

SENATE JUDICIARY COMMITTEE
Senator Thomas Umberg, Chair
2025-2026 Regular Session

SB 883 (Umberg)
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AWM

SUBJECT

Community Assistance, Recovery, and Empowerment (CARE) court program

DIGEST

This bill modifies the timeframe in which a county behavioral health agency (CBHA), a CARE respondent, and the respondent's counsel have to develop a CARE plan following a determination that the respondent meets the CARE criteria, from 14 days to 21 days.

EXECUTIVE SUMMARY

In 2022, the Legislature enacted the CARE Act. The CARE Act is intended to provide essential mental health and substance use disorder services to severely mentally ill Californians – many of whom are homeless or incarcerated – while also preserving these individuals' self-determination to the greatest extent possible. The first counties implemented the CARE Act in October 2023; all counties in the state were required to begin accepting CARE petitions as of December 1, 2024, unless they received an implementation extension from the Department of Health Care Services (DHCS). As the CARE Act has been implemented across the state, stakeholders have figured out what works well and what needs improvement. According to the author, one such area needing improvement is the current 14-day timeframe for a respondent and the CBHA to develop a CARE plan. The author reports that this timeframe is too short to develop a thoughtful, individualized plan.

To give a CARE respondent and a CBHA more time to agree on a CARE plan that is suitable to the respondent's needs, bill extends timeframe to develop a CARE plan from 14 to 21 days.

This bill is sponsored by the author. The Committee has not received timely opposition to this bill.

PROPOSED CHANGES TO THE LAW

Existing law:

- 1) Establishes the Lanterman-Petris-Short (LPS) Act, which provides for the involuntary detention for treatment and evaluation of people who are gravely disabled, as defined, or a danger to self or others. (Welf. & Inst. Code, div. 5, pt. 1, §§ 5000 et seq.)
- 2) Establishes the Assisted Outpatient Treatment Demonstration Project of 2002, which provides for court-ordered assisted outpatient treatment (AOT) under specified circumstances. (Welf. & Inst. Code, div. 5, pt. 1, ch. 2, art. 9.)
- 3) Establishes the CARE Act. (Welf. & Inst. Code, div. 5, pt. 8, §§ 5970 et seq.)
- 4) Defines the following relevant terms:
 - a) "CARE agreement" is a voluntary settlement agreement entered into by the parties, and includes the same elements as a CARE plan to support the respondent in accessing community-based services and supports.
 - b) "CARE plan" is an individualized, appropriate range of community-based services and supports, which include clinically appropriate behavioral health care and stabilization medications, housing, and other supportive services, as appropriate.
 - c) "CARE process" is the court and related proceedings to implement the CARE Act.
 - d) "Court-ordered evaluation" means an evaluation ordered by the court in connection with a CARE Act petition, as specified.
 - e) "Department" is the DHCS.
 - f) "Petitioner" is the entity who files a CARE Act petition with the court; if the petitioner is a person other than the director of a county behavioral health agency (CBHA), or their designee, the court shall substitute the director or their designee for the county in which the proceedings are filed as the petitioner at the first hearing.
 - g) "Respondent" is the person who is subject to the petition for the CARE process. (Welf. & Inst. Code, § 5971.)
- 5) Establishes criteria for a person to qualify for the CARE process, including that the person is 18 years of age or older; the person is experiencing a serious mental disorder, as defined, and has a diagnosis in the disorder class of schizophrenia spectrum and other psychotic disorders, or bipolar I disorder, as specified; the person is not clinically stabilized in ongoing voluntary treatment; and participation in a CARE plan or agreement would be the least restrictive alternative necessary to ensure the person's recovery and stability. (Welf. & Inst. Code, § 5972.)

