Date of Hearing: June 16, 2026

ASSEMBLY COMMITTEE ON HEALTH
Mia Bonta, Chair
SB 989 (Blakespear) – As Amended May 14, 2026

SENATE VOTE: 38-0

SUBJECT: Community Assistance, Recovery, and Empowerment (CARE) Court Program.

SUMMARY: Authorizes a first responder to contact the county behavioral health agency in the county in which an individual resides to request the agency file a petition to commence the CARE process. Requires the agency to review the request and determine whether to file a petition within 30 business days and, upon completion of the review, to notify the first responder that made the referral of specified information, including whether or not a petition was filed. Specifically, **this bill**:

1) Authorizes a first responder, as defined in 5) of Existing Law below, to contact the county behavioral health agency of the county in which the respondent resides or is found, 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 file a petition to commence the CARE process.

2) Requires the request to include contact information for the individual, including a telephone number and address, if available, and other information as specified by the Department of Health Care Services (DHCS).

3) Requires the county behavioral health agency, within 30 business days of the request, to complete a review of the request and to determine whether to file a petition.

4) Requires the county behavioral health agency to notify the first responder who made the referral of the outcome of their review, including whether or not a petition to commence the CARE process was filed, and whether or not the respondent met the criteria to qualify for the CARE process.

5) Requires 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.

6) Requires DHCS to include data regarding requests made pursuant to this bill as part of the annual CARE Act report.

EXISTING LAW:

1) Establishes the Lanterman-Petris-Short (LPS) Act to end the inappropriate, indefinite, and involuntary commitment of individuals with mental health disorders, developmental disabilities, and chronic alcoholism, as well as to safeguard their rights, provide prompt evaluation and treatment, and provide services in the least restrictive setting appropriate to their needs. Permits involuntary detention of an individual deemed to be a danger to self or others, or "gravely disabled," as defined, for periods of up to 72 hours (known as "5150

holds") for evaluation and treatment; for up-to 14 days after certification of the need for initial intensive treatment; and up-to 30 days for additional intensive treatment in counties that opt in to provide additional intensive treatment. [Welfare & Institutions Code (WIC) § 5000, *et seq*.]

2) Implements Assisted Outpatient Treatment (AOT, also known as "Laura's Law") statewide, whereby an entity can petition for a court to order a person over the age of 18 with a mental illness to receive AOT if the court finds the individual meets specified criteria, including: a clinical determination that the person is unlikely to survive safely in the community without supervision; the person has a history of noncompliance with treatment for their mental illness; the person's condition is substantially deteriorating; and, participation in AOT would be the least restrictive placement necessary to ensure the person's recovery. Permits a county or group of counties that do not wish to implement Laura's Law to opt out of the requirements of AOT services through a specified process. [WIC § 5345, *et seq*.]

3) Establishes the CARE Act to help connect an individual (known as a "respondent") with a court-ordered CARE agreement or CARE plan for up to 12 months, with the possibility to extend for an additional 12 months, that provides individualized, appropriate community-based services and supports, which include clinically appropriate behavioral health care and stabilization medications, housing, and other supportive services. [WIC § 5970, *et seq.*]

4) Requires an individual, to qualify as a respondent in the CARE process, to meet the following criteria:

   a) Be 18 years of age or older;

   b) Be currently experiencing a serious mental disorder and have a diagnosis of bipolar I disorder with psychotic features, or a schizophrenia spectrum or other psychotic disorder. Prohibits an individual who has a current diagnosis of substance use disorder (SUD), but who does not also meet the required criteria, from qualifying for the CARE process;

   c) Not be clinically stabilized in ongoing voluntary treatment;

   d) Be unlikely to survive safely in the community without supervision and their condition is substantially deteriorating; or, be 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 self or others, resulting in involuntary detention;

   e) Participation in a CARE plan or CARE agreement would be the least restrictive alternative necessary to ensure the individual's recovery and stability; and,

   f) Be likely to benefit from participation in a CARE plan or CARE agreement. [WIC § 5972]

