
CONSENT

Bill No: SB 883
Author: Umberg (D)
Amended: 3/23/26
Vote: 21

SENATE JUDICIARY COMMITTEE: 12-0, 4/14/26
AYES: Umberg, Niello, Allen, Ashby, Caballero, Durazo, McNerney, Reyes,
Stern, Wahab, Weber Pierson, Wiener
NO VOTE RECORDED: Valladares

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

SOURCE: Author

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.

ANALYSIS:

Existing law:

- 1) Establishes the CARE Act. (Welf. & Inst. Code, div. 5, pt. 8, §§ 5970 et seq.)
- 2) 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.)
- 3) 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.)
- 4) 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.)
- 5) Establishes the following process as the CARE process, including:
- a) Upon receipt of a CARE petition, the court must promptly review the petition.
 - b) 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.

- c) The court must appoint counsel for the respondent when it determines that the petition makes a prima facie showing of CARE eligibility.
- d) 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.
- e) 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.
- f) 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.
- g) 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.
- h) 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)

- 6) Establishes conditions under which the court may dismiss a petition or continue a hearing during the CARE process. (Welf. & Inst. Code, §§ 5977-5977.3)
- 7) 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).)
- 8) Creates a process for penalizing counties or other local government entities that do not comply with CARE court orders. (Welf. & Inst. Code § 5979(b).)
- 9) 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

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.

FISCAL EFFECT: Appropriation: No Fiscal Com.: No Local: No

SUPPORT: (Verified 4/15/26)

None received

OPPOSITION: (Verified 4/15/26)

None received

Prepared by: Allison Whitt Meredith / JUD. / (916) 651-4113
4/20/26 9:40:30

**** **END** ****