- 6) Establishes which adult persons may file a petition to commence the CARE Act process for another person, including a person with whom the potential respondent resides; specified relatives of the potential respondent; first responders, including a peace officer, firefighter, paramedic, emergency medical technician, mobile crisis response worker, or homeless outreach worker, who has had multiple interactions with the respondent, as specified; and specified medical and public health professionals. (Welf. & Inst. Code, § 5974.)
- 7) Establishes the following process as the CARE process:
 - a) Upon receipt of a CARE petition, the court must promptly review the petition.
 - b) If the petitioner is the CBHA, and the court determines that the petition establishes a prima facie case of CARE eligibility, the court must set the matter for an initial hearing within 14 days.
 - c) If the petitioner is not the CBHA, and the petition establishes a prima facie case of CARE eligibility, the court must order the CBHA to investigate whether the respondent satisfies the CARE Act criteria and file a report to that effect within 14 court days. If the evidence in the report supports the prima facie showing of the respondent's CARE eligibility, the court must set the matter for an initial hearing within 14 court days.
 - d) The court must appoint counsel for the respondent when it determines that the petition makes a prima facie showing of CARE eligibility.
 - e) At the initial hearing, the court must determine whether there is reason to believe that the facts of the petition are true; if the court so determines, the court must order the CBHA to work with the respondent, the respondent's counsel, and the respondent's CARE supporter to engage in behavioral health treatment. If the court does not dismiss the petition, the court must set a hearing on the merits of the petition; this may be conducted simultaneously with the initial hearing if the parties so stipulate.
 - f) At the hearing on the merits, the court must determine whether the CBHA has established, by clear and convincing evidence, that the petitioner meets the CARE criteria. If the criteria are met, the court must order the CBHA to work with the respondent, respondent's counsel, and the respondent's supporter to engage the respondent in behavioral health treatment and attempt to enter into a CARE agreement; the court must also set a case management hearing within 14 days.
 - g) At the case management hearing, the court shall hear evidence as to whether the parties have entered, or are likely to enter, a CARE agreement. If the parties have entered a CARE agreement, the court can approve or modify the CARE agreement and set the matter for a progress hearing. Otherwise, the court can continue the matter for another 14 days of discussions, or order the CBHA to conduct a clinical evaluation of the respondent that addresses the respondent's diagnosis and condition. The court shall set a clinical evaluation hearing to review the evaluation within 21 days.

- h) At the clinical evaluation hearing the court shall review the evaluation and other evidence to determine whether the respondent, by clear and convincing evidence, meets the CARE criteria. If the court so finds, the court must order the CBHA, the respondent, respondent's counsel, and respondent's supporter to jointly develop a CARE plan within 14 days, and set a CARE plan hearing within 14 days.
 - i) At the CARE plan hearing, the court may consider the plan or plans submitted by the parties and adopt elements of a CARE plan that support the recovery and stability of the respondent. The issuance of an order approving a CARE plan begins the one-year CARE plan timeline.
 - j) After the adoption of a CARE plan, the court shall hold status review hearings at least every 60 days; prior to each hearing, the CBHA must file and serve a report on the respondent's status and progress on the CARE plan.
 - k) At the end of one year, the respondent may elect to be graduated from the program or remain in the program for one additional year. The court may also involuntarily reappoint the respondent to the program if certain conditions are met. In no event may a respondent remain in the program for longer than two years total. (Welf. & Inst. Code, §§ 5977-5977.3)
- 8) Establishes conditions under which the court may dismiss a petition or continue a hearing during the CARE process set forth in 7). (Welf. & Inst. Code, §§ 5977-5977.3)
- 9) Allows the court, at any point during CARE proceedings, if it determines, by clear and convincing evidence, that the respondent, after receiving notice, is not participating in the CARE process or is not adhering to their CARE plan, to terminate the respondent's participation. The court is then permitted to make a referral under the LPS Act, as provided. (Welf. & Inst. Code § 5979(a).)
- 10) Provides that, if a respondent was timely provided with all services and supports required by their CARE plan, the fact that the respondent failed to successfully complete the plan and reasons for that failure: (a) are facts to be considered by a court in a subsequent hearing under the LPS Act, provided that the hearing occurs within six months of termination of the CARE plan; and (b) create a presumption at that hearing that the respondent needs additional interventions beyond the supports and services provided by the CARE plan. (Welf. & Inst. Code, § 5979(a)(3).)
- 11) Creates a process for penalizing counties or other local government entities that do not comply with CARE court orders. (Welf. & Inst. Code § 5979(b).)
- 12) Provides that either a respondent or a CBHA may appeal an adverse court determination. (Welf. & Inst. Code, § 5979(c).)