5) Permits the following adult persons to file a petition to commence the CARE process:

   a) A person with whom the respondent resides;

   b) A spouse, parent, sibling, child, or grandparent or an individual who stands in loco parentis to the respondent;

c) The director of a hospital or the director's designee, in which the respondent is hospitalized, including hospitalized pursuant to the LPS Act involuntary detention law;

d) 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;

e) 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;

f) 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 pursuant to the LPS, multiple attempts to engage the respondent in voluntary treatment, or other repeated efforts to aid the respondent in obtaining professional assistance;

g) The public guardian or public conservator, or their designee, of the county in which the respondent resides or is found;

h) The director of a county behavioral health agency, or their designee, of the county in which the respondent resides or is found;

i) The director of county adult protective services, or their designee, of the county in which the respondent resides or is found;

j) 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;

k) 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; or,

l) The respondent. [WIC § 5974]

6) Requires DHCS to provide training and technical assistance to county behavioral health agencies to support CARE implementation, including training regarding the CARE process; CARE agreement and plan services and supports; supported decision making; the supporter role; trauma-informed care; elimination of bias; psychiatric advance directives' family psychoeducation; and, data collection. [WIC § 5983 (b)]

7) Requires DHCS to develop, in consultation with county behavioral health agencies, other relevant state or local government entities, disability rights groups, individuals with lived experience, families, counsel, racial justice experts, and other appropriate stakeholders, an annual CARE Act report. Requires DHCS to post the annual report on its internet website. [WIC § 5985]

FISCAL EFFECT: According to the Senate Appropriations Committee, 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 DHCS, potentially tens of thousands, for state administration to develop a referral form and issue guidance.

COMMENTS:

1) **PURPOSE OF THIS BILL**. According to the author, CARE Court was created to provide a structured, coordinated pathway to treatment for individuals with severe mental illness who are too often cycling through emergency rooms, jail, and repeated law enforcement encounters. Today, first responders are often the first point of contact for individuals in crisis, but current law makes it difficult for them to file a CARE Court petition. To do it, they must navigate a complex court filing process, obtain sensitive medical records and appear in court. The author argues this bill creates a more practical and effective pathway by allowing first responders to request that county behavioral health agencies review and file CARE petitions on their behalf. The author concludes this bill would expand access to CARE Court and help more Californians with untreated psychotic disorders receive the care they need.

2) **BACKGROUND**.

   a) **CARE Act**. In 2022, the Governor signed SB 1338 (Umberg), Chapter 319, Statutes of 2022, 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:

      i) 18 years of age or older;

      ii) Have a serious mental illness and a diagnosis of bipolar I with psychotic features, or a schizophrenia spectrum or other psychotic disorder;

      iii) They are not clinically stabilized in ongoing voluntary treatment;

      iv) 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;

      v) CARE would be the least restrictive alternative necessary to ensure the person's recovery and stability; and,

      vi) 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.

      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.

b) CARE Act outcomes and reporting. AB 102 (Ting), Chapter 38, 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 two to four 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 (CalHHS) released a companion document to provide an update on implementation. As of May 31, 2025, 2,008 petitions had 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. *CalMatters* reports that as of January 2026, California courts had received 3,817 petitions on behalf of prospective CARE Court participants and approved just 893 treatment agreements. The first annual report with statewide data is due in June 2026.

In addition to the early implementation report and annual reporting from DHCS, an independent, research-based entity must be retained by DHCS to develop, in consultation with county behavioral health agencies, county CARE courts, racial justice experts, and other appropriate stakeholders, including providers and CARE court participants, an independent evaluation of the effectiveness of the CARE Act. This will be conducted by the RAND Corporation. The preliminary report is expected to be received by the Legislature by December 31, 2026, and a final report is expected by December 31, 2028.

3) **SUPPORT**. The California Professional Firefighters (CPF) is the sponsor of this bill stating that California’s firefighters are on the front lines of delivering emergency medical services throughout the state, including to patients who are experiencing a mental health crisis. CPF contends that firefighters in the field see patients day after day who are in desperate need of robust care, but there are existing gaps in the system that lead to patients who do not receive the right kind of care at the right time. While firefighters are well-situated to identify individuals who may be eligible for CARE given their presence and engagement in the community, there are barriers that prevent many from fully utilizing this important and necessary program and filing petitions on their own. CPF argues that a general lack of information, training, and support for CARE still exists throughout California, leaving many firefighters unable to participate or even unaware that they are able to begin the petition process. Additionally, firefighters and other first responders are responsible for hundreds of emergency calls and may lack the local resources needed to complete petitions and appear in the court process as required. Those who are able to begin the petition process may not have access to the required medical records or other documentation required by the court. CPF concludes that by allowing first responders to refer an individual to county behavioral health agencies who can further investigate and file a petition for CARE, this bill will enable firefighters to help more of our most vulnerable get help that they need.

