST, without the defendant's informed consent, in an emergency or upon a court's determination that the defendant is gravely disabled and does not have the capacity to consent to or refuse treatment with antipsychotic medication.
- 2) Defines an "emergency" and establishes parameters for administration of involuntary medication during an emergency.
- 3) Defines "gravely disabled" and establishes procedures a court must follow to order involuntary medication for a defendant who is gravely disabled, including considering the opinion of a licensed psychologist or psychiatrist and conducting a hearing to determine whether the defendant lacks the capacity to make decisions about antipsychotic medication, whether serious harm will result to the defendant if they are not treated with antipsychotic medication, and whether the defendant is a danger to others, among other considerations.
- 4) Provides specified rights to a defendant before the court may issue an order authorizing involuntary medication, including the right to be represented by counsel at all stages of the proceedings and to receive timely access to the defendant's medical records and files.
- 5) Makes an order authorizing administration of antipsychotic medication valid until one of the following occurs:
 - a) 90 days elapse from the date the individual is found IST.
 - b) 90 days elapse from the date when the individual is referred to Community Assistance, Recovery, and Empowerment (CARE) court, assisted outpatient treatment, or county conservatorship.
 - c) A court with jurisdiction over the defendant, including for the programs listed above, issues an order.

- d) The defendant is released from custody.
- 6) Requires the court to review an order authorizing involuntary medication no more than 60 days after the order is issued to determine whether the grounds for the order remains.
- 7) States that a defendant who is subject to a court's involuntary medication order has the legal and civil rights set forth in the Lanterman-Petris-Short Act.
- 8) Sunsets its provisions on January 1, 2030.

FISCAL EFFECT:

Cost pressures (Trial Court Trust Fund, General Fund) of an unknown but likely significant amount, possibly in the low millions of dollars annually, to the courts to conduct additional hearings and for medical evaluations and expert testimony. Judicial Council estimates costs of \$1.77 million to \$4.25 million annually ongoing to fulfill these responsibilities. Within that estimate, Judicial Council attributes approximately half of the costs to additional hearings that may not occur in conjunction with a competency hearing, and additional hearing time to consider involuntary medication orders. Judicial Council attributes the other half of the costs to psychiatric evaluations and for court-appointed evaluators' testimony at hearings. Judicial Council notes there is currently a shortage in psychiatric evaluators in many parts of the state and there may be delays in scheduling these hearings due if, due to the shortage, courts are unable to timely obtain the required evaluation.

Although courts are not funded on the basis of workload, increased pressure on the Trial Court Trust Fund may create a demand for increased funding for courts from the General Fund. The fiscal year (FY) 2025-26 state budget provides \$82 million ongoing General Fund to the Trial Court Trust Fund for court operations. Judicial Council notes that beginning in FY 2025-26, the trial courts are handling an ongoing \$55 million reduction to their operational funding, which impacts their ability to provide core services. Judicial Council reports this bill will result in new, unfunded workload for the trial courts, putting additional pressure on their limited resources.

COMMENTS:

- 1) **Background.** State and federal law require that a person charged with a crime must be mentally competent enough to help with their own defense for a case to proceed against them. If a defendant has been deemed IST, their trial may not move forward. For a felony defendant deemed IST, statute authorizes an extensive evaluation, hearing, and treatment process to assess the defendant and help them attain competence so they can stand trial. Depending on their circumstances, antipsychotic medication can be part of a treatment plan for a person deemed IST, but people with serious behavioral health conditions may not consent to taking medication. As discussed in more detail in the analysis of this bill by the Assembly Committee on Public Safety, the government forcibly medicating a person implicates their constitutional rights and is justified only in certain circumstances.

Existing law allows a court to authorize involuntary medication for a person charged with a felony and deemed IST. Existing law also allows for involuntary medication of certain incarcerated people, including a person who has been sentenced and is in county jail custody.

In 2017, the Legislature expanded the courts' authority to order involuntary medication to include a person confined in county jail who has not yet been sentenced, including a person housed in jail during or awaiting trial proceedings or a person who was booked into jail and is awaiting arraignment, transfer, or release.

Generally, the distinctions between the above circumstances and a misdemeanor defendant deemed IST are the less serious nature of the crime with which the defendant is charged and the fact that the defendant has not yet been convicted of a crime. In light of these distinctions, existing law generally takes a less intensive and potentially invasive approach to misdemeanor defendants deemed IST. When a misdemeanor defendant is deemed IST, the court may grant the defendant mental health diversion, or if the court determines the defendant is not eligible or suitable for diversion, the court must hold a hearing to determine the appropriate action, including referring the defendant to assistant outpatient treatment if treatment is available, referring the defendant for possible conservatorship proceedings, or referring the defendant to CARE court. If a defendant does not qualify for any of these services, the court may dismiss the charges against the defendant. Under existing law, the courts do not have authority to order administration of involuntary medication for a misdemeanor defendant deemed IST.

- 2) **Purpose.** The author believes authority for court-ordered involuntary medication for misdemeanor defendants deemed IST is needed to stabilize such defendants so they can accept and participate more fully in behavioral health services. According to the author:

By allowing involuntary medication orders during the crucial period between the IST hearing and the proffer of services, including mental health diversion and assisted outpatient treatment, this bill will prevent further deterioration while these individuals are in custody, bringing targeting resources to an already identified, impacted population to improve the likelihood that they are accepted into and consent to diversion options.

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