This bill modifies the timeframe in which a county behavioral health agency (CBHA), a CARE respondent, and the respondent's counsel have to develop a CARE plan

following a determination that the respondent meets the CARE criteria, from 14 days to 21 days.

COMMENTS

1. Author's comment

According to the author:

California's Community Assistance, Recovery, and Empowerment (CARE) Act represents a critical step forward in addressing the needs of individuals experiencing severe mental illness by connecting them with coordinated behavioral health services, housing support, and stabilization care through a structured court process. As implementation continues across counties, it is essential that the timelines established in statute reflect the practical realities faced by local behavioral health agencies, providers, and participants. SB 883 makes a modest but needed adjustment to the CARE Act by extending the timeframe for developing a CARE plan for individuals from 14 days to 21 days after a court determines that they meet CARE criteria. This change ensures that counties, respondents, counsel, and supporters have sufficient time to jointly develop a thoughtful, *individualized* plan that reflects the respondent's clinical needs, available services, and housing options. SB 883 does not alter eligibility criteria, delay access to services, or change the fundamental structure of the CARE Act. Instead, it strengthens implementation by aligning statutory deadlines with on-the-ground capacity, helping ensure that CARE plans are both realistic and effective at the county level. Extending this timeline by one week will improve the quality and feasibility of CARE plans without undermining the urgency of care for these individuals.

2. Background on the CARE Act and the CARE process

In 2022, the Legislature enacted the CARE Act.¹ The CARE Act is intended to provide essential mental health and substance use disorder services to severely mentally ill Californians – many of whom are homeless or incarcerated – while also preserving these individuals' self-determination to the greatest extent possible. The CARE process is largely overseen by the courts, which are charged with ensuring that eligible individuals – termed “respondents” – are delivered mental health and substance use disorder services, as an alternative to involuntary conservatorship or imprisonment. The California Health and Human Services Agency describes the CARE process as “an upstream diversion to prevent more restrictive conservatorship or incarceration.”²

¹ Umberg, Ch. 319, Stats. 2022.

² See CalHHS, Community Assistance, Recovery & Empowerment Act, <https://www.chhs.ca.gov/care-act/>. All links in this analysis are current as of April 10, 2026.

The CARE Act provides two avenues to a court-ordered set of services. If the respondent and the CBHA are able to agree on a plan for services, it is known as a “CARE agreement”; the court may approve that agreement and set further hearings to monitor the respondent’s progress under the agreement.³ If parties are unable to reach an agreement, one or both parties may present a proposed “CARE plan” to the court; the court may accept a proposed plan or adopt a modified plan, which becomes a court order that lasts for up to one year.⁴ The CARE Plan may provide for behavioral health services and housing supports, as well as other services.⁵ The court may order medication only if it finds, by clear and convincing evidence, that the respondent lacks the capacity to give informed consent to the administration of medically necessary stabilization medication; to the extent such medication is administered, the medication may not be forcibly administered, and the respondent’s failure to comply with a medication order shall not result in a penalty, such as terminating the CARE process.⁶

Eleven months after a CARE Plan is put in place, the court shall hold a hearing to determine whether to graduate the respondent from the CARE Plan or whether, with or without the consent of the respondent, as specified, to keep the respondent in the CARE program.⁷ A respondent may be appointed to the CARE process only once, for up to one additional year.⁸