The California Hospital Association (CHA) supports this bill stating that hospitals are on the front lines of the behavioral health crisis in California. They stabilize and treat people with a range of mental health needs in hospital emergency departments, psychiatric units of general medical hospitals, and freestanding psychiatric hospitals. They regularly see the tremendous challenges people with the most serious and disabling symptoms face in achieving independence and recovery. CHA notes that first responders repeatedly encounter the same individuals who seem to be falling through the cracks and are unable to maintain their health and safety. CHA argues this bill would give paramedics, emergency medical technicians, mobile crisis response workers, and homeless outreach workers a direct way to refer them to the county for CARE Act services, rather than pursue a time-intensive court petition.

4) **OPPOSITION**. A coalition of organizations, including Disability Rights California, ACLU California Action, CalVoices, the Corporation for Supportive Housing, Mental Health America of California, and more oppose this bill stating that people enrolled in CARE Court are placed on the same waitlists for services as anyone seeking services on their own. The first CARE Court Annual Report shared that 56.4% of CARE participants did not receive at least one ordered mental health service, and 82.2% of CARE participants did not receive at least one ordered social service or support. The coalition argues that faced with a comply-or-be-ordered-into-compliance dynamic, any CARE Court respondent who agrees to participate in CARE Court "voluntarily" does so with the knowledge that, if they did not, they would be ordered to participate. The coalition contends that this is the very definition of coercive and that coercive treatment interferes with the therapeutic relationship and is counter to sound public health policy. The coalition also argues that, while the full scope of additional costs stemming from this bill is unclear, CARE Court is extraordinarily expensive, and the Assembly Judiciary Committee's analysis of SB 27 (Umberg), Chapter 528, Statutes of 2025, conducted last year found that CARE Court cost approximately $714,000 per participant in Fiscal Year 2023-2024. The new administrative and procedural requirements added under this bill would further increase these already substantial costs. The coalition concludes that the best way to move forward towards a future that works for all community members – including first responders – is to invest in the voluntary, community-based, peer-led, culturally competent, and trauma-informed interventions that extensive evidence repeatedly shows to work.

5) **DOUBLE REFERRAL.** This bill has been double referred; upon passage in this committee, it will be referred to the Assembly Judiciary Committee.

6) **RELATED LEGISLATION**.

   a) SB 28 (Umberg) would make several changes to the CARE Act court process, eligibility criteria, connections to involuntary treatment options, data reporting requirements, statewide training, and more. SB 28 is pending in the Assembly Public Safety Committee.

   b) SB 883 (Umberg) would modify the timeframe in which a county behavioral health agency, 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. SB 883 is pending referral in the Assembly.

   c) SB 1016 (Blakespear) would authorize a petitioner of a CARE Act petition to request that the court order a mental health evaluation under the LPS Act under certain conditions and

authorizes the court to issue an order for a mental health evaluation under the LPS Act if the CARE Act petition or report prepared by the county behavioral health agency establishes probable cause to support the evaluation and the respondent will not voluntarily receive crisis intervention services or an evaluation, as specified. SB 1016 is pending in the Assembly Judiciary Committee.

d) SB 1242 (Choi) would permit an original petitioner in a CARE Court action who is a family member of the respondent to remain involved in the respondent's CARE proceedings, for the purpose of assisting in care coordination and providing relevant information to the CARE team, unless the court finds that the participation is likely to be detrimental to the respondent's treatment or wellbeing. SB 1242 is pending in the Assembly Judiciary Committee.

