
SENATE COMMITTEE ON APPROPRIATIONS

Senator Sabrina Cervantes, Chair
2025 - 2026 Regular Session

SB 989 (Blakespear) - Community Assistance, Recovery, and Empowerment (CARE) Court Program

Version: April 16, 2026

Urgency: No

Hearing Date: May 4, 2026

Policy Vote: HEALTH 9 - 0, JUD. 12 - 0

Mandate: Yes

Consultant: Agnes Lee

Bill Summary: SB 989 would provide that a first responder may request the county behavioral health agency to file a petition to commence the Community Assistance, Recovery, and Empowerment (CARE) process, as specified.

Fiscal Impact:

- Unknown costs to county behavioral health agencies for administration. Costs to counties would be potentially reimbursable by the state, subject to a determination by the Commission on State Mandates.
- Unknown General Fund costs to the Department of Health Care Services (DHCS), potentially tens of thousands, for state administration to develop a referral form and issue guidance.

Background: Current law establishes the CARE Act to help connect an individual (known as a “respondent”) with a voluntary CARE agreement or court-ordered CARE plan, that provides individualized, appropriate community-based services and supports, including clinically appropriate behavioral health care and stabilization medications, housing, and other supportive services.

Current law provides that the following adult persons may file a petition to commence the CARE process:

- A person with whom the respondent resides.
- A spouse, parent, sibling, child, or grandparent or an individual who stands in loco parentis to the respondent.
- The director of a hospital in which the respondent is hospitalized, as specified.
- The director of a public or charitable organization, agency, or home, or their designee, who has, within the previous 30 days, provided or who is currently providing behavioral health services to the respondent or in whose institution the respondent resides.

- A licensed behavioral health professional, or their designee, who is, or has been within the previous 30 days, either supervising the treatment of, or treating the respondent for a mental illness.
- 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 and transportation as specified, multiple attempts to engage the respondent in voluntary treatment, or other repeated efforts to aid the respondent in obtaining professional assistance.
- The public guardian or public conservator, or their designee, of the county in which the respondent resides or is found.
- The director of a county behavioral health agency, or their designee, of the county in which the respondent resides or is found.
- The director of county adult protective services, or their designee, of the county in which the respondent resides or is found.
- The director of a California Indian health services program, California tribal behavioral health department, who has, within the previous 30 days, provided or who is currently providing behavioral health services to the respondent, or the director's designee.
- The judge of a tribal court located in California before which the respondent has appeared within the previous 30 days, or the judge's designee.
- The respondent.

Current law requires the court to review a petition promptly, and after a series of investigations, reports, and hearings that determine if an individual meets CARE criteria, to:

- Dismiss the matter if the court determines voluntary engagement with the respondent is effective, and they have enrolled or are likely to enroll in voluntary behavioral health treatment;
- Order the county behavioral health agency to work with the respondent, the respondent's counsel, and the supporter ("the parties") to engage the respondent in behavioral health treatment and attempt to enter into a CARE agreement, approve the agreement, and set a progress hearing for 60 days, if voluntary engagement is not effective;
- Order the county behavioral health agency, through a licensed behavioral health professional, to conduct a clinical evaluation of the respondent to determine if they meet CARE criteria, if the parties are not likely to enter into a CARE agreement; and,

- Order county behavioral health agency and the parties to jointly develop a CARE plan within 14 days, if the respondent does meet CARE criteria.

Proposed Law: Specific provisions of the bill would:

- Provide that, in lieu of directly filing a petition to commence the CARE process, a first responder may contact the county behavioral health agency of the county in which the respondent resides, if they believe that the respondent meets or is likely to meet criteria to qualify for the CARE process and request the county behavioral health agency to file a petition to commence the CARE process.
- Require, within 30 business days of the request, the county behavioral health agency to complete a review of the request and to determine whether to file a petition; and require, upon completion of the review, the county behavioral health agency to notify the first responder who made the referral of both of the following:
 - The outcome of their review, including whether or not a petition to commence the CARE process was filed.
 - Whether or not the respondent met the criteria to qualify for the CARE process.
- Require DHCS to develop a referral form to be used by the first responder and to issue guidance regarding the procedure to request that a county behavioral health agency file a petition to commence the CARE process for the respondent.
- Require DHCS to include data regarding requests made pursuant to these provisions as part of the annual CARE Act report required under existing law.

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