There are strict criteria for CARE Act eligibility, including that the respondent suffer from a serious mental disorder, as defined; not be currently clinically stabilized in ongoing voluntary treatment; and either be unlikely to survive safely in the community, or need services and supports to avoid grave disability or the risk of serious harm to themselves or others.⁹ The CARE Act also imposes strict, and short, deadlines for the CARE process; for example, after a petition is filed, the court must set the matter for an initial appearance on the petition within 14 court days if the petition establishes a prima facie case for CARE eligibility;¹⁰ and if the court finds that the respondent meets the CARE criteria after the respondent and CBHA fail to reach a CARE agreement, the respondent, their counsel, and the CBHA have 14 days to jointly reach a CARE plan.¹¹

DHCS’s first annual CARE Act report was released in July 2025.¹² The report used data from the first nine months of CARE Act implementation in eight counties.¹³ As of June

³ *Id.*, § 5977.1(a)(2).

⁴ *Id.*, § 5977.1(d).

⁵ *Id.*, § 5982.

⁶ *Id.*, § 5977.1(d)(3).

⁷ *Id.*, § 5977.3.

⁸ *Ibid.*

⁹ *Id.*, § 5972.

¹⁰ *Id.*, § 5977.

¹¹ *Id.*, § 5977.1(c)(3)(A).

¹² See DHCS, Care Act Annual Report (Jul. 2025), available at <https://www.dhcs.ca.gov/Documents/CARE-Act-Annual-Report-2025.pdf>.

¹³ *Id.* at p. 4.

30, 2024, a total of 556 CARE petitions had been received by the courts, of which 217 were dismissed, and 101 CARE agreements or CARE plans were in place.¹⁴

3. This bill extends the time for a CARE respondent and the CBHA to agree to a court-ordered CARE plan

This bill modifies the timing for the development of a CARE plan, which occurs after a CARE respondent and CBHA have failed to reach a voluntary CARE agreement and the court determines that the respondent meets the criteria.¹⁵ Under current law, the CBHA, the respondent, the respondent's counsel, and the respondent's support person, if any, have 14 days to jointly develop a CARE plan or, if they cannot reach an agreement, develop separate plans to present to the court.¹⁶ This bill extends that 14-day timeframe by a week, to 21 days. According to the author, this extra week will better allow CARE respondents and CBHAs to develop individualized, workable CARE plans that are tailored to each respondent's particular needs.

SUPPORT

None received

OPPOSITION

None received

RELATED LEGISLATION

Pending legislation:

SB 1242 (Choi, 2026) permits a CARE petitioner who is a parent or specified family member to participate in the respondent's CARE proceedings unless the court determines, on its own motion or motion of the respondent, that the participation would be detrimental to the treatment or wellbeing of the respondent. SB 1242 is pending before this Committee.

SB 1016 (Blakespear, 2026) authorizes a CARE Court petitioner who believes that a CARE respondent may not be willing or able to participate in the CARE process due to the severity of their mental disorder or lack of insight into their mental disorder to request that the court order an LPS Act mental health evaluation if the CARE process petition is dismissed. SB 1016 is pending before this Committee.

¹⁴ *Id.* at p. 6.

¹⁵ Welf. & Inst. Code, § 5977.1.

¹⁶ *Ibid.*

Prior legislation:

SB 27 (Umberg, Ch. 528, Stats. 2025) made a number of changes to the Community Assistance, Recovery, and Empowerment (CARE) Act including program eligibility and how respondents are referred.

SB 42 (Umberg, Ch. 640, Stats. 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.

SB 35 (Umberg, Ch. 283, Stats. 2023) made various modifications to the CARE Act in advance of the first cohort's implementation of the CARE Act in 2023.

SB 1338 (Umberg, Ch. 319, Stats. 2022) enacted the CARE Act.