7) PREVIOUS LEGISLATION.

a) SB 27 (Umberg), Chapter 528, Statutes of 2025, adds Bipolar I Disorder with psychotic features to the disorders eligible under the CARE Act, and authorizes nurse practitioners and physician assistants to prepare an affidavit supporting a CARE petition. Defines the phrase "clinically stabilized in ongoing voluntary treatment," which is a status considered when determining eligibility for the CARE Act. Authorizes a court to refer an individual from felony proceedings to the CARE Act program and authorizes a CARE court to consider a referral as a petition for participation in the CARE program if certain requirements are met. Revises additional court processes relative to the CARE Act.

b) SB 42 (Umberg), Chapter 640, Statutes of 2024, among other things, clarifies what evidence may establish a respondent's eligibility for CARE proceedings; reduces a CARE court's obligation to inform the respondent of their rights; and, gives the original petitioner the right to notice of ongoing CARE proceedings unless the court specifically finds it would be detrimental to the respondent.

c) SB 1323 (Menjivar), Chapter 646, Statutes of 2024, among other things, requires the court, when the defendant is found to be incompetent to stand trial and not eligible for diversion, or diversion is terminated early, to do various things, including referring the defendant to assisted outpatient treatment, to the county conservatorship investigator for possible conservatorship proceedings, or to CARE.

d) SB 1400 (Stern), Chapter 647, Statutes of 2024, among other things, requires, rather than permits, the court to hold a hearing to determine whether the defendant would be referred to outpatient treatment, conservatorship, or CARE, or if the defendant's treatment plan would be modified. SB 1400 also expands the data to be compiled and reported to the Judicial Council of California, and expanded the information compiled from county behavioral health departments to include information on all active and former participants for a period of time after the conclusion of CARE services.

e) AB 102 (Ting), Chapter 38, Statutes of 2023, requires DHCS, in consultation with the Judicial Council of California, to provide an early implementation report by December 1, 2024 to the Joint Legislative Budget Committee and the Budget Committees of each house of the Legislature, on key data for each trial court implementing CARE.

f) SB 35 (Umberg), Chapter 283, Statutes of 2023, makes various revisions and clarifications to the CARE process, including to the obligations and responsibilities of CARE petitioners and county behavioral health agencies; provisions relating to a respondent's privacy and the circumstances their health information may be shared with the county; and, the level of participation in CARE proceedings a petitioner who is an eligible family member or a person who lives with the respondent may maintain if the court grants privileges.

g) SB 1338 (Umberg), Chapter 319, Statutes of 2022, establishes the CARE Act.

8) **POLICY COMMENT.** As noted above, since the passage of the CARE Act in 2022, there have been annual updates to the process, reporting, eligibility, and more. While continued monitoring of implementation and the ability to course correct are crucial to ensuring program success, it must be noted that all of these changes have happened in the absence of a single statewide annual report. While the early implementation report, first annual report on early implementation counties, and the update provided by CalHHS in July 2025 have provided valuable insight into the operation of the program, this committee may wish to consider additional changes to the CARE Act in the context of pending statewide reporting and the preliminary evaluation by an independent, research-based entity due December 31 this year.

9) **TECHNICAL AMENDMENT.** The committee should amend (d)(2) and (e) to replace "respondent" with "individual" to conform with the May 14, 2026 amendments.

REGISTERED SUPPORT / OPPOSITION:

Support

California Professional Firefighters (Sponsor)
California Hospital Association

Opposition

ACLU California Action
All People's Health Collective
Anti Police-terror Project
Antiracist MD
Cal Voices
California Advocates for Nursing Home Reform
California Assoc. of Mental Health Peer Run Organizations (CAMHPRO)
California Peer Watch
Centro Legal De LA Raza
Corporation for Supportive Housing (CSH)
Disability Community Resource Center
Disability Rights California
Food Not Bombs
Gray Panthers of San Francisco
Homeless United for Friendship and Freedom
Housing Is a Human Right
Justice Teams Network

Kelechi Ubozoh Consulting
LA Street Care & Mutual Aid
Law Foundation of Silicon Valley
Los Angeles Community Action Network
Mental Health America of California
National Alliance to End Homelessness
National Coalition for Mental Health Recovery
National Mental Health Consumers' Self-help Clearinghouse
Racial and Ethnic Mental Health Disparities Coalition
Sacramento Homeless Union
San Diego, California State University
Serf City Times
Western Regional Advocacy Project

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